

Combat-Activated *Thymic* Disorientation

D. W. Alexander

A thesis submitted for the degree of Doctor of Philosophy

Centre for Psychoanalytic Studies

University of Essex

July 2016

ABSTRACT

This thesis addresses the complexity of the experiences of severely distressed contemporary combat veterans in the Western world. It examines the specific features of their affliction that is not accounted adequately for either by the existing psychiatric approach to mental health disorders or by the complementary psycho-philosophical “moral injury” paradigm. Following a systematic review of the relevant literature, a new approach is proposed to address these distressing phenomena of combat-related disorientation based on *thymos*, an ancient Greek anthropological concept. The “moral injury” paradigm has previously examined the relevance of *thymos* in contemporary veteran care, but has limited its consideration to Homeric material, and has also cross-interpreted the concept through modern psychological and physiological lenses in order to develop clinical applications. The original contribution of this thesis is the provision of a diachronic lens for investigating *thymos* in its organic philosophical context from Homer through the Golden Age of Greek philosophy, the teachings of early Christianity, and its current use in Eastern Orthodox Christian monastic tradition.

This diachronic perspective provides an existential understanding of certain features of such combat-related disorientation that were previously unidentified. More specifically, it discerns a systemic dysregulation of three essential capacities for human flourishing that can occur, often sequentially, after exposure to intensely adverse events in combat: primary emotion, instinctive motivation to action, and moral intuition. Moreover, it develops a comprehensive account of two distinct features that are previously not addressed sufficiently: (1) the enduring sense of self-horror after a perceived “absorption of evil” in battle, and (2) radical loss of the ability to attribute meaning to events or to maintain narrative coherence of life’s experiences.

CONTENTS

ACKNOWLEDGEMENTS AND PREFACE.....	vii
LIST OF ABBREVIATIONS.....	viii
Chapter	
1. INTRODUCTION: A PHENOMENON SEEKING UNDERSTANDING	1
Epistemological Complications in Crisis Care	
The CTAR Corrective	
2. EXAMINING THE PHENOMENON IN DETAIL	12
First-Hand Accounts	
Complementary Accounts	
<i>Accounts of Self-Horror at the Perceived Absorption of Evil</i>	
<i>Accounts of a Conscious Disconnect from Emotion and Bodily Sensation</i>	
<i>Accounts of Persistent, Socially Debilitating Mistrust</i>	
<i>Accounts of a Radical Dissolution of Moral Intuition & Narrative Coherence</i>	
<i>Accounts of an Uncontrollable, Lustful Rage</i>	
<i>A Summary of Five Related Elements</i>	
A Working Label for the Phenomenon	
3. PSYCHIATRY & CCAD	59
A Variety of Approaches to PTSD and Complex PTSD	
<i>A Unifying Factor</i>	
"Dissociative Depersonalization"	
"Negative Alteration in Cognition"	
"Alteration in Arousal and Reactivity"	

	Seeking Explanation for the Dissolution of Moral intuition & Narrative Coherence	
	"Delusional Disorder"	
	Is the Psychiatric Paradigm Sufficient?	
4.	MORAL INJURY & CCAD.....	90
	Moral Injury in Context	
	Moral Injury after Leadership Betrayal	
	<i>Accounting for Debilitating Mistrust & Dissolution of Meaning Making</i>	
	Moral Injury in the Berserk State	
	<i>Accounting for a Lustful, Uncontrollable Rage</i>	
	The Post-Berserk State & <i>Disconnect from Emotion and Bodily Sensation</i>	
	Moral Injury through Witnessing Inhumane Violence	
	An Adequate Account of the Phenomenon Under Consideration?	
	Shay and Homer: a Tale of Two <i>Thymi</i>	
	Epistemological Considerations	
	In Summary	
5.	A CONTEXTUAL VIEW OF HOMERIC <i>THYMOS</i>	121
	Homeric <i>Thymos: Essential Function</i>	
	<i>Thymos and Emotion</i>	
	<i>Thymos and Instinctive Motivation to Action</i>	
	<i>Thymos and Moral Intuition</i>	
	<i>A Summary of Essential Human Function</i>	
	The Impact of Lost Function in Homeric Usage	

Emotional Disorientation

Instinctual Disorientation

Moral Disorientation

A Summary of Thymic Disorientation in Homer's Work

Methodological Issues in Moving Forward

6. A DIACHRONIC VIEW OF *THYMIC* DISORIENTATION..... 154

Thymic Disorientation in the Golden Age of Greek Thought

Thymic emotion in Plato and Aristotle

Thymic aggression in Plato and Aristotle

Thymic morality in Plato and Aristotle

A summary of the contribution of the "Golden Era" Philosophers

Thymic Disorientation in the Moral & Spiritual Philosophers of Late Antiquity

Thymic disorientation in the Cappadocians

Thymic disorientation in Evagrius of Pontus

Thymic disorientation in the Evagrian contemporaries

Thymic disorientation in Maximus of Constantinople

A summary of the contribution of these moral & spiritual philosophers

Thymic Disorientation in the "Modern Desert" Teaching

Thymic disorientation in current Syro-Lebanese & Coptic traditions

Thymic disorientation in the contemporary Athonite tradition

Thymic disorientation in contemporary Valaamite and Optina traditions

A summary of the contribution of the "Modern Desert" Teaching

An Ancient Philosophical Concept Applied to Contemporary Social Care?

7.	CCAD & COMBAT ACTIVATED <i>THYMIC</i> DISORIENTATION	203
	A Summary of CATD from Homer to Today	
	<i>What evidences a healthy thymos</i>	
	<i>What evidences a disoriented thymos</i>	
	<i>Transitioning to a comparison of CATD and CCAD</i>	
	Approaching CCAD from a perspective of CATD	
	<i>CATD and Self-Horror at the Perceived Absorption of Evil</i>	
	<i>CATD and Conscious Disconnect from Emotion and Bodily Sensation</i>	
	<i>CATD and Persistent, Socially Debilitating Mistrust</i>	
	<i>CATD and Dissolution of Moral Intuition & Narrative Coherence</i>	
	<i>CATD and Uncontrollable, Lustful Rage</i>	
	<i>A Summary of CATD on CCAD</i>	
	CATD Rather than Complex PTSD or Moral injury	
	The Usefulness of the CATD Paradigm, and Transition to Care	
8.	CATD AND THE CTAR FRAMEWORK.....	236
	Avoiding Polarization in Care for CATD Veterans	
	<i>Concepts Protecting Against Polarization in the CTAR Model</i>	
	Avoiding Pathologization While Caring for CATD Veterans	
	<i>Concepts Protecting Against Pathologization in the CTAR Model</i>	
9.	CONCLUSIONS	264
	Further Frontiers of Research	
	BIBLIOGRAPHY	270

ACKNOWLEDGEMENTS AND PREFACE

This research into philosophical, psychological, and theological aspects of care to combat veterans represents a response to issues that have arisen in my own work as a caregiver and clinical supervisor. The vignettes contained in this thesis arose from my personal work in both psychotherapy and supervision, and names and specific locations have often been changed either to protect the identity of vulnerable people under my care and supervision or to protect the anonymity of monastic leaders who have left the world in response to a personal sense of calling. I owe many thanks to my supervisor and mentor, Dr. Renos Papadopoulos, who has affected almost every area of my vocational and personal life over the last few years with his wisdom, perspective, and tireless investment in my development. I also owe thanks to my wife and children for their sacrifices and support at every stage of the development of this thesis.

ABBREVIATIONS

ADM	Admiral
ANS	Autonomic Nervous System
CATD	Combat Activated <i>Thymic</i> Disorientation
CCAD	Complex Combat Activated Disorientation
CO	Commanding Officer
CPT	Cognitive Processing Therapy
CTAR	Centre for Trauma, Asylum, and Refugees (University of Essex)
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFTT	Emotion-Focused Therapy for Trauma
EMDR	Eye Movement Desensitization and Reprocessing
FOB	Forward Operating Base
HADR	Humanitarian Assistance and Disaster Relief
HPA	Hypothalamic-Pituitary-Adrenal (Axis)
ICD	International Statistical Classification of Diseases and Related Health Problems
NGO	Non-Governmental Organization
PE	Prolonged Exposure (Therapy)
PNS	Parasympathetic Nervous System
PTSD	Post-Traumatic Stress Disorder
UK	United Kingdom
US	United States of America
USNA	United States Naval Academy
VA	Department of Veterans Affairs, United States of America

CHAPTER 1

INTRODUCTION: A PHENOMENON SEEKING UNDERSTANDING

Human responses after exposure to extreme forms of adversity vary according to a number of factors, including the type of adversity experienced, its severity, a survivor's prior exposure to similar and dissimilar forms of adversity, the human and material resources a survivor has at his or her disposal before and after exposure, a survivor's physiological, psychological, and systemic behavioral predispositions to certain responses to adversity, the philosophy or approach of community and caregiver responses during and after a devastating event, the extent that a survivor is affected by environmental and ecological changes during and after the event, and social, cultural, and spiritual presuppositions or post-event formulations present among survivors and their neighbors and caregivers which affect meaning attribution. Due to such varied factors, which represent all of the dimensions of human experience, survivor responses are not easy to predict or categorize, and as a result caregiver efforts require a great deal of epistemological complexity and a vigilance to protect against sweeping responses that seek to quickly respond to survivors in a unified manner, regardless of the wide variance in survivor responses, and in survivor needs. Research suggests that, of all adversity survivors, those surviving "[chaotic] interpersonal violence" such as killing, sexual assault, mutilation of bodies, desecration of corpses, and brutality that seems to have no objective" are the most likely to develop serious and long-lasting impediments to health and well-being when their initial caregivers do not adequately understand their needs (Friedman, 1999, p. 5).

In the modern Western world, the dangers of epistemological over-simplicity when responding to adversity survivors is not always apparent, and therefore not protected against in crisis response either at home or abroad. As a result, care agencies and professionals often lean heavily on reductive assumptions about survivor needs that can both blind them from the complexities of those needs and leave them with a lack of commitment to eliciting reliable feedback from survivors on their own sense of what is most needed in the aftermath of their exposure to adversity (Papadopoulos, 2002). One common extension of this epistemological failure in approaching survivor care is the further lack of commitment by agencies and professionals to eventually elicit feedback on what care was provided, in order to offer opportunities to adjust the provision of future care. This tendency applies equally in the global West to (1) private and governmental international relief and aid agencies focused on emergent work in the developing world, (2) domestic relief and aid agencies focused on emergent work among internal populations, and (3) circles of professional caregivers providing long-term psycho-social care for adversity survivors in internal populations. This phenomenon of connecting epistemological failure in caregiving to a lack of concern for feedback from survivors – both on and in their own terms – should briefly be expanded for consideration here, in each of these three milieus mentioned in the previous sentence.

A March 2007 recording from the Committee on Foreign Affairs of the United States House of Representatives preserves an enlightening discussion on Iraqi internal refugee care offered by American agencies during the height of Operation Iraqi Freedom, and in this discussion two prominent statesmen remarked on the dearth of any

feedback coming from the refugees themselves on the care they were offered (Committee on Foreign Affairs, 2007). In the recordings the committee was exploring at length several troubling realities that had become evident in the work, including rampant miscommunication with refugees, the duplication of effort in services provided, the tensions in host nation agency collaboration, the suboptimal resource management, and the ultimately suboptimal care of vulnerable people in areas that demanded American intervention because of its unintentional involvement in their dislocation (Committee on Foreign Affairs, 2007). One conclusion reached by these statesmen, which eventually resulted in the ordering of changes in Humanitarian Assistance and Disaster Relief (HADR) defense policy, was that the primary cause of some or all of these troubles had been a continual dearth of feedback from the involuntarily dislocated population – before, during and after the provision of care. However, this phenomenon is not limited to government agencies. Scott Lawson, an administrator with a prominent Western non-governmental organization (NGO) for international aid, development, and relief, who himself served for over twenty years as a field director in Africa and South America, notes the long-standing propensity for similar epistemological failure in private Western aid agencies engaged in international relief projects:

“After a major crisis, the entire focus of an aid agency is invested in patterned, pre-organized, speedy response based on pre-conceived ideas of the common needs of victims. There is the sense that time should not be wasted in long, customized assessment, and so there are general response plans designed in advanced for various regions, various countries, various people groups and various types of crises. Once a crisis has occurred, or has begun, it is almost a simple matter of putting the shipment together and getting materiel and appropriate personnel on the ground. This works for us, but unfortunately the mindset that gets us there quickly and with a reasonably appropriate arsenal of materiel and personnel can keep us from something just as important as anything

else – really seeing the human element of the crisis. Every victim is unique, and every family, tribe, and community has unique needs. That is where the engineering of crisis response can break down. The workers can be so focused on competently delivering the set of interventions prescribed, including psychological interventions and etc., that they can simply forget to slow down and ask victims how they are understanding what has happened to them, and how aid workers can best offer help” (interview, 2014).

Although Lawson notes that there are changes occurring in this arena, the overwhelming balance of his experience has been that care agencies struggle to focus on all of the aspects of the needs that they will encounter both at home and abroad, and that they are not always willing or able to “take seriously” the needs of individual adversity survivors or survivor families as articulated by these individuals and families themselves. He also notes anecdotally that, in his experience, those most grievously affected by inadequate or unprofessional care are those who have witnessed, participated in, or been victims of the war atrocities (Lawson, 2014).

Domestic aid agencies and care professionals are often in a better position to elicit feedback from care recipients, due to the fact that such professionals often experience a lower number of linguistic and cultural barriers between themselves and the population in need, and are often able to integrate into existing local community organizations – adding a degree of credibility, familiarity, and trust to their offerings. However, even given this better position, there is a constant danger of over-simplifying, misunderstanding, or minimizing the needs of adversity survivors as expressed both on and in their own terms. Yonina Creditor, a Disaster Action Team leader with a prominent domestic American aid and relief agency, notes the strong emphasis that her agency now places on “customer feedback” at all levels, and how urgently and distinctly this feedback has been developed over the last ten years:

“Things are changing quickly in domestic emergency response...at times in the past it has been painfully clear that, systemically, our primary focus was on the simple delivery of food and shelter, our secondary focus was on providing simple social services, and a limited, tertiary focus was to provide a generalized psycho-educational approach to mitigating the onset of major mental health concerns and to promote resilience among survivors. However, with the rapid development of disaster mental health resources and their consultation to our processes, we are coming to appreciate the unique way that each individual responds to crisis, and the need for a strong human element and a listening ear present throughout our provision of aid, from food line workers to shelter managers and even welcome and registration personnel. We have especially been able to elevate this aspect of our care through the nearly 500,000 customer surveys we received after the Hurricane Katrina disaster” (interview, 2014).

Creditor also recognizes a dilemma in taking seriously the needs of distressed individuals and families after a crisis, noting that “there has been in the past a sense that people in crisis are not seeing things rationally or in an adaptive manner, and that their sense of their own need may be compromised in some way. But we also see the negative effects of not asking how they see their own need. A balance is being sought now, as much as possible” (Creditor, 2014). When asked about any sub-population of adversity survivors that may be at greater risk of long-term complications when their own sense of what they need cannot be considered adequately, Creditor responded in this way: “keeping in mind that, in domestic emergency response, our primary focus must still be on the delivery of food, shelter, and safety, we have been strenuously educating our staff in recognizing the signs of traumatization, knowing that these are the most vulnerable people in terms of human interaction and human need” (Creditor, 2014).

Having very briefly examined the dangers of epistemological over-simplicity among Western caregivers and agencies focused on emergent aid and relief work in both the developing world and in Western domestic populations, it is now important to recognize

similar dangers present among professional caregivers providing long-term psychosocial care for adversity survivors.

Longer-term domestic psychosocial care organizations and helping professionals are perhaps in the best position to avoid oversimplification and to elicit constant feedback in their approach to human suffering, given their more common tendencies towards individual assessment and treatment, their often greater exposure in care to persons with unusual features that defy easy categorization, and their generally person-centered therapeutic orientation towards persons in crisis. However, there are also dangerous trends in this paradigm of post-adversity care which influence caregivers towards oversimplification of client needs and over-reliance on pre-conceived response packages. In contemporary Western culture, adversity survivors who develop any kind of painful or disorienting response – even when such a response may be considered a normal result of exposure to adversity – are, on the occasion of a referral to a mental health agency or professional, increasingly placed into summary social care programs which address their responses as mental illnesses, determined by criteria from the traumatic stress disorders spectrum of the most contemporary psychiatric paradigm (Papadopoulos, recorded lecture, 2014). The most common psychiatric disorder assigned to adversity survivors is post-traumatic stress disorder, the cardinal symptoms of which are (1) intrusive memories and thoughts relating to the adversity, commonly followed by a patterned attempt to avoid people, places and things associated with the adversity, (2) psychic numbing, and (3) hyper-arousal of the autonomic nervous system (Foa, Keane, Friedman & Cohen, 2009).

Although it is certain that many survivors of adversity do experience one or more of these symptoms, and that many adversity survivors do in fact qualify for a psychiatric diagnosis of PTSD, the total number of such survivors in any general category of adversity does not in any current research total more than 20% (Papadopoulos, 2015b). This leaves a cross-section of at least 80% of adversity survivors whose responses to adversity can not be summarily addressed by the psychiatric paradigm. Renos Papadopoulos argues convincingly that post-traumatic stress disorder has transcended the psychiatric paradigm to become a part of modern parlance in many forms of psychosocial care, and that as a result the label is often used imprecisely by political leaders, aid organizations, and community resource centers (recorded lecture, 2014). He notes that in response to this reality and the commonly corresponding criteria for levels of aid and treatment available to survivors, survivors are often considered for their eligibility for the diagnosis of PTSD before their disorientation can be fully understood or adequately addressed. Much more notably, he notices that this can result in an indirect pressure applied upon adversity survivors by social care agencies to present certain symptoms of PTSD in order to be diagnosed as a prerequisite for receiving care - creating a potential crisis of the pathologization of normal responses to adversity and the potential for an awakening of a victim response in survivors (Papadopoulos, recorded lecture, 2014).

There is one specific potential danger of the premature introduction and application of psychiatric criteria to all painful or distressing responses to adversity that Papadopoulos does not directly discuss, and which will serve as the primary focus for this thesis: among combat veterans of coalition forces returned from the recent wars in

Iraq and Afghanistan, PTSD is commonly being used and even expanded for use as a broad and overly simplistic label to classify unusual forms of combat-related disorientation. These unusual forms of disorientation, which include extreme and sometimes bizarre experiences of inner and social confusion, self-alienation, sensed connection with personal forms of evil, and disconnect with societal norms of proper and humane behavior, seem unique in that they are not commonly experienced together by adversity survivors who have not been exposed to intense military combat, and in that they are also not adequately capable of description by or inclusion in the diagnostic criteria for PTSD or any other psychiatric disorder common to the current diagnostics and statistical manuals used in the West. This particular phenomenon – composed of a growing number of cases containing such unusual features and a growing understanding of the resistance of these features to psychiatric diagnosis – has been gaining notoriety in American society, and especially in conjunction with an expansion in both research and practice around the philosophical-therapeutic category of “moral injury,” first pioneered by Jonathan Shay (1994). Although Shay and later writers have successfully used the moral injury paradigm to challenge the efficacy of any exclusive use of the psychiatric model to treat all disoriented combat veterans, not all researchers and practitioners who share a belief in the need for such a challenge have been comfortable with the category of moral injury either, rather expressing concern over the limits of the moral injury paradigm – even as a complementary approach to the psychiatric paradigm – to adequately account for all of the unusual features of some combat veterans (Schaller, 2012).

Although this particular phenomenon in veteran care is quite specific, it bears significant connection with the difficulties present among all caregiver agencies and professionals dealing with survivors of all kinds of adversity, namely that epistemological failure is common when attempting to approach survivors with an underlying framework for understanding them that is overly simplistic but which promises a greater ease of categorization or follow-up patterned treatment. Such frameworks are obviously seductive in their promise of quick and tidy responses, especially on a large scale when speed and organization seem essential, but they can be devastating in terms of caring for actual people whose needs are inevitably unique and complex.

The CTAR Corrective

At the Centre for Trauma, Asylum, and Refugees (CTAR) at the University of Essex, Renos Papadopoulos has developed an approach to psychosocial care to adversity survivors that aims to limit the dangers of epistemological failure and which is cross-contextually applicable to inform and protect agencies and caregivers involved in any milieu of human care. Although the CTAR approach has far greater scope and nuance than can be addressed in this thesis, given its precise focus, four elements of the CTAR approach may be helpful when examining combat veterans experiencing the most unusual forms of disorientation upon homecoming, as briefly addressed above, and may be used in a complementary fashion with both the psychiatric and moral injury paradigms: (1) avoidance of oversimplification through pre-conceived caregiver biases by taking as seriously as possible the totality, complexity, and uniqueness of the actual

experiences of adversity survivors, using their own contextual understandings and languages of orientation as much as possible, (2) use of the widest possible epistemological base for understanding the experience of adversity survivors, accounting for the “onto-ecological” complexity of this experience, which will include psychological, physiological, social, emotional, behavioral, cultural, spiritual, and meaning-attributive dimensions, (3) understand the adversity in terms of a survivor’s sense of potential changes to both tangible and intangible forms of self-identity, which may effect onto-ecological settledness and activate nostalgic disorientation, and (4) making collaborative use of the Trauma Grid with survivors in any assessment, which will attempt to understand all responses to adversity in terms of what may have been lost, what may have been retained, and what manner of growth may have been – or may yet become – activated in the aftermath of the adversity (Papadopoulos, 2015b).

This thesis will attempt to understand and apply these four elements of the CTAR approach to psychosocial care for adversity survivors in relation to the emerging phenomenon in veteran care introduced above, in order to aid caregivers of combat veterans – working from any therapeutic orientation – in better understanding veterans experienced these unusual and disorienting features, and to help them to avoid some of the common epistemological failures common to veteran care. In order to accomplish this, this thesis will first examine the specific distressing and disorienting features of these combat veterans in detail, making use of first and second-person interviews with both effected veterans and their caregivers. The thesis will then examine both the psychiatric and moral injury paradigms in their approach to these features, and will assess the ability of each of these paradigms, whether used separately or together, to

account for the complexity, uniqueness, and totality of these features, paying attention to potential epistemological failures present in their relative underlying philosophical assumptions. Next, wherever these paradigms are unable to address one or more elements of the onto-ecological complexity of the features of the veterans under consideration, this thesis will engage in further exploration in search of an expansion of epistemological presuppositions that will better or more fully provide an account of that element. Finally, the thesis will provide a summary of the ways in which the CTAR model can helpfully engage contemporary psychosocial care to combat veterans, and will make suggestions for future research and consideration on the subject.

CHAPTER 2

EXAMINING THE PHENOMENON IN DETAIL

In order to properly understand the complexity, uniqueness, and totality of this phenomenon experienced by survivors of intense combat, and in order to discern whether the phenomenon can be adequately addressed within existing paradigms of psychosocial care, it will be necessary to avoid the initial assumption of any particular paradigmatic lens, and to rather consider the direct accounts of the relevant combat survivors and their caregivers in a theoretically neutral manner. Direct accounts from relevant combat survivors and their caregivers will be listed here in the language of their own experience, after which it will be possible to consider what is an adequate understanding of the interconnectedness of the various elements of their experience, and to consider how these various elements may be adequately organized in order to best understand the group of survivors both individually and as a whole. Following this, it will be possible to consider the efficacy of various available psychosocial approaches to the phenomenon, and if no available approach proves efficacious, to determine the direction for a search into other disciplines.

First-Hand Accounts

A Marine Lance Corporal whom we will call Richard Howard deployed with his infantry Battalion to Afghanistan in the summer of 2008. He had been with the same battalion during two previous deployments to Iraq, including once during the hardest season of fighting in Fallujah, in which he and his comrades had seen constant and brutal urban combat (Howard, interview, 2014). During his time in Iraq, Richard had

served as a squad machine gunner, and had killed dozens of enemy combatants, often at close range, and sometimes close enough to come into close contact with their remains. His leaders referred him to a mental health professional soon after arriving in Afghanistan because he was not able to maintain close relationships with his comrades. He remained aloof and remembers feeling “spaced out” most of the time, not responding to orders and being generally slow to respond when people addressed him (Howard, interview, 2014). He claimed in that initial interview that he felt like a “ghost” in his own body, and also claimed that he had not “felt like [himself] in about three years” (Howard, interview, 2014). Specifically, Richard said that he felt like there was a part of him that was “locked away from the world around [him],” and he also claimed that he sometimes felt he was watching his life happen as if from a distance, and that he was “locked away from [his] own body” as it moved through its motions (Howard, interview, 2014). Richard’s self-description of “walking around like a ghost,” disconnected from his own body, not only suggests a radical loss of contact with some former inner vitality but also suggests his full awareness of that lost contact in the present moment. This condition frightened him, as it represented a separation between consciousness and felt sensation that was fully self-evident to him in his daily routine, resulting in a sense of “constant haunting” (Howard, interview, 2014).

In addition, Richard mentions that his squad mates experienced him as “paranoid” around the forward operating base (FOB), describing him as a “loose cannon” who could suddenly come out of an apparent malaise to attack his peers verbally and even physically, and then suddenly seem to “come to his senses,” and ask what had happened (Howard, interview, 2014). According to Richard, his squad mates

also acted as if his general outlook towards his responsibilities in warfare made them uncomfortable, especially when he discussed his disappointment that there was not “enough killing in Afghanistan to keep [him] happy” (Howard, interview, 2014). He remembers saying to them:

“my body count is too low...I’ve only killed 12 people these last two months. In Fallujah I averaged one kill for every 100 rounds...but here, I’ve wasted a lot of ammunition. The only reason I reenlisted was for a chance to come to Afghanistan and kill these fuckers. I mean where else can someone get a job where they’re paid to kill people? I thought I was pretty good at my job, but since coming here I’ve been a disappointment to my platoon and to myself” (Howard, interview, 2014).

As Richard recalls, his peers described his attitude about killing enemy combatants as “chilling and playful,” and although they often shared in dark humor themselves, they seemed to be uncomfortable when he joined in, and expressed the opinion that he exceeded the limits of what even Marine infantrymen in combat should find humorous. He remembers being described by his peers on a number of occasions as being “not right” and “sick” in some way (Howard, interview, 2014).

A Marine Sergeant whom we will call Nathan Everly returned from Iraq in the winter of 2005, where he had participated in intense urban combat operations with the Marine Corps for over 7 months, losing a significant number of his comrades to injury and death (Everly, interview, 2010). Upon his return from Iraq, he held various stateside positions with the Marine Corps, and as he recalls, gained a reputation as a loner and heavy drinker, not speaking often and occasionally getting into physical confrontations with his peers. He was referred to a behavioral health clinic in 2010 after shattering the windows in his barracks room with an empty liquor bottle, causing injury to his hands and arms and causing significant damage to government property

(Everly, interview, 2010). As he rampaged, his peers later informed him that he had threatened every one he saw with murder. “I wanted to kill every God damned one of ‘em,” he later recalled, but he could not recall any reasons for wanting to kill anyone, and claimed to feel “nothing but numbness” in the aftermath (Everly, interview, 2010). After experiencing this first episode of anger and violence, Nathan claims that his life was overrun by a “constant, mindless rage sleeping just below the surface,” which surfaced unexpectedly and was often beyond his control in managing (Everly, interview, 2010).

Although he can sometimes attribute ongoing episodes of angry, unpredictable violence to specific feelings of either helplessness or perceived disrespect by someone he meets during the course of his daily routine, Nathan displays a far more complicated and consistent pattern of what he calls “blackout rage” that cannot always be mapped to certain triggers (Everly, interview, 2010). When he begins to enter an episode of such rage, he claims to experience an “uncontrollable and consuming hatred for everything in the world,” and becomes like “an animal, and not a human,” wanting to devour and destroy everything in his environment (Everly, interview, 2010). Although he uses the phrase “blackout rage,” he does not claim to have experienced an actual loss of consciousness during his violent episodes. Far more disturbing to himself, he claims to experience a loss of contact with what he calls “the good side of me.” During his episodes of rage, his experience of himself is that “there is no human-ness in me, and there are no rules, only blackness and blood and death...only evil” (Everly, interview, 2010).

A Marine Sergeant whom we will call Harold Miller was a member of special operations team in Iraq during the second battle of Fallujah, conducting high-risk raiding operations in a politically and militarily unstable quarter of the city, and coming almost daily into close contact with the enemy (Miller, interview, 2014). According to Harold, in battle he was considered by his peers to be a “good-luck charm,” because he fought with reckless abandon, and performed physical feats that astonished himself and others (Miller, interview, 2014). He received valorous awards for his actions, and remembers his teammates expressing surprise and awe after certain engagements, wondering at his strength, athleticism, and brutal attacks on enemy troops, and also commenting that upon his return that he did not appear to have perspired like the rest of them. As he describes it, “I did three things for that year – sleep, eat, and fight. I don’t remember breathing. It was all a high, and I was flying, baby” (Miller, interview, 2014).

Upon Harold’s return to his permanent duty station from his tour in Iraq, he claims to have felt like “a stranger to [himself].” He became verbally and physically brutal with his wife, necessitating a formal separation from her and from his children under a court-issued protective order. Harold notes a self-realization that occurred in the months following his return, which caused him some concern: when he was not feeling “keyed up,” he was feeling “nothing” (Miller, interview, 2014). Harold was involved in two motorcycle crashes and a number of high-speed chases from police in the first two years after his return, contributing to the eventual end of his military career. As he understands it,

“I can only feel when I’m flying. Otherwise I feel nothing. Like my soul is covered under something. I’m in my body but I’m not. I’m like a tiger in a

fucking cage, man, that's what my whole life feels like...I hate it, though. I have no interest in my own kids...they are so boring to me and I don't feel anything for them at all even though I know I'm supposed to. I can't feel shit for anyone. I'm damaged goods" (Miller, interview, 2014).

Aside from feeling like "damaged goods," Harold experiences something that he considers to be far more disorienting: the feeling that he has become a "monster."

"I became some kind of predatory animal out there, I guess. Or maybe the animal – the monster – is in me. [I'm] not quite human anymore since the ol' Iraqi hunting trip...I did things over there that are unforgiveable, and I'm glad my kids don't know me now. I would fuck them up. I am bad now. Something bad has happened..." (Miller, interview, 2014).

Harold's sense that "something bad has happened" to him serves as a self-summary for his experience of life after combat. He does not claim only to see his current behavior or condition as "bad," or his decisions in combat to have been "bad," but rather he feels as if he has become actually and personally bad, as the result of a personal transformation in and after combat.

These three American war veterans have each been exposed to extreme forms of adversity during their service in combat, which, from the descriptions of the aftermath of their own responses to this adversity, have resulted in significant personal and social disorientation and in impaired ability to make coherent meaning of their experiences. The features of the disorientation that these three veterans are experiencing do contain similar elements to the disorientation of other types of adversity survivors, but they concurrently contain elements that are unique, and which resist common categorization. For instance, they each exhibit a personal sense of self-fear or self-horror in the aftermath of combat, articulated adjacent to a lost sense of who they had once been and who they have now become at an essential level of personal existence. This personal sense of self-fear or self-horror appears not only related to an experience of guilt or

shame resulting from specific actions they have perpetrated in combat, but also to an experience of having – through their actions and witness – assimilated into themselves something evil or malicious that was present in the combat zone. For two of the three, this includes the sensation and belief that there is now what they can only describe as a monster or animal existing within them, which they are not able to avoid or extract.

Secondly, they have each voiced a loss of the experience of being fully alive and present in the world, either marked by a lack of the sensation of mind-body unity, an internal deadening of felt sensation altogether, or the sensation that they have become less than fully human – resulting in the loss of the ability for humane action and moral reasoning. In Richard’s case, the sensation is that he does not feel alive, and that experiences his daily life as the activities of “a ghost” (Howard, interview, 2014). Nathan claims the sensation of feeling detached from his ability to reason when he experiences a sudden rage; when he comes back into awareness of his environment, he claims to feel that he has no connection with who had become during his “blackout” (Everly, interview, 2010). They each are aware of and deeply concerned by a loss of felt sensation or of being alive, and despite extensive psychotherapy, this experience of loss persists.

Third, all three veterans have experienced an erosion of their social capacity to remain engaged with others in their personal and professional lives, and this erosion appears to be connected to a persistent and socially debilitating form of mistrust. For Nathan, having claimed to experience neglect and mistreatment by some of his leaders in combat, and having claimed to experience betrayal by comrades both in combat and after returning home, he now articulates a profound fear to extend trust to anyone in

relationships, and admits that he displays bizarre behavior aimed at dominating and controlling others (Everly, interview, 2010). Harold Miller claims to desperately attempt to avoid significant encounters with other people, so that they will avoid close proximity to him and thus avoid the potential that they might be effected by the “badness” that he feels is present in him (Miller, interview, 2014). Richard claims to deeply desire a connection with other people, but he notices that he cannot develop or maintain an emotional connection with anyone, and that, while he occasionally comes close to others in physical proximity, he rarely experiences any feelings he previously associated with closeness in relationships. Making progress towards goals in these areas of social engagement has been a specific focus for each of these three veterans in psychotherapy since returning from combat, but none has experienced lasting change. Each in some way expresses the sense that he is too deeply disoriented to change, and that his caregivers do not seem to adequately understand his disorientation enough to address it and to develop an efficacious response.

Fourth, Richard and Harold have each experienced significant loss in their ability to make meaning of their adverse experiences and to place these experiences within the context of a coherent worldview – a phenomenon which seems to resist the simplistic explanation that the adversity they have suffered has effectively shattered previously-held beliefs that were naïve and inherently vulnerable. Richard explains that, from his own perspective, the entire narrative structure of his life before the world is disconnected from the narrative structure of his life after the war, and he claims to resent that others have insinuated – particularly when making use of the psychiatric paradigm for mental health diagnosis – that this disconnect is because he must have

previously maintained a “delusional belief about the world being a good place, where good always wins and where people are happy if they do the right thing” (Howard, interview, 2014). Richard’s sense is that he has indefinitely lost the ability to live a meaningful life, with purpose and with connection to goals and important relationships. Although he claims to have no gaps in memory, he cannot easily attribute meaning to the adversity he experienced in the war, and has no emotional connection to his memories other than to occasionally re-experience the felt sense of contentment and accomplishment that he had when he was killing combatants in the war zone (Howard, interview, 2014). Harold mentions that he previously believed in the existence of God, and that he still experiences a desire to believe in God. However, he senses now that the changes he has undergone in and after combat prevent him from having any connection with God, and he does not expect the situation to change. Specifically, Harold has always believed that God is active in the affairs of the world, and that God has a loving plan for all people; since his return from combat Harold claims to have a painful sense that God’s plan for a person can be derailed, after which a person’s life becomes chaotic and dangerous, and has no purpose (Miller, interview, 2014). This, he senses, is what has happened to him after returning from combat.

This inability to access the previous forms of meaning-making they had developed before exposure to combat, concurrent with an inability to accept or develop new forms of meaning-making after exposure to combat, keeps both Richard and Harold from being able to process the adversity they have experienced, and also keeps them from being able to reintegrate to their communities upon homecoming. However, their experiences seem to extend beyond the well-documented tendency among

adversity survivors to feel profoundly unsafe or unprotected after being exposed to horrifying acts in a seemingly chaotic situation. In the cases of Richard and Harold, there is not only a sense that good does not always triumph over evil, or the removal of fantasies of being protected in an unpredictable world. Rather, there is a sense for both of these veterans that there are no rules in the cosmos, no purpose or meaning available in life and no essential principles of good and evil at all - nothing that is forbidden to human beings who wish to keep their humanity (Miller, interview, 2014). They articulate the impression that at times society's understanding of the meaning of life seems absurd to them, leaving them unable to share common social foundations for relationships, trust, and morally normative behavior.

Lastly, both Richard and Nathan have experienced moments of wild, uncontrollable rage in their military service, in which they felt disdain for human beings and human bodies, and in some cases could not recall afterward exactly what they had said or done when acting in extreme violence (Everly, interview, 2010). In Richard's case, he seemed to feel almost joyful when amidst combat-related carnage, and felt an exhilaration when engaged in the frenzy of close-quarters battle, acting without personal restraint and occasionally having to be forcibly restrained by his comrades from committing acts of inhumanity (Howard, interview, 2014). Nathan describes his experiences as "blackout rage," which he says first took place in combat, but which has also continued in his experience upon homecoming, as often as once per week (Everly, interview, 2010). In this state he feels murderous, and feels a strong longing to kill and maim, with very little sense of compassion or restraint. Nathan claims that when he is not in this state of rage, he sometimes is capable of feeling compassion for other people,

even though it rarely lasts, and he rarely acts on such feelings (Everly, interview, 2010). Richard expresses frustration that he does not feel compassion for anyone, and wants this to change, although he does not know how change could occur (Howard, interview, 2014). Both Nathan and Richard experience a sense of rage “lurking below the surface,” believing that is now a part of their condition, and a phenomenon that they must become used to, because after years away from combat, the phenomenon has continued to abide (Everly, interview, 2010).

A Summary of Five Related Features

Richard, Nathan, and Harold represent many contemporary veterans who have experienced troubling and debilitating forms of combat-related disorientation upon homecoming, in addition to physical injuries they have sustained. These three have each been diagnosed with post-traumatic stress disorder under the psychiatric paradigm of care, and have undergone psychiatric treatment for years, but the some of the particularly unusual features of their disorientation, as described above, have proven resistant to treatment, and have posed a complex question to their caregivers. Looking closely, there appear to be five unusual features, seemingly related, and which are described – in the words of these veterans’ own experience – as follows: (1) a self-fear or self-horror after exposure to and perceived absorption of a devastating sense of evil in combat, (2) a conscious disconnect from emotion and bodily sensation which features an experience of internal deadness and a longing to feel alive or lively again, (3) a persistent and socially debilitating mistrust of people in authority and others whose help might be needed in times of trouble, or else a persistent mistrust of oneself around

others, extending out into nearly all personal and professional relationships and yet combined with an intense longing to want to connect with someone again, (4) a radical dissolution of the ability to make meaning of one's experiences, or to retain a sense of coherence in the world in general, which leads to an extreme social and moral disorientation that potentially leaves one absurdly disconnected to societal norms, and (5) occasional moments of lustful, exhilarating, murderous rage in which no sense of humanity and compassion is present, and which is often marked by a loss of ability to self-restrain one's physical actions.

Complementary Accounts

Each of these five features are distinct, and yet all five appear to be related, in that each of the five features are shared in the experience of at least two of the three veterans whose disorientation has been described in this chapter. In order to further examine these features, and to further explore their potential relationship to one another, it will be necessary to widen the sample size of veteran accounts that contain similar forms of disorientation. This will be done by making use of more first-hand and second-hand accounts, as related by veterans, their families, and their professional caregivers.

Accounts of Self-Horror at the Perceived Absorption of Evil

Tim Segrest, in his personal reflections of homecoming after serving in combat as a sniper in the Middle East, describes how, upon trying to reintegrate with his friends and family, he found an "evil" lurking in him, which he feels took up residence in him

during the war (Segrest, 2008, p. 198). During his daily interactions with people, he experiences this sense of violent and implacable “evil” within, encouraging him to murder persons whom he describes as selfish or who represent a barrier to his accomplishing a task. He expresses self-horror at this tendency, and claims to only be able to find relief from self-horror by using fantasy – fantasies in which, from his own perspective, he justifiably murders persons whose behavior he judges to be equally evil (Segrest, 2008). On such occasions, his inclinations towards violence can grow in strength and number, and from his perspective he claims difficulty in opposing them, because the “evil” he believes to be resident in himself identifies with the “evil” he senses in the other: “I can feel my anger come – anger at all this damn evil [around me]... can’t I just fucking kill them all? Burst their heads open?” (Segrest, 2008, p. 198).

Tim believes that in the course of his role in the war, a tangible form of “evil” attached itself to him – an evil that enjoys both the witness of suffering and the infliction of pain onto others (Segrest, 2008). His exposure to and the subsequent attachment of this tangible form of evil is something over which he remembers having no control. He articulates the experience as a process of being “fastened” to this tangible form of evil, and describes his current condition as a futile attempt to reverse the phenomenon, which attains no success (Segrest, 2008, p. 198). Tim has been formally diagnosed with PTSD, and has undergone intensive psychotherapy, but claims to experience little progress in psychotherapy, and believes that the kind of psychotherapy he has undergone does not adequately address his most distressing forms of disorientation. Specifically, he addresses this issue with his caregivers using the

following terms: "...[you] can't train me how to reverse this mother fucking sadistic fucker hiding within my mind" (Segrest, 2008, p. 198). Tim claims that he does not always clearly sense the evil that he knows to be attached to him, but rather feels it to be sometimes present and sometimes hiding somewhere close by, waiting to remerge (Segrest, 2008). Tim experiences an intense hatred of the condition in which he finds himself, and which he believes will extend the indefinite future, and he finds himself constantly condemning both himself and the presence of the tangible evil within him: "...you truly are a son of a bitch and I hope you rot in hell" (Segrest, 2008, p. 198).

John Wolfe describes his experience of serving in combat operations in Vietnam in a manner that bears similarities to Tim's experiences. He discusses the horror of war as an entity that a warrior absorbs or ingests, which devastates his inner life and sense of self, and which – although the warrior may try to silence or avoid it – inevitably must be faced interminably, and can never be silenced or avoided:

"...a combat veteran's intervals will be filled with rubbery Halloween mask heads housing skulls shattered into tiny shards, scheme-less mutilations, and shocked, pained expressions that violent and premature death casts on a dead boy's face. These images are war's graffiti. They are scrawled across the veteran's mind defacing the silence and peace that others enjoy" (Sherman, 2011, p. 27).

In Wolfe's experience, witnessing horrible, violent and apparently meaningless acts can leave an abiding imprint on the warrior's inner life, resulting in his experience of a lifelong connection with the horror and the devastation he has endured. From this perspective, the horror and devastation can seem to become a part of him, and he can feel as though the absorption of this horror has changed him indelibly: "at times the images may seem to fade, but an unguarded glance into the gloom is sufficient to exhume them" (Sherman, 2011, p. 27).

Wolfe's discussion of his own devastating experience in combat – which in his case involved a dead, mutilated young boy – includes a powerful belief that he has been associated not only with a horrifying incident but with all that is wrong in the world, and that it has left him changed forever, keeping him from the “silence and peace that others enjoy” (Sherman, 2011, p. 27). Wolfe describes himself as being unmistakably changed by defilement through the devastation he has experienced, and subsequently self-horrified at the result of the defilement. Although he does not specifically use the word “evil” in recounting his experiences, Wolfe's belief that he has become disgusting through the absorption of the inhumanity associated with his experiences in combat connects with Tim's experience of self-horror at a sense that there is a tangible form of evil now present inside of him.

Amaya Muruzabal, writing from the perspective of her work with combat veterans from the Vietnam era who have experienced unusual forms of disorientation following homecoming, suggests that “war teaches the veteran to be a monster...a zombie...the ex-combatant is a kind of living dead. Estranged from society...he [believes] he has lost his humanity forever” (Muruzabal, 1996, p. 28). In Amaya's experience, the act of killing human beings, especially when accomplished over and over again, seems to activate in the warrior a preoccupation with the deaths he has caused that can persist indefinitely. Amaya argues that “the knowledge of evil cannot be [simply seen as something] assumed psychologically,” but goes much deeper (Muruzabal, 1996, p. 28). In her view, the warrior who has been engaged in intense combat has “ingested a pollutant” of some kind that invariably effects every area of a veteran's inner life (Muruzabal, 1996, p. 28). In her view, there are horrors found in

certain human events which, when experienced, are not forgotten. From her perspective, the knowledge that these horrors once existed, and could conceivably exist again, alters the worldview of a veteran who has been a witness, victim, or agent of such things, and when the veteran believes that he has become linked to the horror he has experienced, he may develop a powerful sense of self-loathing or self-mistrust, believing that the process has changed him or her forever (Muruzabal, 1996).

D. C. Hoop, a veteran of recent conflicts in the Middle East, says this, about his experience in war: “The monster got loose in all of us. He devoured our dreams, he ate through our souls, and left an empty shell...” (Hoop, 2010, p. 56). Hoop’s experience is very similar to the experience of a long-time patient of Robert McLay whom he calls Lois (McLay, 2012). “Lois” is a female veteran who not only experienced horrific events in a combat zone, but was also raped by her own teammates in a combat environment. Diagnosed with “complex PTSD,” Lois experienced something that she describes as a monster that entered and “got loose” in her enemies, her teammates, and eventually in her, by contact (McLay, 2012, p. 95). She expresses the idea in these words: “[everyone became] a monster – them, us, men, women, hell even the kids. [Even an innocent] boy jumped the fence strapped with explosives (McLay, 2012, p. 95).

In the process of witnessing intense violence and being sexually assaulted, Lois believes that she has been forever changed. Once seeing herself as a strong woman with a sense of direction and purpose and a love for beauty, she now experiences a profound self-doubt and self-disgust. On the basis of this doubt and disgust, and upon reflection about its beginnings, she has come to believe that she may have

fundamentally changed from a “good” person to an “evil one” (McLay, 2012, page 95). Specifically, she suggests that she may have undergone a personal transformation into something evil as a result of her experiences: “I [once] had this idea of myself as strong and good. But I have seen what I have seen, and now I have to ask myself...have I [become] evil as a result?” (McLay, 2012, page 95). Lois’ sense of having become evil through witnessing and experiencing actions that she believes to be evil cannot and should not be simplistically dismissed as a mere metaphor. Along with D. C. Hoop, she has experienced a powerful change in her self-identity, and like D. C. Hoop, this change has been accompanied by a belief that she has absorbed or become the evil she has witnessed in combat. Both Lois and Hoop have undergone extensive medical and psychotherapeutic interventions regarding this distressing change in self-identity, and yet the new self-identity endures for both of them, and seems irreversible to both of them.

Leah Wizelman, in her book *When the War Never Ends*, captures the experience of the wife of a combat veteran of the Iraq War (2011). When her husband first began displaying symptoms of PTSD, she found it difficult, but as his struggle became more pronounced, she began to see changes in his personality that she considered to be dark, “evil,” and “ugly” (Wizelman 2011, p. 58). She felt that he had changed in a profound manner, and tried to force herself to remain positive and to convince herself that he was still the man she knew and loved, even though he seemed unrecognizable to her. Specifically, she came to believe that through his experiences, her husband had become attached to the monstrous things that he experienced in combat, and she claims that although she has tried to account for his changes in a different way, it is as if he met a

“terrorizing monster” in battle, and brought the monster home (Wizelman, 2011, p. 57). Although Leah does not comment at length on her husband’s self-perception, or address whether considers himself as a monster or as someone who has become evil, she does mention that he seems disgusted by the changes he sees in himself, and seems confused about the nature of these changes (Wizelman, 2011). In her narrative, Leah is not simply stating that she experiences fear or discomfort about her husband’s actions after homecoming, or that he is a terrorizing presence in the house because of angry outbursts. From her perspective, he has changed profoundly in his inner life, and in spite of herself she experiences him now as a “monster” who has at least in part become dark and connected with evil (Wizelman, Ed., 2011, p. 58).

Tim, John Wolfe, Hoop, Lois, and Leah’s husband each had distinct experiences in combat, and they each have distinct experience of difficulty and disorientation upon returning home. However, they share something in common that goes beyond their diagnosis with PTSD. Along with Nathan and Harold they each have, in exposure to intense combat, experienced something they call evil or monstrous connected to the devastating violence and death they have witnessed, and they have become in their own view connected with this evil, causing them to mistrust or loathe themselves. The effect of the horror of their experiences and their self-horror at the sense of how their experiences have impacted or changed them is overwhelming, and each of them has struggled to keep from becoming continuously preoccupied with their self-horror. They have also each attempted to keep friends and precious others at a distance from them, for fear of passing on the evil they have known, or acting under the influence of evil to hurt them in some way.

Accounts of a Conscious Disconnect from Emotion and Bodily Sensation

In 1985, Arthur Egendorf wrote on his work with an American soldier named Jim who realized soon after his return from Vietnam that “something wasn’t right with me...I felt a deep emptiness that had begun like a gnawing in my gut [even] as I was leaving Saigon” (p. 22). This “gnawing” feeling that “something wasn’t right” had been steadily developing in Jim’s experience for years following his tour in Vietnam, and he noticed its development growing in proportion to an equally steady decline in his ability to remain in conscious contact with his physical senses and to experience the full range of his emotions. By his own account, this phenomenon had begun soon after his involvement in a specific combat operation, in which he had witnessed and participated in the killing, dismemberment, and bodily desecration of both combatants and civilians. Jim’s distress was most pronounced and clear to him whenever he attempted to engage in intimate relationships, because from his perspective he noticed a profound difficulty in relating openly with the opposite sex, and although he physiologically experienced sexual arousal, he did not experience sexual pleasure or stimulation in a way that compared to sexual encounters that he experienced before his exposure to combat (Egendorf, 1985).

Jim’s unfulfilling sexual encounters served to strengthen his feelings of inner emptiness even further:

“With a woman I was both more aloof and hungrier to be involved than ever before. Sitting next to [a woman named] Linda, I felt her scent draw me to her again. We were together that night and for many nights afterwards. I wanted her to hold me. Tenderness and touching relieved me, but it didn’t make the gnawing go away. I kept yearning for something more” (Egendorf, 1985, p. 23).

Jim also noticed that in general, since his homecoming, he did not feel able to relate to other people in simple conversations and social interactions. This experience of being unable to significantly relate to significant others eventually came to be combined with an increasingly intense longing to relate to anyone at all, and simultaneously activated a profound sense of fear for Jim that his life was forever altered (Egendorf, 1985). Complicating and frustrating his clinical treatment for PTSD, his primary suffering, as Jim saw it, was a sense of not being whole, and of being unable to connect with a part of himself he had once known. This phenomenon was not easily categorized in the behavioral diagnosis of the mid-1980s. In fact, this painful sense of fragmentation persisted even after 10 years of intense psychotherapeutic treatment, at the hands of various therapists with various orientations (Egendorf, 1985). Jim claimed that even after these years of treatment the “images of shattering brutality stay fixed in my mind,” and expressed an inability to be able to feel human compassion, kindness, joy, sorrow, or anger when faced with common encounters in the “business-as-usual reality [of life at] home” (Egendorf, 1985, p. 6). This spiraled into further alienation, at the very time when Jim most longed to connect with his family and community. Egendorf describes Jim’s approach as a patient in the following way: “after years of taking pills and having therapists interpret his past and try to modify his behavior, Jim [really just] wanted to relate” (Egendorf, 1985, p. 6).

This is a perfectly adequate summary of Jim’s disorientation – he could not relate. He claimed that he had expected to “return as somebody’s hero,” and that he had hoped to make meaning of the violent and inhumane actions that he had witnessed and himself enacted by receiving adulation and recognition as a hero to his family,

community, and country (Egendorf, 1985, p. 6). However, when he returned, no one even asked Jim about his experiences of war, and over time he began to realize that his actions were perhaps not heroic, and that they perhaps should bear scrutiny. He began to believe that the brutality he had witnessed and carried out was not for some universally noble cause, but was perhaps just brutality (Egendorf, 1985). Jim went from experiencing himself as a hero who was constrained by honor and country to do violent things to a person who had willingly chosen to do violent things. Only a few months after returning, Jim no longer felt fully alive, and no longer felt whole (Egendorf, 1985). He felt as if he was a stranger to himself, his family, and society in general.

Edward Tick worked extensively with a client named Art, who was a U.S. Marine infantryman that fought at Khe Sanh and elsewhere in Vietnam. Art's experience of social alienation and the loss of an ability to experience both emotion and felt sensation after combat is self-addressed in spiritual terms, and is particularly striking. Art describes one particular moment in combat where he experienced what he calls a split between his soul and his body:

“Let me tell you what it's like. You can feel the connection between your soul and body when it starts to break. It's like a thread that starts fraying. I tried so hard during those long nights, the earth shuddering, my hands over my ears. I concentrated to keep that thread from snapping. But I could feel it getting thinner and thinner. One day the enemy was coming up the hill. They were thick that day...then mortars started falling on us...this time they were [going to overrun our position]. We had to hold the perimeter. I was shooting and screaming. I called for more ammo belts. I looked around. I was the only one left...I flew out of that foxhole. My feet were pounding the mud. Bullets were whizzing by me, and I was a goner for sure. That's when it happened...I felt it, Doc. The cord snapped. My soul ran right out of my body. It ran faster than me...[once I stopped running] I saw my soul shake its head. There was no way it was going to move back inside my body” (Tick, 2005, p. 15).

Art's description of his life following his combat tour in Vietnam is one full of such spiritual language. He claims to be "living without a soul," and although he sometimes experiences his soul as being in close proximity, he has not felt whole now for more than 30 years (Tick, 2005, p. 15). What he describes as living without a soul is, for Art, a terrifying experience. He claims to see the ghosts of the people he has killed almost all of the time, and senses his death so imminently that he has numbed himself to the fear of it, even though he is still preoccupied with his death and the deaths of the people he knew in combat constantly (Tick, 2005). Tick describes his condition as the "removal of [Art's] center of experience from his living body," and notes that Art is not able to fully experience anything that happens to him in the present, and can make no continuous meaning of his life as it courses – for Tick, it appears that Art lives through the course of his life "without differentiation or continuity" (2005, p. 15).

What Art describes as an internal break between his soul and body occurred, from his own perspective, after prolonged fear of death and continuous exposure to violence and seemingly chaotic circumstances in combat. He claims that his soul was no longer able to endure the devastation he was experiencing, and that it eventually fled his body, leaving him existentially fragmented. It is important to note that survivors of a number of types of extreme adversity have described the sensation of experiencing a break in mind-body or soul-body coherence during or after their exposure to adversity. "Nichole Fox," a survivor of aggravated sexual assault, claims that during her rape she felt a break within herself (interview, 2012). She claims she was "overcome by my attack," and felt that the event "choked my soul out of my body completely" (Fox, interview, 2012). Similar to Art, Nichole describes the aftermath of

her exposure to adversity as a process of struggling to recover a lost part of herself which she is fully aware of missing, and which seems to her to be connected with both a loss of contact with the full range of her emotions and the loss of her ability to relate to other people (Fox, interview, 2012).

In their 2001 work on veteran care, Friedman and Lindy describe working with a Vietnam veteran named John. As John struggled to reintegrate with his friends and family in the years following his homecoming from war, he described an inability to regain any closeness with them, and in his description of this experience he claimed that when he was with others who had once been precious to him, only his body now seemed to be in the room with them – his emotional connection with them and his inner vitality in general seemed to him to be missing (Friedman & Lindy, 2001). His family described the situation as having lost “the real John,” and from their perspective, he was only partly with them: “what we saw was his ghost” (Friedman & Lindy, 2001, p. 343). Victoria Beckner and John Arden describe their work with a contemporary combat veteran named Dan, who claimed to experience himself as “a shell” of what he had been before his time in a war zone: “...everywhere he went, he was like a ghost” (Beckner and Arden, 2008, p. 243). Dan, like Jim, wanted to reconnect with his friends, his family, his hometown, and even himself, but he did not know how, and dealt with a constant sense that he was no longer whole as a human being.

Scott Blake, a British combat veteran of the recent war in Afghanistan, and Tim Segrest, an American combat veteran, both relate to this “ghost-like quality” of living in the aftermath of war without being able to contact inner compassion and vitality (Blake, 2008, p. 5). Scott Blake, upon his homecoming, describes his return in terms of

becoming like the “living dead” (2008, p. 5). From his perspective, he “walked around like a zombie” during the day, wishing he was dead, and not feeling either emotionally or socially connected to his environment (Blake, 2008, p. 5). Tim Segrest finds it difficult to explain his profound sense of “emptiness from [within]” after combat, but in his attempt to explain, he describes a separation between what he identifies as his essential self and his continued experience of living within his own body – a “separation...[and the] loss of who I am” (Segrest, 2008, p. 198). Segrest claims that he began to experience this separation between his body and his self-identity after shooting a young girl in a very complex combat scenario during his time in the Middle East. Of the experience, he remembers this: “I was ordered to shoot...we never met...we never spoke...I just killed her” (Segrest, 2008, p. 198). In the aftermath of this action, Tim has not only experienced a separation between body and self-identity, but from his own perspective, he no longer feels anything except a profound emptiness (Segrest, 2008).

Jim, Art, John, Dan, Scott, and Tim each describe a fully self-conscious loss of emotional connection with precious others and a simultaneous loss of connection between their physical sensations and their experience of themselves. This evidences a conscious lack of the felt sense of being alive, and for each of them includes a feeling of profound emptiness, a ghost-like or zombie-like sensation, and an inability to significantly relate to other people and to access the inner vitality that makes life seem interesting, beautiful, and worth living. This loss of feeling alive, combined with a sense of not being whole, results in a feeling of being self-haunted, and has proven resistant to intense psychotherapy.

Accounts of a Persistent, Socially Debilitating Mistrust

Jonathan Shay writes about his work with a Vietnam veteran who describes the gradual dissolution of his entire sense of social understanding and public safety after his experiences in combat (1994). The veteran felt a deep sense of betrayal during the war, believing that his leadership was neither honest with him as he prepared for deployment nor responsible in adequately supporting him with the tools and direction he needed to face the challenges he met once he was there. In the years following his homecoming, his loss of trust in combat leadership expanded into a profound skepticism about the lessons he had received throughout his life by people in positions of power. He began to adopt the belief that life has no possibility of a coherent structure, and that there is no reliable way of knowing anything except by personal experience, because “nothing is what it seems” (Shay, 1994, p. 170). His own description of the process of losing meaning and coherence in his life – which, from his own perspective, was activated by the loss of an ability to trust any authority structure – includes ideas that represent a profoundly disorienting epistemological confusion: “that mountain there – maybe it wasn’t there yesterday, and won’t be there tomorrow. You get to the point where you’re not even sure there is a mountain” (Shay, 1994, p. 170).

Sergeant Nathan Everly, a veteran of the wars in both Iraq and Afghanistan, has experienced a similar evolutionary process of lost trust in military leadership leading to the loss of an ability to trust anyone or anything of significance in his life. He feels that his military leadership has failed him overall, but most especially in the combat zone, and that he doesn’t trust any person in authority since his first homecoming (Everly, interview, 2010). He says that he doesn’t believe in “anyone or anything, not my

leaders or God or even my own mother – and definitely not myself. I don't trust myself at all. I barely exist" (Everly, interview, 2010). Everly's loss of trust in his leadership is also connected to an inability to make meaning of his own actions in combat, and these losses have led to a significant loss of function in his personal and professional life. He describes himself as being unable to build relationships in romantic love because "I get so jealous, and I know I shouldn't, but I start screaming every time I get jealous and she just says my eyes look creepy and that I'm really scaring her and then she leaves... I know [the girls I'm with] probably aren't cheating, but I can't shake the feeling that they are. I just can't trust anybody" (Everly, interview, 2010). He also describes himself as unable to lead Marines in a conscientious way, because he thinks the military emphasis on values such as honor and duty is "completely bullshit," and having himself lost the ability to attribute any meaning to such terms, he refuses to hold anyone else accountable for living under the influence of such terms (Everly, interview, 2010).

Everly's loss of religious faith is connected to his loss of faith in the Marine Corps, in his judgment. He claims that the things he has seen have made him question whether there is anything true, honest, or even real in the universe, and whether there is any "meaning behind anything" (Everly, interview, 2010). No longer holding religious faith, which once informed his thoughts and behavior, he has difficulty restraining himself when aroused in anger or sexual attraction. When he experiences anger towards someone, he claims to immediately want to kill them and mutilate their bodies. About his ability to restrain himself from acting on such impulses, he says, "I don't stop myself because I think it's wrong. I don't feel like anything is right or wrong, although

I think I probably should. I only stop myself because I don't want to be in jail...although sometimes I don't care much about that either" (Everly, interview, 2010).

Hautzinger and Scandlyn discuss the difficulties in homecoming of a soldier in the Iraq War named John Needham, who subsequently died by suicide a few years after returning from combat – a death that they describe as “a fatal moral injury” (2013, p. 112). John witnessed brutal violence against civilians in Iraq, which he sensed was condoned and even encouraged by his military leaders. He claimed to experience a direct “betrayal by his peers and superior officers,” who had taught him about an ethical code of war fighting but then encouraged and even compelled him to kill civilians once they encountered heavy troop casualties in combat – an act tantamount in his own mind to murder (Hautzinger & Scandlyn, 2013, p. 111). John felt powerless to stop the inhumane actions of his unit, and after returning home and being diagnosed with PTSD, he attributed the source of his profound disorientation to this betrayal. John had difficulty, before his death, trusting anyone, or allowing himself to become emotionally close with anyone, and at one point, in what investigators described as an apparently paranoid state, he murdered his girlfriend (Hautzinger & Scandlyn, 2013). This use of the term *paranoia* was an attempt by civic officials to describe the extreme state of mistrust that characterized John's relationships in the months before his homicidal and suicidal actions.

Cantrell and Dean relate their work with a veteran of American Special Forces who killed a large number of armed political antagonists outside of a status of declared war in classified combat operations in South America during the 1980s (2005). This

soldier describes what he considered to be an unforgivable betrayal by the allies he was supposed to be helping and advising during one combat engagement, and he also describes how, in the process of extricating himself from the skirmish, he received a severe physical wound. His gradual loss of trust in his comrades in arms, in society at large, and in God over the next three decades was expressed as an evolution, and in this sense bears a similarity to the narratives of both Shay's veteran and Everly, as recounted earlier in this section. First, he felt betrayed by the indigenous allied force with whom he had been partnering, and attributes to this betrayal his difficulty in trusting anyone in almost any situation "to this day" (Cantrell & Dean, 2005, p. 65). Secondly, the classified nature of his missions kept him from receiving some of the follow-up medical care he needed after being separated from the military because of his wounds. He claims that he had always previously believed the military would care for him in any way necessary after he served his country in combat, but that eventually he came to believe he had simply been "deceived, [after which] bitterness set in with a vengeance" (Cantrell & Dean, 2005, p. 65). Third, he eventually began questioning the moral and ethical clarity of many of the missions that the military had ordered him into, especially in light of the fact that he had been asked to engage persons in combat without a formal declaration of war:

"I had been brought up in a church believing the human life was sacred, and now I was faced with the fact that I had [acted against all of] that...I really didn't know what God thought about me killing people, and I wasn't sure that he would forgive me for it. My life has become an array of shattered dreams. If I did all those things for God, duty, and country, then why have I been [left] like this?" (Cantrell & Dean, 2005, p. 66)

The last sentence of this quote is a brief acknowledgement of the severe forms of spiritual, emotional, psychological, and social disorientation that this soldier has

experienced in the decades following his homecoming, the totality of which he does not discuss in his interview.

Shay's Vietnam veteran, John Needham, Cantrell and Dean's special forces soldier, and Sergeant Nathan Everly have each experienced a persistent and socially debilitating sense of mistrust after their experiences in combat, leaving them unable to enter into and maintain meaningful relationships. Shay's veteran felt so betrayed and disoriented by those he trusted that he found it difficult to assign stability or permanency to almost any object, much less any person (Shay, 1994). John Needham murdered his girlfriend and killed himself after living for years with what he considered to be "the venom" of betrayal in war (Hautzinger & Scandlyn, 2013, p. 92). Cantrell and Dean's special forces soldier calls his life after war a series of shattered dreams, and claims to be unable to trust anyone in his life, and unable to maintain belief in God or an absolute, permanent good in the universe (2005). Everly's mistrust is combined with extreme agitation and feelings of murderous aggression, and it has kept him from connecting in love, with family, and at work. He has also lost faith in God, and experiences that vacuum as a painful absence of safety and order in the world (Everly, interview, 2010).

From their accounts, it appears as if a radical loss of trust in people and in previously held belief structures is activated by an experience of betrayal by leadership or comrades in combat, and may eventually culminate in a veteran's belief that his own actions in combat were not justified, and were perhaps tantamount to murder. The extreme social, psychological, emotional, and spiritual impact of this disorientation of trust does not seem to extend only to a persistent distrust of authority figures, but rather

appears to culminate in a condition in which the veteran cannot relate to anyone who might be able to hurt or betray him, and protects himself from such persons as if his life depended on it.

Accounts of a Radical Dissolution of Moral Intuition and Narrative Coherence

Edward Tick, in detailing his therapeutic work with an American veteran that participated in the infamous war crimes at My Lai in the country of Vietnam, describes his subject as a man who simultaneously experienced both a profound loss of moral meaning and a profound loss of narrative cohesion in his worldview:

“...the predominant...tone [with this veteran] is all-encompassing absurdity and moral inversion. The absurdity has to do with being alien and profoundly lost, yet at the same time locked into a situation as meaningless and unreal as it is deadly. The moral inversion, eventuating in the sense of [his having become united with] evil, has to do not only with the absolute reversal of ethical standards but with its occurrence in absurdity, without inner justification, so that the killing is rendered naked” (Tick, 2005, p. 113).

Tick’s use of the term “moral inversion” attempts to account for his client’s development of such an extensive moral disorientation that all existing moral codes seem to him to be not only arbitrary but also comical – a condition ultimately culminating in a position toward the world in which any action was no less moral in reality than any other (Tick, 2005, p. 113). When this veteran entered pre-combat training for the war in Vietnam, he had held a strong internal sense of right and wrong, and had also adopted a belief in the just nature of American warfare, as taught to him by his community leaders. During his initial months of service in combat, these moral structures remained intact, and had a direct impact on his martial decision-making, especially when considering discrimination and proportionality in his actions (Tick,

2005). However, he eventually began to see hypocrisy in his military leadership, and to overhear conversations in which his leaders discussed the conflict in Vietnam as a meaningless, political venture. As he questioned the just nature of the conflict, he realized that almost none of his comrades in arms or leaders believed it to be just in any way, even as they continued to encourage him to act in violence anyway (Tick, 2005). This is the setting for what Tick describes as his descent into a position of being “profoundly lost,” and also the development of his sense of being “rendered naked” in his acts of killing – a metaphor that describes his growing belief that the men he had killed had actually been unjustly murdered (Tick, 2005, p. 113).

Shannon French argues that “believing you are on the side of right in combat could be the difference between keeping your humanity and character intact, or losing yourself to the savagery and psychological trauma of human conflict” (French, unpublished lecture, 2007). This veteran of My Lai suffered just such a loss of his humanity, and in its aftermath has experienced just such a loss of self. As he came to believe that none of his killing could be justified, and was yet continually compelled to kill Vietnamese insurgents, he experienced the dissolution of his previously functional moral intuition and the activation of a profound sense of the meaninglessness of his own life and actions (Tick, 2005). By the time he entered the village of My Lai, Tick argues that he had no ability to discern moral and immoral actions in combat – and in fact such categories seemed to him to be “all-encompassingly absurd” (2005, p. 113). Nancy Sherman discusses a similar situation with the four Marines charged with murder after their actions in Haditha, Iraq led to the death of 24 innocent civilians (2011). The experience of a rapid loss in the efficacy of their moral intuition began before they ever

reached Haditha, and when one Marine opened fire into the innocent crowd, the others quickly followed suit, and did not stop amidst the cries of the men, women, and children whom they were shooting (Sherman, 2011).

Eugene Sledge recounts his experiences in combat as a Marine during the invasion of Okinawa in 1945 (2007). His Third Battalion, Fifth Marine Regiment comrades had already seen brutal fighting through the Pacific theater, and most recently on Peleliu, which Sledge describes from his own memory as one of the most “hellish” battles of the war (2007, p. 190). Japanese soldiers had been performing inhumane and gruesome acts upon American corpses left exposed on the ground overnight throughout all of the island campaigns, and in the ensuing development of hatred of the enemy, combined with the miserable human conditions on the ground, including driving rain, mudslides, and the horror of having decayed corpses continually decimated and re-distributed in pieces into the ranks of the living by artillery shelling from both sides, Sledge recalls the radical moral disintegration of one of the Marine officers in his unit (2007).

Lieutenant “Mac” began acting erratically as the Battle for Okinawa expanded and the American casualties mounted. On one occasion, after coming across a number of deceased Japanese soldiers decomposing on the side of a ridge, “Mac” insisted on turning each corpse over, pulling its trousers down over its knees, “trying very carefully to blast off the head of the corpse’s penis,” and then cheering over his aim when he succeeded (Sledge, 2007, p. 198). His men were horrified, even given their own miserable experiences of war and their desensitization to many forms of inhumanity. Mac also had the habit of delaying urination until he was able to find a suitable

Japanese corpse, after which he would open its mouth and urinate into it, making cheerful comments about his aim and the sounds that his urine made (Sledge, 2007).

Mac was surprised by his men's horrified reactions to his behavior, which in turn further surprised and disoriented his men. Sledge recalls Mac as "a decent, clean-cut man, but one of those who apparently felt no restraints under the brutalizing influence of war...[he had] ghoulish, obscene tendencies that revolted even the most hardened and callous men I knew" (Sledge, 2007, p. 199). Mac's ability to present a clean, competent and professional image to his men except when he came into contact with enemy bodies suggests the combat-impairment of his moral intuition, leaving him incapable of discerning humane and socially acceptable actions in certain situations. A Marine officer is expected to be a moral exemplar for his men, especially in time of combat, and yet Sledge believes that in combat Mac's moral intuition suffered profound disorientation, leading to his ability to participate in shockingly inhumane behavior even as he was able to relate to his men and his environment appropriately in other circumstances (2007).

In 2003, Specialist Richard T. Davis was murdered, burned, and dismembered by four of his comrades soon after they returned from combat operations in Iraq (McCain, 2009). Richard and his comrades has been involved in intense action during their deployment, including a nearly six hour firefight that one reporter called "one of the most hellish and controversial engagements of the war," in which as many as 100 Iraqi soldiers were killed (Boal, 2004, p. 3). One soldier involved in the battle said this, about its aftermath: "the street was shrouded in smoke, slick with blood and body parts. You saw legs, arms, and just meat...there was – I don't know what it was. It looked

like a big steak stuck to the side of our Bradley, and later we had to take it off...we took a picture” (Boal, 2004, p. 3). At least five counts of potential war crimes were investigated after the battle, as reports of savage and sometimes sadistic treatment of the enemy surfaced, and as grotesque trophy-like displays of dismembered bodies were reportedly hung around the command compound (Boal, 2004).

According to the prosecuting counsel of Richard’s murder trial, after engaging in an argument outside of an exotic dancing establishment a few nights after their homecoming from Iraq, one of Richard’s comrades, Specialist Alberto Martinez, beat Richard extensively and then stabbed him in the chest at least 33 times, twisting the knife as it repeatedly entered and exited Richard’s body (McCain, 2009). Specialist Mario Navarrete, another of Richard’s comrades, then poured lighter fluid over Richard’s body and lit him on fire (McCain, 2009). Martinez, who was also accused of rape during the combat tour, Jacob Burgoyne, another of the companions who had been on “suicide watch” for many weeks during the combat tour because of suicidal and homicidal ideations, and the two others present then left the scene of the crime, acting as if nothing had occurred (Boal, 2004, p. 5).

During the ensuing investigation, detectives struggled to discover a likely motive for murder. Jacob Burgoyne displayed a cold distance while discussing the most gruesome parts of the murder with detectives, leading one investigator to claim that he “was so cold it unnerved me,” and to add that of all the murder suspects he had ever investigated, none had seemed so distant from any sense of human compassion (McCain, 2009, p. 52). In the 2007 film adaptation of the story, entitled *In the Valley of Elah*, director Paul Haggis provided a chilling portrayal of the emotionally distant and

morally disoriented state of the murderers (Becsey, 2007, Motion picture). Martinez describes his memory of the murder as “looking down at my hands and realizing that I was stabbing him,” and one of the other soldiers mentioned that, after Richard was dead, they had considered dicing the remains and burying the pieces, but they “were all so hungry,” and instead left to dine at a nearby chicken restaurant (Becsey, 2007, Motion picture).

Martinez and Burgoyne displayed a disconcerting inability to discern the moral nature of their actions when reflecting on their murder of a friend and teammate, but even more unusual is their inability to place their actions into any coherent context of meaning, and to judge how any action could be understood as better or worse than another. In this their condition bears a connection with Tick’s description of “moral inversion” on the part of his patient that had participated in the My Lai massacre (2005). What judges, reporters, community leaders, military leaders, and their own family members considered outrageous and bizarre criminal behavior, Martinez and Burgoyne seemed to consider normal and understandable given their circumstances. Indeed, a number of observers noticed that the two soldiers seemed to be just as confused about the public responses of horror over their actions as the public seemed confused over the two soldiers’ apparent lack of horror (Boal, 2004). Formulated in this way, an inversion of moral intuition is clearly apparent, and consequently the two soldiers have developed a worldview that may be labeled, in Tick’s words, “all-encompassingly absurd” (2005).

Tick’s My Lai veteran, Lieutenant “Mac,” and Martinez and Burgoyne, all involved in war crimes that feature an unusual disregard for human life, have each demonstrated a significant loss in the capacity for moral discernment with which they

entered combat. Simultaneously, and relatedly, they have each demonstrated a position of confused distance from their society's expectations of humane behavior as a part of a larger coherent worldview, which worldview appears to them as irrelevant or absurd. Richard Howard's description earlier in this chapter of experiencing elation when he was killing, but realizing his teammates thought him strange in those moments, evinces something similar. Exposure to intense combat, the complex experience of holding power over human life in the act of killing, and mixed messages from leadership on what is and is not acceptable behavior in war all appear to be contributing factors to the dissolution of moral intuition and narrative coherence that these veterans have endured upon homecoming.

Accounts of an Uncontrollable, Lustful Rage

David Philipps writes about his encounters with a veteran named Marquez, whose fellow soldiers during Operation Iraqi Freedom described him as "the platoon's pit bull" (2010, p. 72). One of these fellow soldiers explained the description in the following terms: "we called ourselves 'the Bad Boys,' and we really were bad boys. We had to be, in a city like Ramadi. We did a lot of bad things. Beating. Killing. And for that, Marquez was really good. He would do anything you wanted him to do, but you needed to keep him on a short leash, because he'd also do what you didn't want him to do" (Phillips, 2010, p. 72). From his own perspective, Marquez did not enter his service in Iraq being unable to control his actions or prone to rage. Reflecting on the past, he noticed that he had gradually become more violent and unpredictable as his tour of duty progressed, and he particularly noticed a change in his mode of relating to others after an accident in which his friends became trapped in an armored vehicle that

had ignited into flame. He had watched helplessly and listened to their screams as they burned to death, as no extraction had been possible (Philipps, 2010).

In the aftermath of that accident, Marquez remembered feeling extreme exhaustion, and at times experienced impulses “to blow his head off,” but his suicidal ideation was not persistent (Philipps, 2010, p. 72). Eventually, he began conducting his responsibilities in combat with what he now recalls as a lack of feeling, although from time to time he would become unpredictably angry and energetic, and act without restraint towards the enemy (Philipps, 2010). From his recollection, he did not experience pleasure in killing, but he did experience exhilaration, and once he began acting violently, he was not able to stop on his own accord (Philipps, 2010).

Jonathan Shay recounts his work with a Marine veteran from Vietnam, who recalled entering a state of wild rage in combat that had continued to profoundly effect him even decades after the war:

“I was walking point. I had seen this [North Vietnamese Army] NVA soldier at a distance. We were approaching him and he spotted us. We spread out to look for him. I was coming around a stand of grass and heard a noise...I stuck my head in the bush and saw this NVA hiding there and told him to come out. He started to move back and I saw he had one of those commando weapons...and he brought it up and I was looking straight down the bore. I pulled the trigger on my M-16 and nothing happened. He fired and I felt this burning on my cheek. I don't know what I did with the bolt of the 16, but I got it to fire, and I emptied everything I had into him. Then I saw blood dripping on the back of my hand and I just went crazy. I pulled him into the paddy and carved him up with my knife. When I was done with him, he looked like a rag doll that a dog had been playing with. Even then I wasn't satisfied. I was fighting with the medical corpsmen trying to take care of me. I was trying to get at him for more...I lost all my mercy. I felt a drastic change after that. I just couldn't get enough. I built up so much hate, I just couldn't do enough damage...got worse as time went by. I really loved fucking killing, couldn't get enough. For every one I killed I felt better” (Shay, 1994, p. 78-79).

Shay notes that, in his experience, this tendency among warriors to enter into a state of energetic violence in combat with little ability for self-restraint and little contact with conscience is uncommon but not unprecedented, and further expresses the opinion that veterans who have entered into such a state are far more likely to experience the most complex forms of disorientation upon homecoming. He uses the label “berserk state” to approach the phenomenon, and clearly voices his concern for its impact on returning warriors: “on the basis of my work with Vietnam veterans, I conclude that the berserk state is ruinous, leading to the soldier’s maiming or death in battle – which is the most frequent outcome – and to lifelong psychological and physiological injury if he survives. I believe that once a person has entered the berserk state, he or she is changed forever” (Shay, 1994, p. 98).

Edward Tick also discusses this phenomenon in describing his work with combat veterans, and in the same terms (2004). He notes that the onset of the berserk state often seems to begin with the development of a sense of helplessness in combat, especially after a warrior has seen a comrade or an innocent civilian killed or maimed by an enemy combatant – in which case the warrior may also experience the activation of an impulse towards revenge (2004). Tick stresses the importance of the origin of the concept of the berserk state in Norse mythology and military history, where leaders of men would evoke the idea of putting on a ferocious “animal self,” and in fact would whip their warriors into a frenzy, urging them to become “as frantic as dogs or wolves, [biting] their shields, [slaying] men, and [believing that] neither fire nor iron could hurt them (2004, p. 37).

In agreement with Shay, Tick's recognizes in his own work that once a warrior enters into a state of uncontrollable rage in combat, the warrior's homecoming process will become far more complicated, and the warrior is likely to experience long-term disorientation which may "shape character for life" (2004, p. 37). One of Tick's clients, who served in ground combat in Vietnam, admitted decades after the war that he volunteered for combat because he longed to kill and destroy Vietnamese people – nothing more, and nothing less. He claims to have gone "because those bastards killed my cousin. I only went for revenge. I don't give a damn that we lost..." (2004, p. 90). After the war, this combat veteran has experienced chronic and unpredictable entries into an energetic state of violent rage, during which he experiences strong impulse to kill people around him. Another of Tick's clients, a veteran named Lenny, details his experience of "post-berserk" life in society even decades after the war in this way: "[For thirty years I have] avoided Chinese restaurants and fled public spaces whenever [I see] a person of Asian descent because I can't tell them apart and if I got near I'd lose it and kill them" (2004, p. 90).

Sergeant Nathan Everly, during his last deployment to Afghanistan, found himself wanting to murder people – or, worse, to maim them and then watch them suffer – almost every time he faced a stressor in his environment, or entered an argument with someone. This tendency abides after homecoming, and frightens him on occasion, because he does not feel able to control himself when he enters a rage, and he has not been able to gain insight into his rages in psychotherapeutic treatment (Everly, interview, 2010). Sergeant Harold Miller entered into what he described as a state of ecstasy when in combat, and especially when he was in the act of killing, becoming full

of energy, exhilaration and joy, and feeling invincible (Miller, interview, 2014). Since returning he has not been able to experience joy or ecstasy in another way, even though he has pursued these experiences in a high-risk manner, through recreational drug use and sexual promiscuity (Miller, interview, 2014). He describes feeling numb unless he has entered into a violent rage, which occurs unpredictably (Miller, interview, 2014).

Walter McDermott works with a combat veteran from the Iraq War who experiences similarly unexpected and violent episodes of rage, and who sometimes feels incapable of restraining himself from acting on destructive impulses (2012). When the veteran first entered treatment for PTSD, he had been mandated by the courts for treatment because of an assault conviction for battering his elderly grandmother into critical condition (McDermott, 2012). According to his own account, he “went berserk” when his grandmother was scolding him and attacked her with his fists. Afterwards he claimed that he knew what he was doing was somehow wrong, but only in an abstract way, because his only feeling in the moment was rage and exhilaration (McDermott, 2012, p. 143).

D. C. Hoop describes what he considers to be a lasting consequence of having once entered into wild, unbridled rage in combat, after which he had become “like an animal” trying to return to society (2010, p. 54). Like Shay’s veteran, he describes his episodes of rage upon homecoming not only as an unexpected experience of anger, but also as a sense of all-encompassing hatred, ready to be attached to anyone or anything (Hoop, 2010). He describes this process as “hate taking over my world...turning my heart cold inside my chest” (Hoop, 2010, p. 54). When the “hate takes over,” Hoop

explains that he finds himself “able to do unthinkable things, excited by the absurdity of it all” (2010, p. 54).

Hoop’s self-description depicts movement between feeling like an animal and an immortal, before, during and after his episodes of rage. Shay also describes this movement in self-identity among survivors of combat who have entered the berserk state, noting that “the berserker feels like a god” when he is engaged his violent action, but afterwards can feel less than human (1994, p. 97). In states of rage upon homecoming, the warrior can experience his intense impulses toward violence as accompanied by strong feelings of power, victorious satisfaction, and even sexual stimulation. Bob Steck, a Vietnam veteran interviewed by Nancy Sherman, talks about having haunting experiences of sexual power and discharge in combat that engender a powerful confusion in the moment and in the aftermath, upon homecoming (Sherman, 2011, p. 78).

David Phillips quotes a soldier named Mifflin who experienced something similar, in his exposure to combat: “it was the oddest feeling. The only way to describe combat is that it is like being raped, but really enjoying it. It scars you, it’s horrible, but at the same time, you start to like it” (Phillips, 2010, p. 76). Stephen Muse, in his work with one soldier, speaks of the complicated psychological and spiritual injuries that can accompany sexual release in the act of killing, affect a soldier’s understanding of the meaning of his own sexuality, and the meaning of the act of killing in which he was engaged (Muse, interview, 2012). In such cases, the convergence of powerful inner states that are not often experienced together, such as sexual release, horror, victorious

elation, disgust, and self-doubt, seem to profoundly disorient the post-berserk warrior, and to profoundly shape his post-combat position towards the world.

Specialist Marquez, Sergeant Nathan Everly, Sergeant Harold Miller, D. C. Coop, and Mifflin are examples of warriors returning from combat that have experienced a complicated, abiding sense of lustful rage upon homecoming that appears clearly connected to moments in combat when they lost self-restraint and began acting wildly in violence towards their enemies, often entering into acts of inhumanity. In their own descriptions, having once crossed into this state of unrestrained violence in combat, they were more likely to have entered the state again in combat, and - upon homecoming - to enter unpredictably into similar states even decades later. This tendency appears to be resistant to many common psychotherapeutic interventions, leading Shay, Tick, and others to believe that it may lead to an irreversible change in the character patterns of effected veterans (Shay, 1994).

A Summary of Five Related Elements

This chapter has illuminated five distinct forms of disorientation found among the most distressed of returning veterans, apparently activated during participation in intense combat operations: (1) a self-horror connected to the sense of having absorbing something evil in combat, (2) a conscious experience of being disconnected from emotion and bodily sensation, (3) a persistent, socially debilitating mistrust, (4) a radical dissolution of moral intuition and narrative coherence, and (5) lustful, uncontrollable rage. These elements appear to be interrelated, in that veterans who experience one of these elements appear likely to experience others. This is

demonstrated in the juxtaposition of the narratives of Richard Howard, Nathan Everly, and Harold Miller at the beginning of the chapter, each of which demonstrated three or more of the five, and which together illustrate all five.

There are also aspects of the individual accounts of each of these three veterans that provide evidence of the direct relation of one or more of the elements highlighted, in the sense that one or more elements appear to have contributed to the development of another. For instance, Richard's description of a conscious disconnect from his emotions and from bodily sensation is clearly related to his entry into episodes of rage, because he claims that he is "only feeling anything when he is raging" – which is rare in any case (Howard, interview, 2014). In Richard's experience, then, the interplay between the two disorienting elements is one of activation and deactivation of one in response to the other – i.e. he claims to feel nothing, and then enters into a rage, during which he feels exhilaration, and upon exiting his episode of rage he once again feels nothing. Similarly, Everly's episodes of rage are related to both extreme social mistrust and also his sense of the presence of something evil within him. He describes himself as especially dangerous when interacting with either supervisors at work or with people that he depends on some way, and feels unpredictable in his potential to harm them without warning, in the event that something might "trigger the blackout rage" (Everly, interview, 2010). He describes himself as both unable to trust anyone and quick to become murderous towards anyone who seems to belittle or betray him, demonstrating a clear relationship between rage, mistrust, and the sense of evil within him.

Miller's sense of evil within appears related to his social mistrust and his loss of narrative coherence. He describes himself as unable to entrust himself to others in any

context, but he also describes himself as untrustworthy to himself, as he believed that he cannot trust the evil part of himself not to hurt and terrorize others if they come into close proximity with him (Miller, interview, 2014). His belief in a higher power as a young man has dissolved, but his sense of the evil he believes that he has encountered – and that he believes is now a part of him – supports a sense that he has now way of knowing whether or not there is any “good or bad in the world,” or how anyone can claim to know who has been through experiences similar to his (Miller, interview, 2014).

D. C. Hoop’s sense of having absorbed evil in combat is connected with his episodes of rage and his sense of meaninglessness and incoherence. He describes the strong sense that a “monster” entered into him after he was reduced to an “animal-like” state in combat, a sense that has not diminished since his homecoming (Hoop, 2010, p. 54). In the times when he describes his “hate taking over,” he finds his worldview dissolving into meaninglessness and “absurdity,” where actions and ideas that formerly would have seemed monstrous now seem to him to be “exciting” (Hoop, 2010, p. 54). In these self-descriptions, Hoop demonstrates a relationship between the sense of having absorbed evil, his episodes of uncontrollable rage, and the dissolution of his narrative coherence.

Although the connections between these elements are not fully clear, some relationships are evident, and the presence of one of these five elements in the experience of a returning warrior should alert observers to the possibility of the presence of more of them. This is the very nature of a syndrome, in that these elements present a clustered picture of a complex form of disorientation in which the presence of

one element points to the potential presence of the others, although the nature of the connections is not fully understood (Martin, 2010). That being noted, it will prove helpful to delay using the label *syndrome* until it is certain that a medical or psychiatric approach is an appropriate avenue of orientation, given that the term *syndrome* is often associated with the psychiatric paradigm.

A Working Label for the Phenomenon

It will be doubtless be useful to assign a theoretically neutral working label to the phenomenon and its five elements, in order to aid concise and organized discussion in further chapters. The label *Complex Combat Activated Disorientation* or CCAD will prove sufficient. Papadopoulos warns caregivers about using terms like *trauma* or *disorder* when working with people who have survived an adversity and are in distress, because these concepts tend to prematurely bind both caregivers and distressed persons into categories that affect the way they make meaning of what has happened to them (2007). Although the veterans mentioned in this chapter have each been diagnosed with PTSD, their experiences may not fit neatly into the psychiatric category of PTSD, and the psychiatric paradigm itself may not fully account for what they are experiencing. It is also possible that what they are experiencing, while clearly very distressing, is not evidence of a clinical disorder, although it may bear psychological or psychiatric implications.

The term *complex disorientation* captures the experience of these veterans in way that the terms such as *disorder* cannot. Whether or not each of these veterans can be appropriately diagnosed as psychiatrically disordered, each experiences an

overwhelming sense of loss and distress that is mysterious to them because its exact source and nature is difficult to discern. They do not feel as if they understand what has happened to them, and each of them has a profound sense of difficulty relating to themselves, their loved ones, and their communities. Although they have each attempted to find help, the nature of their distress is not easy to classify with the use of existing paradigms.

Papadopoulos uses the term *adversity activated* in place of the term *traumatic* in his work with refugees and other distressed persons for this very reason (2007). Because the use of the term *trauma* has the tendency to evoke psychiatric responses to phenomena, or to stigmatize or oversimplify the experiences of distressed persons, it should be avoided when initially attempting to approach a phenomenon from a neutral, holistic perspective. When working with the specific phenomenon under consideration in this thesis, it is clear to see that each of these veterans been exposed a common adversity: combat action. Although their experience of this adversity differs, and although each may respond to this adversity in different ways, their distress is activated during their exposure to combat.

Accordingly, the label *Complex Combat Activated Disorientation* is fitting, since it has been established that the phenomenon contains complex elements, is activated during exposure to combat, and contains a significant amount of personal disorientation for affected veterans. Such a label will allow this thesis to initially avoid terms like *trauma*, *injury* and *disorder*.

Having examined the elements of Complex Combat Activated Disorientation in detail, and having briefly noted the potential for the inter-connection of these elements,

it is now possible to consider an orientation of approach that adequately captures their complexity, uniqueness, and totality (Papadopoulos, 2014). Because certain elements of CCAD have gained notoriety in the work of contemporary trauma researchers, and because this work has largely occurred in conjunction with medical and psychiatric treatment, under the category of PTSD, it is fitting to begin with the psychiatric approach, and to consider the ways in which the phenomenon may or may not be entirely fit for discussion and description within the contemporary psychiatric paradigm.

In fact, the psychiatric paradigm is ever becoming more nuanced in its classification and categorization of trauma symptoms and dissociative symptoms. With the release of the American Psychiatric Association's new *Diagnostics and Statistics Manual* in 2013, and the impending release of the newest edition of the *International Statistical Classification of Diseases*, the psychiatric and psychological communities contain far more material for potential discussion and description of the features of CCAD than the category of PTSD alone. This thesis will now examine the psychiatric paradigm's ability to account for all of the features of each element of CCAD, as described in this chapter, to see whether or not it can provide a fully adequate account of these features, and of CCAD as a whole.

CHAPTER 3

PSYCHIATRY & CCAD

According to the available literature, the psychiatric paradigm is the most common theoretical paradigm used to understand and account for the phenomenon under consideration in this thesis, which in the previous chapter was assigned the working label of *Complex Combat Activated Disorientation* or CCAD. The psychiatric paradigm primarily approaches CCAD using the criteria for post-traumatic stress disorder, as listed in the most recent editions of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) and the American Psychiatric Association's *Diagnosics and Statistics Manual* (DSM-5). Some psychiatric theorists also address elements of CCAD by making use of other diagnostic spectrums within in the DSM-5, including the criteria for dissociative disorders and delusional disorders (Herman, 1992; Jones, Griffiths, Humphris & Skirrow, 2001).

In addition to making use of the approved categories of the DSM-5 and the ICD-10, a number of clinicians and researchers use the label *Complex PTSD* to organize features that are hard to adequately classify using the psychiatric criteria for PTSD, and which require them to take considerable latitude in order to account for their clients' most unusual or extreme experiences within the existing diagnostic spectra (Herman, 1992; Van der Kolk, 2002; Chu, 2011). Complex PTSD does not serve as an official diagnostic category, and originated in the field as an attempt to recognize extreme "personality change" occurring after severe or prolonged exposure to traumatic events, and most commonly childhood sexual abuse (Johnson, 2005, p. 26). The term has

recently become more commonly used in conjunction with combat related trauma, and clinicians use it in order to stay close to psychiatric criteria while still acknowledging symptoms that are hard to classify and inadequately explained in the existing literature (Roth, Newman, Pelcovitz, Van Der Kolk & Mandel, 1997).

In order to address what they are calling Complex PTSD, some common descriptive features of which do generally correspond with CCAD, as will be demonstrated in this chapter, the theorists and clinicians represented in the literature are adopting a variety of theoretical approaches. However, there is a clear irony in the approaches that many theorists and clinicians are adopting: although they are using the label Complex PTSD because they find the approved psychiatric category of PTSD to be inadequate to account for the experiences of their clients, they are generally approaching Complex PTSD in the same way they have been trained to approach PTSD. For instance, in approaching radical social mistrust after exposure to intense combat, Figley and Nash use the same Piagetian developmental and cognitive framework that they use to approach the cardinal symptoms of PTSD (2007). Theorists involved in developing Cognitive Processing Therapy (CPT), a rational-emotional approach to trauma, make use of the same constructs for understanding extreme narrative dissolution in cases of Complex PTSD that they use when approaching the more common PTSD symptom of distorted cognition about the causes of traumatic experiences (Stone & Friedman, 2010).

Process-experiential and emotion-focused theorists and practitioners, such as the University of Pennsylvania's Edna Foa and Elizabeth Hembree and their colleagues in the field of Prolonged Exposure (PE) therapy, use the same framework for

understanding persistent and extreme experiences of being “lost...numb, empty and detached” from loved ones and community that they use for any type of disturbed emotional processing associated with trauma (Foa, Hembree, & Rothbaum, 2007, p. 51). Paivo and Pascual-Leone’s Emotion-focused Therapy for Trauma (EFTT), although more focused in the field of child abuse than war-related trauma, nevertheless addresses Complex PTSD in general, and approach its features as emotional injuries capable of being understood along the same lines as other emotional injuries resulting from traumatic experiences (Paivo & Pascual-Leone, 2010).

Sociologists and systemic psychotherapists approach both persistent, socially debilitating mistrust and conscious disconnect from emotion and bodily sensation as social conditions associated with avoidance and cognitive distortion surrounding the events of the trauma, just as they approach several common PTSD symptoms (Welsh & Rothbaum, 2010). David Morgan, in the work of family therapy after trauma, approaches Complex PTSD from a Bowenian perspective, the same primary lens by which he might look at any kind of clinical difficulty, although he also makes use of some other theoretical lenses in his approach (Morgan, 2013).

Existential psychotherapists such as Edward Tick approach Complex PTSD by making use of the same categories they use when addressing any number of issues in mental and spiritual health (2005). Tick insists that a conscious disconnect from emotion and bodily sensation is a kind of “fleeing of the soul” which can best be described as a sort of “psycho-spiritual dissociation,” effecting a loss of one’s contact with one’s own deepest self and entry into an existential emptiness without self-identity (2005, p. 16). Muse interprets this similarly, as a “severing or compartmentalization of

the soul from bodily and mental life,” which, when severe, can lead to “damage to the seamless connection between body and soul” (2009, p. 64). Theorists such as Tick and Muse express the need for a greater understanding of the impact of Complex PTSD on all the aspects of the human experience of the affected veterans, and this is exactly what they are calling for the psychiatric community to consider in general when treating veterans with PTSD (Tick 2004; Muse, 2009).

This clear tendency for theorists to approach the elements of Complex PTSD in a way that generally corresponds with their central theoretical presuppositions in approaching PTSD is something that has not gone unnoticed in trauma research. Susan Johnson, a leading PTSD theorist in the field of systemic psychotherapy, has noted the effects of a wide variety of approaches to Complex PTSD in contemporary trauma care, and the tendency of each theoretical orientation to use its own metaphors and constructs for PTSD to make sense of Complex PTSD (2005). However, in her view, most clinicians show more willingness to import ideas from other orientations when it comes to Complex PTSD than when working with clients in other kinds of distress, especially whenever clinicians find that their approaches seem ineffective (Johnson, 2005). She applauds this practical sort of eclecticism, because in her mind it evidences a privileging of the client’s needs over a dogmatic insistence on a single theoretical foundation (Johnson, 2005). It certainly also indicates that many contemporary clinicians find their theoretical approaches to PTSD unable to exhaustively account for every element of what they are seeing in the field, and that their common approaches to PTSD are not efficacious in approaching what they are calling Complex PTSD.

A Unifying Factor

What is just as notable is that the majority of theorists and clinicians from the vast number of therapeutic orientations represented in the literature continue to describe the features of CCAD using the language of the psychiatric paradigm, even though (1) the category of PTSD does not seem to adequately account for their clients' experiences, and (2) their common treatment approaches to PTSD does not seem fully appropriate or efficacious in treating clients with these unusual features. The use of the pseudo-psychiatric label of Complex PTSD is ironic when one considers that the development of the label was made necessary because of the inability of the official psychiatric category of PTSD to account for client experiences, and yet PTSD remains a central idea in the new label. Barry Schaller is one of many scholars who finds the universal appeal to psychiatric categories among clinicians and researchers to be both curious and dangerous when working with veterans, and who questions the ability of psychiatric categories to be capable of an exhaustive assessment of veterans whose situations are inadequately understood and unusually complex (2012). He especially critiques its use in the case of traumatized veterans with extreme features, given its inability to fully account for these features, and therefore to account for essential pre-existing moral, psychological, and social frameworks that might help to provide the nuance necessary for adequate diagnosis and treatment (Schaller, 2012).

Therefore, a question emerges: why are so few clinicians and theorists willing to diverge from the psychiatric category of PTSD when working with veteran clients demonstrating some of the features of CCAD? There is a logical answer. In America, the shaped language of the *Diagnosics and Statistics Manual* has not only been

declared by the American Psychiatric Association to be authoritative and normative for all government-funded or state-licensed mental health practices, but its use has become required by insurance companies for any helping professional seeking to make a formal mental disorder diagnosis for billing purposes (APA, 2013). As a result, theorists and clinicians may each approach the features of CCAD by making use of their own orientation and experience, but if they wish to treat clients with these features with the help of any government resources or insurance reimbursement, or if they wish to share their work by publication or collaboration with clinicians from other centers or fields, they are more or less obliged to speak about these features using the shared language and framework of the DSM-5. One must note that, at least in America, the DSM-5 and the clinical perspective are synonymous when discussing any issues of human distress or disorientation.

Accordingly, if in practical terms any clinical perspective on CCAD is professionally limited to the psychiatric language found in the ICD-10 and DSM-5, a key research question arises: does the psychiatric framework of the ICD-10 and DSM-5 contain categories capable of even creatively approaching CCAD in a way that captures its complexity, uniqueness, and totality, as described by affected veterans? The literature indicates from many different perspectives that it does not, and this will now be demonstrated. This thesis will describe the ways that various elements of CCAD are indeed at least partially described under the psychiatric category of dissociative depersonalization, under the category of delusional disorders, and in the new addition in the DSM-5 of common PTSD symptoms described as “negative alterations in cognition” and “alteration in arousal and reactivity” (Morrison, 2006, p. 270). It will

also describe the ways that various elements of CCAD are left partially or completely without any account by the ICD-10 and DSM-5.

“Dissociative Depersonalization”

The element of CCAD described in Chapter Two as a conscious disconnect from emotion and bodily sensation seems to be best accounted for in the psychiatric paradigm by the concept of *dissociative depersonalization*, which in the latest edition of the DSM serves as both a working diagnostic label for categorizing a severe accompanying tendency of PTSD and also the cardinal symptom of a stand-alone dissociative disorder (APA, 2013). Depersonalization disorder is one of five types of dissociative disorders listed in the DSM-5, and is described as essentially a detachment or estrangement from oneself, coupled with an awareness of this detachment, and not attributable to substance abuse or the result of a general medical condition such as the aftermath of a seizure (APA, 2013). Although it is classified as a freestanding disorder in its own right, it may, according to the DSM-5, occasionally be a feature of PTSD important enough to warrant classification as a subtype of PTSD (APA, 2013). The DSM-5, published in 2013, was the first edition of the American psychiatric manual to attempt to make any direct clinical connection between depersonalization and PTSD.

Neziroglu and Donnelly describe dissociative depersonalization as a feeling that one has been “encapsulated in a bubble,” unable to experience one’s environment, or “on autopilot” going through life (2010, p. 9). They stress that this is a very rare but well-documented phenomenon, sometimes experienced after trauma, and that “reality testing must be intact” to differentiate the condition from hallucination or a symptom of

dissociative identity disorder (Neziroglu & Donnelly, 2010, p. 9). In other words, the client must be fully aware of not feeling what he or she used to feel, or be aware of not feeling what he or she would normally feel under the same life circumstances (Neziroglu & Donnelly, 2010).

Marlene Steinberg describes dissociative depersonalization as a condition that “manifests in a variety of ways in trauma survivors...[including] feeling detached from one’s own emotions, feeling that the self is strange or unreal, or feeling physically separated from one’s body, including out-of-body-experiences...or observing oneself from a distance” (2004, p. 130). This certainly does bear similarity to the element of CCAD described in Chapter Two as a conscious disconnect from emotion and bodily sensation. Steinberg includes a number of first-hand accounts with traumatized clients that resonate with the accounts recorded in the previous chapter, including clients diagnosed with PTSD who describe themselves as “feeling like a zombie,” and who describe a lack of contact with felt experience (2004, p. 134). These accounts are specifically similar to the experiences of Richard, Jim, Art, John, Dan, Scott, and Tim, as related in Chapter Two.

It is important to notice that dissociative depersonalization is not a popular diagnosis, and both its theoretical origins and its connection with other psychiatric disorders is not clear (Dorahy & Hart, 2007, p. 4). In fact, the phenomenon of depersonalization seems to have a tentative connection with dissociation as a larger diagnostic category. R. B. Ulman, who writes from a psychoanalytic perspective, makes the case that the contemporary concept of dissociative depersonalization is an essentially Freudian one, as Freud first noticed and labeled “depersonalization” as an

“unconscious ego mechanism of defense involved in ego splits” whose main feature consists of “the subject feel[ing] that either a piece of reality or a piece of his own self is strange to him” (1993, p. 173). Although this pairing of dissociative splitting after trauma and the conscious sense of one’s lack of access to his or her own experience can be found as early as Freud’s work with women suffering from hysteria, as he described it, depersonalization has not been clearly linked with dissociation in the psychiatric trauma literature until very recently (Ulman, 1993, p. 173).

According to Dorahy and Hart, “the original understanding of dissociation relates to divisions in the personality or consciousness,” evidencing a complete break between two or more “selves” which are not, in general, able to each be conscious of the other, and each of which contain their own psychobiological systems...collection of memories, affective experiences, behavioral repertoires, and sense of self” (2007, p. 4). They note that “the concept of dissociation has widened,” the term now being used to “denote [any kind] of alteration in conscious experience...a diffuse understanding...[which can now] account for many and various clinical and nonclinical psychological phenomenon (Dorahy & Hart, 2007, p. 4). Indeed, the sense of being consciously outside of one’s own bodily experience is a phenomenon far more commonly addressed in spiritual paradigms than clinical ones.

For instance, such experiences are described in great detail in the Tibetan *Book of the Dead*, the Egyptian concept of “the Ka,” the Mexican concept of “second body,” and even, according to Immanuel Swedenborg and others, in the New Testament (Sorrell, 2012, p. 9). Swedenborg, in fact, wrote at length of such experiences from a spiritual perspective, recounting his “travel to spiritual realms [while] remaining aware

of being present at the same time in his own body...he did not fall into a trance state and lose complete awareness of his body” (Tyson, 2007, p. 59). This experience of a conscious disconnect from emotion and bodily sensation can be accounted for from a number of ancient perspectives, but is only tenuously accounted for from a clinical perspective, especially under the label of dissociation, since it describes something that is not easily compatible with the traditional definition of that term.

In addition to dissociation and depersonalization being tenuously linked in terms of their belonging to uncertainly associated categories with few connecting features, global behavioral health professionals have not been able to agree on how to categorize depersonalization in recent years, as the phenomenon has become more documented. Simeon and Abugel note that, unlike in the American *Diagnostics and Statistics Manual*, depersonalization is not listed as a type of dissociative disorder at all in the ICD-10, but is instead classified as a “not otherwise specified neurotic disorder” (2006, p. 13). However, given that dissociation for the purpose of psychic numbing to avoid overwhelming emotional experiences is a cardinal feature of PTSD, and that depersonalization seems to some researchers to serve a similar purpose in emergency emotional regulation, the two have been linked by the psychiatric community in recent years, perhaps simply in order to find a place to account for this very unusual experience as it is increasingly documented in the field (Neziroglu & Donnelly, 2010).

Some clinicians have doubts as to whether or not this is the result of a hasty attempt by the psychiatric community to develop a working category for a phenomenological experience after trauma that has not been fully understood or explained. Simeon and Abugel mention the significantly vague grasp that current

research has on depersonalization's link with trauma, especially considering the increasing anecdotal attention the phenomenon is being given in the literature (2006, p. 12). They mention, for instance, that the essential element of depersonalization, which is the conscious sense of being out of touch with some part of oneself, tends to be combined in the literature with an "astonishing multitude" of other features as client accounts are progressively documented (Simeon & Abugel, 2006, p. 12). In each documented case, the connections which a certain clinician draws between depersonalization and his or her client's other presenting symptoms may seem to present a new understanding of the experience, but it has also resulted in the availability of such a multiplicity of perspectives on depersonalization that each case can begin to be seen as distinct from all of the others (Simeon & Abugel, 2006). For instance, a major American military medical handbook on treating psychiatric disorders, published by the Department of Defense, links depersonalization with extreme "emotional exhaustion," decreased interpersonal sensitivity evidenced by tendencies toward isolation, mistrust of coworkers, and a tendency towards strained narrative cohesion, where the importance or justice of one's work comes into question (Wilcox, 2000, p. 33). Nowhere in this handbook are the actual connections made between these phenomenological features, nor is there any appeal to the key criteria of depersonalization in the current *Diagnosics and Statistics Manual*. It seems to be a codification of anecdotal juxtaposition.

It is necessary to be upfront about the tentative and unclear function of the concept of depersonalization after trauma and its difficulty in categorizing an existing experience in clinical terms. In a psychiatric handbook published in 2003, Deihl and

Goldberg suggested that “the prevalence of depersonalization isn’t clearly known...[except that] the onset is sudden...[and] resolution occurs gradually (p. 296). Further, they note that “depersonalization...hasn’t been studied widely [enough] and its exact cause is still unknown...” (Diehl & Goldberg, 2003, p. 296).

Neziroglu and Donnelly note that there is some international controversy surrounding not only dissociative depersonalization but also dissociative identity disorder and other dissociative disorders because their presence “is so much greater in the United States than the rest of the world” (2010, p. 18). They offer as an opinion “the possible explanation...that different cultures have different overall ways of dealing with emotions,” or different ways of experiencing, making meaning of, and recovering from devastating events (Neziroglu & Donnelly, 2010, p. 18). They defend the condition nevertheless as something that must be taken seriously, because it is a phenomenon so well documented in trauma care in recent years.

It may be that depersonalization provides the psychiatric paradigm with a wide category in which to include some other elements of CCAD which otherwise do not seem to be accounted for. For instance, the tendency of some veterans to feel as if there is a monstrous evil present inside of them might seem to the psychiatric perspective to connect with the experience of feeling removed from control of one’s own body, especially if seems to the veteran that the monstrous presence activates an episode of an uncontrollable rage. Also, depersonalization might possibly account for a radical dissolution of moral intuition and narrative coherence, especially if combined with a clinical condition related to depersonalization which has been labeled *dissociative*

derealization, in which the world seems artificial and imposed upon one's consciousness, lacking any objective meaning (APA, 2013).

Nevertheless, dissociative depersonalization, although it is a concept that seems to be able to stretch in any number of directions, does not seem to provide a clear and consistent category for any of the five elements of CCAD except for conscious disconnect from emotion and bodily sensation. Even with regard to that element, depersonalization does not as a psychiatric category seem to shed much light on the accounts of the traumatized veterans compiled in Chapter Two. It is a tenuous psychiatric category, far from being fully understood from the medical and scientific perspectives, although some slow strides are being made to understand the phenomenon from neurochemical and neuroanatomical perspectives (Neziroglu & Donnelly, 2010). Some of the most successful contemporary treatments, in fact, often make use of psycho-spiritual interventions, such as those that combine cognitive techniques with Buddhist and other Eastern spiritual practices (Neziroglu & Donnelly, 2010).

“Negative Alteration in Cognition”

The American Psychiatric Association admits a number of significant changes in its classification and diagnostic approach to post-traumatic stress disorder in the last few years, owing to a surge in research and scholarship in the field, and evidenced in its most recent edition of the *Diagnostics and Statistics Manual* (2013). Wilbur Scott notes that significant lobbying was required to see the diagnosis of PTSD included in the DSM-III in the first place, in 1980, as “war neurosis” had been “eliminated from the psychiatric nomenclature” in the decades preceding (1990, p. 294). The DSM-III took

the American military's input into account when developing its category for PTSD, which fell under the general umbrella of anxiety disorders and included three diagnostic criteria that would remain central to psychiatric diagnosis throughout four revisions of the DSM manual, and across 23 years: recurrent and intrusive memories of a traumatic event, persistent avoidance of stimuli associated with a traumatic event, and persistent symptoms of arousal (APA, 1980).

In the DSM-5, PTSD was moved out from the umbrella of anxiety disorders and placed into a new category entitled "trauma and stressor-related disorders," showing both the emerging importance of PTSD in contemporary psychiatric care and also the difficulty in accounting for PTSD in connection with other disorders with similar symptoms, such as anxiety disorders and dissociative disorders (APA, 2013, p. 812). In addition to the new umbrella, the three classic symptom clusters of PTSD were expanded to four in the new manual, with "the avoidance / numbing cluster divided into two distinct clusters: patterned avoidance and persistent negative alterations in cognition / mood" (APA, 2013, p. 812). It is in these two clusters made newly distinct in the DSM-5 where two more of the features of the phenomenon under examination in this thesis may find some connection to the psychiatric paradigm.

The DSM-5 acknowledges that in some cases persons diagnosed with PTSD exhibit "negative alterations in cognitions and mood associated with the traumatic event...[including] persistent and exaggerated negative beliefs or expectations about oneself, others, or the world, e.g. 'no one can be trusted'" (APA, 2013, p. 272). This is a leap forward from the DSM-IV, which accounted only for "feelings of detachment or estrangement from others" and "patterned avoidance of people that arouse recollections

of the trauma” (APA, 1994, p. 270). Martyn Symons suggests that experiences of mistrust after suffering a devastating event are usually specific, and focus on people and institutions involved in the devastating event itself, on participating and/or responsible parties considered to be responsible in some way for the event, or on people whose care after the event was experienced as negative or re-traumatic (2009). Symons also suggests that clinicians should not be overly hasty in assigning pathological status to mistrust, noting that there could very well be “valid reasons” for mistrust if the suffering person was betrayed or violated by someone they had once considered to be trustworthy (2009, p. 116).

Walter McDermott, a clinical psychologist who has treated combat-related PTSD for 30 years and is a combat veteran himself, agrees with Symons’ assertion that mistrust as a feature of PTSD is often specifically focused on a certain person or organization, but adds that this initial focus can begin to systematically shift in a veteran’s experience (2012). He quotes the condition of a warrior who “at first learned to mistrust Vietnamese civilians, because he could not distinguish them from the enemy,” but then experienced the “suspicious mistrust spreading like cancer, growing to include his leaders...other soldiers in his unit...most American politicians...and [upon his return] his wife, children, coworkers, and friends” (McDermott, 2012, p. 41). Indeed, this kind of chain reaction in the loss of ability to trust, beginning with one or two focused objects of betrayal but spreading outward, as the pain of the trauma and the fear of it somehow recurring continues, seems to connect with the experiences of Nathan Everly, John Needham, and others described in Chapter Two.

McDermott is not willing however to attribute a debilitating experience of mistrust to the result of negative alterations in cognition or mood alone. Like Symons, he is clearly hesitant about identifying this extreme mistrust as necessarily “exaggerated,” as the DSM-5 requires for diagnosis (McDermott, 2012, p. 41). He notes a strong social aspect to the symptom, and suggests that in the vast majority of cases, only a part of the mistrust can be seen as exaggerated or pathological, the other part being a normal reaction to devastation by seemingly trustworthy people, even if the reaction is extreme (McDermott, 2012). The idea of exaggerated negative beliefs would still apply for McDermott in those cases in which mistrust moves from one fixed object to include another, and so on, multiplying the phenomenon until an eventual belief emerges that life has no coherent structure, and that there is no real way of knowing anything. Shay’s soldier, mentioned in Chapter Two, who had gotten to the point that he could no longer decide whether objects around him could be experienced as permanent and assigned a meaning, offers an example of such extreme exaggeration leading to complete disorientation (Shay, 1994, p. 170).

It is clear therefore that the psychiatric paradigm does make some attempt to address the element of CCAD described as persistent, socially debilitating mistrust, but only in its latest edition, published in 2013. The ICD-10, it should be noted, does not have any diagnostic criterion for post-traumatic stress disorder that accounts for debilitating mistrust such as has been described in accounts of the veterans in Chapter Two, with the possible exception of its references to “hyper-vigilance,” if the meaning of that term were to be expanded to include social vigilance (WHO, 1993, p. 121). However, the psychiatric concept of hyper-vigilance is much more likely to be

connected to the physiological function of the ANA system during intrusive thoughts from dissociative material (WHO, 1993, p. 121).

The emergence of this theme in the documented experiences of many contemporary American veterans has demanded an account from the American psychiatric community, and has received one from an exclusively cognitive orientation under the label of “negative alteration in cognition” evidenced by “persistent and exaggerated negative beliefs” (APA, 2013, p. 272). Questions remain as to whether warriors experience betrayal in war by leaders, teammates, and allies at a purely cognitive level, resulting in a purely cognitive response, or whether or not their experiences and responses are more complex, necessitating the search for an equally adequate or superior description from another angle of orientation.

"Alteration in Arousal and Reactivity"

In the newly published PTSD symptom cluster labeled “marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred,” the DSM-5 addresses the tendency of a number of veterans returning from combat to experience symptoms such as “irritable behavior and angry outbursts with little or no provocation, typically expressed as verbal or physical aggression toward people or objects,” and “reckless or self-destructive behavior” (APA, 2013, p. 272). The American psychiatric community has long made a connection between increased arousal or hyper-arousal associated with PTSD and a tendency toward irritability with angry outbursts, and has long noted that such outbursts

can be extreme (APA, 1994). It has been a part of the psychiatric diagnostic criteria for PTSD, in fact, since 1980.

To a limited extent this psychiatric criterion for PTSD is connected with the element of CCAD described in Chapter Two as “an uncontrollable, lustful rage.” Steven Taylor helpfully describes the potential for the PTSD criterion of “irritability with angry outbursts” to be extreme and completely unpredictable in some cases, even developing into episodes of “dissociative rage” in which veterans can be so overcome by murderous impulses that “things [can seem] unreal” and that they can be “in a daze,” barely aware of their immediate environment (2006, p. 209). This description is certainly similar to the accounts given about Marquez, Everly, Miller, and Hoop in Chapter Two, in which they described themselves as being unable to stop acting violently once their rage came to a peak, and no longer feeling fully human.

Nevertheless, psychiatrists and clinicians in the field of traumatic stress have long questioned whether or not the radical nature of the rage found among certain combat veterans can be captured by psychiatric criteria, especially in all of its scope and consequences (Nash, Carper, & Mills, 2008; Drescher, Foy, Kelly, Leshner, Schultz & Litz, 2011). Jonathan Shay is perhaps the most influential voice in the literature that has consistently challenged the efficacy of the DSM to meaningfully account for the experiences of traumatized warriors returning home from combat. According to Shay, angry, inhuman rage, when fueling actions of violence that a veteran cannot fully control, can be so completely and unalterably destructive to a human being’s psychological character that it cannot fit into simplistic-sounding psychiatric descriptions of anger and irritability (1994).

In Shay's opinion, elements of ancient Greek and Norse epic poetry, which use ontological paradigms from philosophical anthropology, come closer to accounting for the nature of rage in combat and its after-effects, because epic poetry speaks in a holistic language that addresses a larger understanding of human experience than medical and scientific categories allow (1994). He helpfully notes that this kind of language differs strongly from the psychiatric criteria for PTSD contained within the DSM, which implicitly "claims ethical and culturally neutral knowledge" of what constitutes normal and abnormal reactions to traumatic stress, but fails to clearly classify abnormality in a way that fully connects with the actual experience of trauma survivors (Shay, 1994, p. 166).

Shay also notes that the phenomenon of complex rage in combat veterans contains accompanying aspects other than anger that are not covered in the PTSD criteria, such as strong concurrent delusions of invincibility, sexual arousal, and the potential for complete loss of short-term memory (1994). He notes that these aspects, when presented in psychiatric interviews, often lead to concurrent clinical diagnoses, and he cites a number of instances where his veteran clients were dual-diagnosed with PTSD and schizophrenia, or PTSD and a personality disorder, muddying the potential for a nuanced understanding of the warrior's condition and indicating a failure of the psychiatric model to "capture the devastation" these veterans experience (Shay 1994, p. 169).

Tick also questions the ability of the psychiatric paradigm to account for the experience of violent rage in and after combat from which "there may be no return" after a war (Tick, 2005, p. 90). In his experience, "conventional models of medical and

psychological functioning and therapeutics are not adequate to explain or treat such wounds,” and he expresses a disappointment in the psychiatric community for claiming an authoritative account of this phenomenon when “the veterans and their afflictions try to tell us” that something more than the psychiatric criteria are needed for a full understanding (Tick, 2005, p. 2). He also notes that the actual accounts of warriors, when it comes to having experienced the berserk state, are so full of language about the supernatural world that we are compelled to accept that they are either having real religious experiences at the height of their trauma, or else do not have any other language to approximate their condition (Tick, 2005).

It is certain that the psychiatric paradigm offers some accounting for angry outbursts and general irritability following exposure to significant adversity such as combat action. Theorists and clinicians seeking to understand and treat veterans with extreme features under the label of Complex PTSD may perhaps find themselves able to stretch this single psychiatric criterion to account for their clients’ experiences. However, there are significant limitations inherent in doing so. The psychiatric criterion for PTSD listed as alteration in arousal, while a vague enough term to allow for some creative application, is an impoverished approach to describing an experience which includes permanent changes in the personality of veterans who have experienced it. This being clear, clinicians find themselves trying to account for their veteran clients’ lasting and complicated distress by finding additional diagnoses that may apply. Rather than describing the phenomenon completely and totally, as it presented, the psychiatric paradigm actually demands a dual or triple diagnosis in order to place all presented features into existing diagnostic spectra, clouding understanding and initiating

a complicated and layered treatment plan which may not at all be appropriate or efficacious.

Seeking an Explanation for the Radical Dissolution of Moral Intuition & Narrative Coherence

Neither the DSM-5 nor the ICD-10 provides direct accounting for the kind of radical dissolution of moral intuition and narrative coherence experienced by Tick's My Lai veteran, Eugene Sledge's lieutenant, Jacob Burgoyne, Richard Howard, or Harold Miller, as documented in Chapter Two. This is not to say however that the concept of making meaning of one's adversity is not discussed in the psychiatric community in relation to trauma. In fact, psychiatric research into the connection between meaning assigned to adversity and the severity of PTSD symptoms in the aftermath of adversity is quite extensive. Livanou, Basoglu, and Mark, in a University of London research project conducted just after the commencement of the Global War on Terror, convincingly demonstrated the connection between traumatized persons experiencing meaninglessness and a higher severity of a number of baseline PTSD symptoms (2002, p. 157). Raymond Bergner notes a strong connection in his research between meaninglessness and PTSD social symptoms such as avoidance of people that arouse distressing memories (2005, p. 347). Froma Walsh demonstrates a qualitative connection between a traumatized person's sense of helplessness and meaninglessness and the diagnostic criterion of the presence of negative alterations in cognition and mood associated with the traumatic event (2007, p. 207).

Nevertheless, neither Bergner nor Livanou nor Walsh considers meaninglessness a PTSD symptom of its own. Bergner speaks of meaninglessness as a

potentially complex condition wherein “instrumental, intrinsic, and spiritual value are missing,” but he is unable to speak about meaninglessness within the psychiatric paradigm because there is simply no place within the diagnostic categories for such discussion (2005, p. 347). In fact, he quotes Victor Frankl’s work with trauma, which culminated in a therapeutic approach that extended elements of existential philosophy to the care of suffering persons (Bergner, 2005). In doing so, Bergner indicates a movement away from sole use of the psychiatric paradigm in order to fully make sense of his clients’ experiences, and he uses philosophy as an added lens for viewing the phenomenon in a way that is not unlike Shay’s use of epic poetry.

In the DSM-5, a radical dissolution of the ability to make meaning of life experiences such as the kind described in Chapter Two should not be included under the diagnostic criterion for psychotic disorders listed as “nihilistic delusion,” because it does not necessarily contain the persistent, irrational belief that a major catastrophe is imminent, rendering one helpless to survive (APA, 2013). Meaninglessness as an element of CCAD should be rather described as a persistent sense that there is no point or order to life, or that no underlying cohesion to events and relationships exists, or that social norms and moral claims are absurd. Meaninglessness of the kind described in CCAD should also fail to fit neatly into the diagnostic criteria for Antisocial Personality Disorder, in which persons might fail to “conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest,” because the disorientation of a veteran after exposure to the adversity of combat action is not necessarily centered around “a pervasive pattern of violation of the rights of others,” as is required for diagnosis (APA, 2013, p. 659).

In fact, there is no place in the psychiatric paradigm to account for the kind of the radical dissolution of moral intuition and narrative coherence experienced by the combat veterans who suffer from CCAD. This is partly related to the scientific and medical boundaries of the psychiatric paradigm, which keep it from accounting for certain human tendencies after adversity that are not easily understood in scientific or medical terms. It is also partly related to the fact that the psychiatric community considers its PTSD criteria to adequately cover the presenting distress of veterans who demonstrate a pervasive sense of meaninglessness, attributing this also to “negative beliefs about the world” and “distorted cognitions about the cause of the traumatic event” (APA, 2013, p. 659).

It is important to note the tendency in this approach towards pathologization of the veteran’s response to adversity in and after combat. Here the psychiatric community assigns general categories of what beliefs should to be seen as negative and positive, related to their behavioral understanding of what should be considered cognitively adaptive or maladaptive in individual mental health. This assignation of what is negative and positive does not account for common changes in thinking as a normal effect of exposure to adversity. It also reduces a complex phenomenon experienced by a number of veterans to a simple matter of individual cognition, which cannot provide a serious account of the actual experiences of those suffering from CCAD. In addition to these arguments, it is clear that although there are seven subcategories of PTSD criteria under the category of negative alterations in cognitions and mood associated with the event, meaninglessness as a phenomenon is neither mentioned nor implicitly connected with any of them (APA, 2013).

“Delusional Disorder”

The element of CCAD described in Chapter Two as self-horror at a perceived absorption of evil is likewise unsatisfactorily accounted for in the psychiatric category of PTSD, and no explicit or implicit mention of such a presenting feature exists in either the DSM-5 or the ICD-10. While the psychiatric paradigm does not, in general, allow for the presence of supernatural elements in its diagnostic criteria, the accounts of veterans like Segrest, Wolfe, Everly, Hoop, and Miller do demand consideration. All five of these veterans, along with several others described in Chapter Two, have described encounters with monstrosity, badness or evil in relating their experiences. It is important to note that they are clearly doing more than labeling their specific adversities with such adjectives as “bad” or “evil.” Rather, they each claim to have felt a personal connection with something distinct during their experiences in combat that they can only describe as evil. Their contact with this distinct entity has frightened and horrified them, and they feel some level of helplessness or powerlessness in breaking contact with it.

Such unusual descriptions during and after combat are part of the reason that Shay and other clinicians have received veteran clients by referral who have already received a dual-diagnosis of PTSD and paranoid schizophrenia, even though they seem to have almost no symptoms of schizophrenia (1994, p. 169). The DSM-5 includes several diagnoses that account for persons claiming contact with evil entities, but all of these accounts are labeled as delusions or hallucinations in the Schizophrenia Spectrum (APA, 2013). Specifically, the psychiatric paradigm might best try to account for the

experiences of Segrest, Everly, Miller, and others under the schizophrenia criteria of “bizarre persecutory delusion of thought insertion” (APA, 2013, p. 87).

Delusions, according to the DSM-5, are “fixed beliefs that are not amenable to change in light of conflicting evidence,” and are “deemed *bizarre* if they are clearly implausible and not understandable to same-culture peers and do not derive from ordinary life experiences” (APA, 2013, p. 87). One might note that “fixed belief not amenable to change in light of conflicting evidence,” here, does not include a description of what should be considered objective “evidence,” although it may be supposed that sociological and cultural consensus may be excluded as unreliable (APA, 2013, p. 87). Certainly a “fixed belief not amenable to change in light of conflicting evidence” might describe elements of faith in religious and folk traditions, if the term “evidence” only goes so far as to describe a rational construct based upon a single set of philosophical presuppositions (i.e. there is nothing about the universe or the human experience that is essentially mysterious, and only what can be demonstrated in a scientific lab or in a controlled social experiment is a valid context for “reality”). These psychiatric presuppositions, of course, might seem absurd to most of the world’s population, and this calls into question the efficacy of the psychiatric paradigm in making sense of a number of human experiences, some of which may even be considered normal in other cultures, or from other points of view.

One might also note that delusions are deemed bizarre if not “understandable by same-culture peers,” which have ostensibly been through similar circumstances and have had similar reactions (APA, 2013, p. 87). Of course, a significant number of veterans have experienced this feature of CCAD, across cultures and without direct

contact with each other. Whether or not, as the APA requires, this feature can be seen as “ordinary” is another question.

The concept of “delusional thought insertion” in the psychiatric criteria, in which “alien thoughts have been put into one’s mind,” could be another opportunity for the psychiatric paradigm to account for the a veteran’s experience of returning from combat feeling like a personal evil had entered his life. According to the DSM-5, if such a “delusion” persisted for more than one month, and could not be attributed to substance abuse or a general medical condition, a diagnosis of Delusional Disorder could be warranted – with no other criterion or qualification necessary (APA, 2013, p. 87). This shows another inherent difficulty in using the psychiatric paradigm to account for complicated human distress. If a clinician using the DSM-5 were to interpret a client’s experience as persistently delusional, because the clinician’s worldview constrained him or her to describe it as such, the client could be immediately assigned a diagnosis of Delusional Disorder, and as a result involuntarily confined in a treatment facility, obliged to ingest neuroleptic medications, or even subjected to electroconvulsive therapy (Munro, 2004).

This is an extreme example, but one that illustrates the point. Veterans suffering from CCAD, if being referred to a licensed clinician, will most likely receive an initial diagnosis of PTSD because their distress is connected with exposure to combat. However, if they express contact with an evil presence, or any similar experience, there is a significant chance that the clinician will examine the psychiatric criteria to consider a dual-diagnosis, because the psychiatric paradigm specifically advocates for the addition of further diagnoses when one cannot account for all of the apparent symptoms

of a client (APA, 2013). If the veteran is then diagnosed with Delusional Disorder, his clinician must develop a corresponding treatment plan or risk potential legal liability for malpractice.

Accordingly, it is clear to see that the potential for difficulty in using the psychiatric paradigm to approach this element of CCAD rests in the psychiatric paradigm's inability to account for anything not easily explained within its own categories. This may not only lead to a lack of understanding, but a dual diagnosis that, due to a lack of understanding, leads to complications in a veteran's care, and risks further exposure to adversity or traumatization.

Is the Psychiatric Paradigm Sufficient?

Taken as a whole, the psychiatric paradigm has significant difficulty in accounting for CCAD. From the perspective of the DSM-5, one of the elements of CCAD is altogether unaccounted for, and the remaining four elements are only accounted for using criteria from three distinct psychiatric disorders: two have some significant connection to PTSD criteria, a third element is related to criteria listed under the Dissociative Spectrum of disorders, and a fourth has a tenuous connection with a disorder in the Schizophrenia Spectrum. As a result, veterans experiencing CCAD and seeking care under the psychiatric modal might be diagnosed concurrently with PTSD, Dissociative Disorder, and Delusional Disorder. Each of these three diagnoses will indicate its own treatment plan for specialized psychotherapy and psychopharmacological support, leading to some potentially very serious difficulties in cooperative case management. Additionally, it must be noted that even with a perfectly

nuanced and layered diagnosis of this kind, and a perfectly coordinated care plan, these veterans would still have at least one of their most distressing features completely unaccounted for.

Nevertheless, after a close examination, it may be suggested that the psychiatric paradigm's main difficulty in addressing the complexity, uniqueness, and totality of CCAD does not lie in its inability to provide a single, integrated diagnosis. This is indeed an issue, because it demonstrates a continuing inability in the psychiatric community to capture the experiences of returning veterans in a consistently coherent manner, and leads to inevitable complications in their care. However, the psychiatric paradigm's main difficulty in addressing CCAD seems to be a philosophical one, in that it does not – and perhaps cannot, by its very philosophical orientation – account for complex features that are not able to be coherently addressed by making use of the dominant scientific approach to healthcare.

Jeffrey Bishop, a physician, philosopher, and tenured professor, notices a tendency in all medical care, including psychiatric care, to treat distressed persons in corporate, mechanical ways, seeing their problems as difficulties in engineering, and not accounting for any patient experiences that might be resistant to codified physiological or psychological explanations alone (2011). He says this: “no practitioner of medicine [started out wanting] to turn a person into an object...a meaningless mechanism...yet the pragmatism of medicine focuses on ways to manipulate the physiological body [as just such a mechanism] rendering the practitioner forgetful of meaning and purpose” (Bishop, 2011, p. 119). This insight is helpful in understanding psychiatric approaches to the CCAD. The medical model is capable of very accurate diagnosis according to

physiological morbidity, as long as the distress of clients cleanly fits into its particular categories. However, once a distressed person shows evidence of experiences that are inexplicable according to its particular categories, the psychiatric paradigm must either ignore these experiences or else reframe them according to the particular categories available – for instance labeling as delusional clients claiming to have absorbed some kind of evil present in the combat zone.

There are a number of professional theorists and clinicians who, for the very reasons listed above, feel compelled to broaden their perspectives in understanding and helping veterans with extreme and unusual experiences, and are not willing to be limited to psychiatric categories (Drescher, Foy, Kelly, Leshner, Schulz & Litz, 2011). Other theorists and researchers broaden their perspectives because, although they may be compelled to use psychiatric categories for diagnosis, given the realities of funding, maintenance of professional licensure, and shared language in cooperative treatment, they are also concerned about the dangers of using psychiatric criteria to approach situations in which a psychiatric response could do more harm than good (Papadopoulos, 2007; Skolbekken, 2008; Maj, 2014). Renos Papadopoulos suggests that it is increasingly essential in the fields of trauma care and crisis care to avoid pathologizing the somewhat “ordinary responses to human suffering” commonly found among people who have been exposed to adversity by insisting on the use of psychiatric assessment (2014, audio recording). He notices, for instance, a growing problem in the overuse of the psychiatric diagnosis of PTSD, noting that “now we seem to have no difference between ‘being traumatized’ and having PTSD. Everything is a psychiatric disorder because it must be in order to be covered...this has done a lot of

damage...[people] have been exposed to adversity, and they are in distress – sure, this is an ordinary part of human suffering – but can we say they are [all] suffering from a psychiatric disorder?” (Papadopoulos, 2014, audio recording).

Among those who have become uncomfortable using the psychiatric paradigm alone, some have chosen to supplement psychiatric criteria with philosophical approaches to what their clients are experiencing. Shay uses ancient epic war poetry as a way of expanding his understanding of human experiences during and after combat (1994). Edward Tick chooses to use a combination of epic poetry, war fiction, neurological research, and existential philosophy to understand his clients (2005). Muse uses both clinical constructs from psychiatry and ancient philosophical and theological concepts from Eastern religions, and especially Eastern Christianity, to accomplish the same goal (2013, public lecture). In expanding their conceptual base when approaching CCAD, these professionals are not dismissing the psychiatric paradigm altogether. Nor should they. Through the psychiatric paradigm’s reliance on scientific and medical anthropology, and through its access to extensive research in evidence-based behavioral treatment, it captures many of the physiological and psychological features of CCAD quite adequately, and offers undeniably helpful insights in the care of veterans suffering from CCAD.

However, each of these professionals has found the psychiatric paradigm to be lacking in its ability to account for the totality, uniqueness, and complexity of CCAD as whole, and their response has been to expand their conceptual base not in terms of scientific research but in terms of philosophical assumptions about human experiences, and specifically human experiences of distress around war and killing. Much has been

written in recent years about the philosophical self-limitations of psychiatry, which often do not provide adequate foundations for a full understanding of either the presentation or underlying etiology of various types of human illness (Radden, 1994; Sadler, 2005; Patil & Giordano, 2010). In terms of approaching such complex and distressing experiences developing after exposure to intense combat as have been observed in this thesis and collected under the working label of Complex Combat Activated Disorientation, no theorist has been more outspoken on the philosophical self-limitations of psychiatry than American psychiatrist Jonathan Shay.

Shay's concept of moral injury as an alternate philosophical path to understanding some of the elements of CCAD has, in fact, successfully challenged the psychiatric paradigm's ability to respond to those elements, in that his ideas have been accepted and used in the development of complementary care programs for veterans in the American Department of Veterans Affairs (VA) psychiatric hospitals and outpatient clinics (Nash, Carper, & Mills, 2008). Since his alternate philosophical approach have been taken seriously by the psychiatric community, and since the psychiatric community has seen the concept of moral injury as capable of being used in an integrated manner with psychiatric diagnosis and treatment planning, it is an ideal place to begin the next stage of the search for a meaningful and fully adequate account of CCAD.

CHAPTER 4

MORAL INJURY & CCAD

Moral injury as a concept is made possible by an intentional expansion of the philosophical presuppositions of trauma care to veterans, primarily because its primary theorist, Jonathan Shay, did not find those presuppositions to be adequate (1994). Shay claims to have found the grounds for his critique incidentally. In the late 1980's, while providing psychiatric care for a group of American Vietnam war veterans, he came across some significant similarities between his client's most complex features, some of which were not fully accounted for in the psychiatric paradigm, and Homer's description of combat activated distress in ancient Greek warfare and homecoming (1994). He carefully re-read *Iliad* and *Odyssey*, making notes on Homer's anthropology, social observations, combat narratives, and homecoming narratives, and eventually published a book about their potential use in contemporary trauma care, as a needed contribution to better understanding complex conditions of rage, moral disorientation, and meaninglessness after combat (Shay, 1994). Shay's challenge to the psychiatric community was direct: "[Homer captures] the bitter experiences that actually do arise in war...[and] has seen things that we in psychiatry and psychology have more or less missed" (Shay, 1994, p. xiii). His thesis was that Homer had an ability to understand the first-hand, existential descriptions of the distress of returning warriors because he had a broader understanding of the human experience than can be found in modern medical approaches to illness.

Shay's challenge was reasonable, thorough, and full of vignettes and concrete applications for veteran care. It was immediately received by scholars and practitioners

alike. Gary May, a leading scholar-practitioner in psychiatric care to veterans, described *Achilles in Vietnam* as a book that would permanently change the face of trauma care for combat veterans, as it compelled caregivers to rethink the underlying assumptions of their treatment methods and to take seriously existential descriptions of distress from their most severely troubled veterans (1995). Vince Gotera, a leading academic in the social sciences, called for every student training for the helping professions in his university to read Shay's book, because of its ability to step outside of the philosophical presuppositions of medicine to look for a broader perspective while remaining committed to what psychiatric care can accomplish (1994). Indeed, in the more than twenty years since the first publication of *Achilles in Vietnam*, Shay's category of moral injury as an application of the ancient Greek philosophical anthropology of Homer to the complex distress and disorientation of returning combat veterans has become an essential part of American trauma care (Nash, et. al., 2008). It has gained such prominence that the National Center for PTSD considers it to be a major paradigm in PTSD care, regardless of its continued omission in the diagnostic manuals (Nash, et. al., 2008).

The landmark philosophical feature of Shay's application of Homer's epic poetry to the condition of contemporary distressed and disoriented combat veterans is the assertion that the violation of conscience in combat can affect veterans in ways that cannot be fully explained by modern scientific approaches to human anthropology (1994). Shay found this to be a constant theme among his veterans, who used distinctly moral language in the description of their combat experiences and the difficulties of their homecomings. He also found it as a constant in Homer's writing, as the most

disoriented of Homer's warriors were described as being injured at the place of *thymos*, or, in Greek philosophical anthropology, the seat of both human emotion and human moral instinct (Shay, 2002).

Shay's resulting description of injury to *thymos*, or moral injury, may be understood and critiqued under two broad categories: (1) moral injury after leadership betrayal and loss of meaning, and (2) moral injury through social isolation and the suspension of moral intuition upon entry into a "berserk state" (Shay, 1994, p. 97). It will be helpful to examine the elements of CCAD alongside of these two broad categories, in order to see to what extent the elements of CCAD that are inadequately explained by the psychiatric paradigm can be accounted for in the paradigm of moral injury. It will then become clear whether or not an integrated approach using both psychiatric and moral injury paradigms can facilitate a fuller understanding of CCAD in its uniqueness, complexity, and totality.

Moral Injury after Leadership Betrayal

For Shay, understanding the impact of leadership betrayal and its potential impact on a veteran's ability to make meaning of his actions in combat "begins in the moral world of the soldier – what his culture understands to be right – and the betrayal of that moral order by a commander" (1994, p. 3). The connection between a warrior and his leadership, bound together with one another through shared experiences in mortal danger and a life lived under a corporate code of honor, is difficult to compare to connections between leaders and dependents in other social groups or institutions. Shay describes the combat warrior as a lethal child of sorts, conditioned for "dependence on

the organization for everything he needs to survive” (1994, p. 5). Lieutenant Flournoy Phelps provides an American Marine leader’s take on this kind of dependence, showing well the vulnerability that develops between a warrior and his system:

“A Marine’s rite of passage in initial training is full of the language of ‘rebirth.’ He receives a new hair and grooming style, a new clothing line, new friends, and new skills that are designed to keep him alive in the most chaotic and violent of circumstances. He is fed, and he is housed, and he lives where he is placed, regardless of his preferences. He is given orders, which he is often expected to carry out with childlike faith and simplicity. At the appointed time, he is whisked away from his homeland and dropped into chaotic conditions of combat, equipped with the most basic necessities for his survival and charged with the task of using deadly force for the sake of ‘good’ (interview, 2014).

The warrior can experience betrayal by his leadership in a number of ways, but for Homer, the essential betrayal for a warrior is when his leader compels him to employ lethal force in combat in a way that violates the code of honor they have shared (Shay, 1994). Shay argues that the impact of such betrayal is more profound the closer a leader is to a warrior, but that it can also occur at the highest level of statesmanship, in which a politician, body of politicians, or body of high-ranking generals may thrust the warrior into combat while using the language of justice, but without deep interest in maintaining justice (1994). Again, Phelps gives us an example of each of these two possibilities from a combat Marine’s point of view:

“The first kind of betrayal could take place on the ground in a combat situation, in which a commanding officer might order his subordinate troops into an action that they either individually or corporately believe to be unjust or immoral. In those situations, warriors would face a moral dilemma: do they carry out their orders, as they have been trained, and let the moral responsibility rest on the commander, or do they refuse, and face the consequences of refusing orders, and the potential loss of the respect and trust of their brother-in-arms, the only family they have at the moment? The second might happen when a warrior senses that he has been ordered to war as a result of immoral or unjust decision-making at the top level, leaving his own killing in combat to seem to him equivalent to murder.” (interview, 2014).

In Shay's experience, a sense of this second type of leadership betrayal, from the position of the statesman, was almost universally present in his work with combat veterans suffering from features similar to the elements of CCAD after Vietnam (1994). He summarizes this situation with one veteran's words: "The U.S. Army in Vietnam was like a mother who sold out her kids to be raped by their father to protect her own interests" (Shay, 1994, p. 5).

This kind of rhetoric may seem shocking or confusing to some readers, but the warrior's struggle to integrate leadership betrayal while still trying to serve in combat, and to try to continue to live under a code of honor that will guide them to right action in chaos is a very complex undertaking. Muse, commenting on Shay's work, notes that the warrior who has been betrayed by his leaders faces a complex situation: he experiences the disillusionment of being abused by the very people who trained him, he begins to question whether his lethal actions in combat were tantamount to murder rather than a response to a lawful order, and he may also begin to question whether there is an objective thing as goodness or badness at all (public lecture, May 12, 2013). A warrior's response to such a complex situation may, in Shay's paradigm, lead to an extreme form of mistrust, which he describes as a "persistent expectation of betrayal and trust" from all places of authority and from society at large (1994, p. 33). And in addition to trust issues with figures of authority, he notes that veterans with a strong sense of leadership betrayal can feel distant from their own families, including their mothers and fathers, who might represent figures of primal authority, and their spouses, as those from whom betrayal might seem most devastating (Shay, 1994, p. 33).

In the beginning of Homer's *Iliad*, Achilles, the great battle captain, suffers a public disrespect and personal betrayal by the statesman and chief war leader Agamemnon (Chapman, Ed., 2000). Thus begins a series of changes in Achilles in which he becomes increasingly disillusioned, distrustful, unconstrained in battle, and brutal. Shay considers Achilles' change to eventually lead to a complete disintegration of his character, set into motion by Achilles' sense of betrayal, and he further notices that in Homeric terms the essential change to Achilles is damage to his *thymos*, which in ancient Greek thought served as the anthropological locus of moral intuition (1994). There is certainly evidence to support this assertion. Stephen Sullivan, a scholar in the field of Homeric poetry notes that *thymos* is a central component to Homer's anthropology in both *Iliad* and *Odyssey*, and that *thymos* functions in Homer's work as the place of conscience and motivation toward justice and goodness (1988). Sullivan also notes that, in Homer's work, *thymos* can be damaged or scattered, at which point a person can no longer reliably orient towards justice or goodness, and can feel lost in his or her ability to make sense of the events of life or to find meaning and purpose (1988).

Shay argues that this sense of damage to the moral center of a person, brought on by betrayal or disorientation towards justice and goodness, can provide a philosophical explanation for complex features of mistrust and meaninglessness that are not easily explained under the psychiatric paradigm. As he describes some of these complex features in his own work, there are clear connections to at least two elements of CCAD. It will now be useful to examine these connections, and to draw some conclusions about the ability of the moral injury paradigm to address these elements in their totality.

Accounting for Debilitating Mistrust & Dissolution of Moral Intuition & Narrative

Coherence

The moral injury paradigm's concept of damage to *thymos* after leadership betrayal does provide some insight into the features of CCAD described as persistent, socially debilitating mistrust and the radical dissolution of moral intuition and narrative coherence. Many veterans suffering from debilitating mistrust, as demonstrated by the accounts from Everly, Miller, Needham and others in Chapter Two, begin to question everything they have been taught by their leaders once they feel they have been betrayed. They begin to lose the ability to trust people in positions of power, and may begin to believe that life has no coherent, knowable structure, with dependable understandings of right and wrong. This leads to a perspective of objects, ideas, and people as ultimately unstable or impermanent, and can easily lead to a total collapse of social trust. Shay's exposition of Homer and his connection of the phenomenon of leadership betrayal with damage to *thymos*, leading to the erosion of the human capacity to know and follow an established sense of right and wrong, is supported by the experiences of Everly, Miller, and Needham, who first lost trust in their leaders' understanding of right and wrong and then lost trust in their own, with devastating consequences.

Veterans suffering from the radical dissolution of moral intuition and narrative coherence, as demonstrated in the accounts from Miller, Mac, Martinez, Burgoyne, and others in Chapter Two, have not only lost the ability to discern right and wrong, but have lost the ability to find meaning in life itself, leading to an absurd approach to life

that renders them unable to survive and flourish in community. Some of them are even involved in war crimes and civic crimes, and seem surprised to be prosecuted afterwards (Boal, 2004). A number of the veterans mentioned in the discussion of this element of CCAD in Chapter Two were involved in situations that involved a sense of leadership betrayal. Tick's My Lai veteran has been ordered in previous circumstances to do inhumane things, and had afterwards come to understand some inhumane actions as necessary and even right in combat (2005). Martinez and Burgoyne each entered a state of moral disorientation in their urban combat environments, and had been jokingly encouraged in their inhumanity by some of their leadership, who then seemed surprised at their decreasing inability to self-manage and restrain their actions on humanitarian grounds (Boal, 2004). Through exposure to intense combat and mixed messages from leadership on what is and is not acceptable behavior in war, these men all not only experienced lapses in moral discernment, but in the aftermath of their crimes experienced an enduring sense of moral meaninglessness that evolved into meaninglessness in other areas of life, including the maintenance of a sense of purpose.

The moral injury paradigm does, especially in its appeal to the Greek philosophical concept of *thymos*, provide an account for the elements of CCAD described as persistent, socially debilitating mistrust and the radical dissolution of moral intuition and narrative coherence in a way that the psychiatric paradigm could not. An understanding of complex mistrust among veterans as beginning with a painful and fearful loss of one's faith in trusted leaders during mortal combat, later to develop into a damage to one's ability to trust anyone's motives provides a helpful and more holistic line of approach to the phenomenon, including many aspects of the human experience.

This certainly transcends the psychiatric paradigm's strictly cognitive approach to complex mistrust as a result of hyper-vigilance in the autonomic nervous system, exacerbated by "negative alterations in cognition" and "persistent and exaggerated negative beliefs" (APA, 2013, p. 272).

Equally helpful is the moral injury paradigm's understanding of meaninglessness as a further complication of complex mistrust, in which damage to a veteran's ability to trust leaders evolves into a loss of trust in one's own judgment and eventually a loss of trust in any permanence or meaning in the world. This certainly proves to be a helpful addition to the psychiatric paradigm, which could not appropriately account for such radical dissolution of moral intuition and narrative coherence using its criteria for "nihilistic delusions," or Antisocial Personality Disorder (APA, 2013, p. 659). In providing this conceptual approach to both mistrust and meaninglessness, the moral paradigm also provides evidence of a strong connection between the two elements of CCAD.

Moral Injury and the Berserk State

The second broad theme of moral injury in Shay's work is the potential for a warrior to enter into a wild, disconnected state of animal-like fury in combat, especially when he is cut off from social accountability or is motivated by revenge. Shay calls this the *berserk state* (1994). He describes the phenomenon in this way:

"I believe the word *berserk* is the most precise term available to describe the behavior that I call to the reader's mind...*berserk* comes from the Norse word for the frenzied warriors who went into battle naked, or without armor, in a godlike [but also] beastlike fury...[an] ambiguous borderline between heroism and a blood-crazed state in which abuse after abuse is committed" (1994, p. 77).

This condition may or may not be catalyzed by a leadership betrayal, but it often acts itself a catalyst for self-betrayal, in the sense that it opens the way for the warrior to commit acts that will later horrify him, having violated his previously held convictions of right and wrong (Shay, 1994). The connections that Shay forges between his veteran clients and Homer's characters highlight three main features of the consequences of entering into the berserk state: (1) the same motivation which leads a warrior to be roused to valorous actions instead begins to motivate the warrior to brutality and violent inhumanity, violating his own conscience (2) this brutality contains disorienting excitement and sensations of invulnerability in the midst of violent, aggressive action, and (3) in the aftermath of the berserk state, there is a long-term alteration of the warrior's temperament and ability to self-restrain (1994, 2002). It is important to briefly examine all three of these features.

First, although Homer himself does not use a term equivalent to *berserk*, he does describe the entry of a warrior into an uncontrollable state of rage in which "epic, noteworthy valor," a concept described by the Greek term *aristeia*, turns into unprincipled brutality in the midst of mortal combat (Shay, 1994, p. 78). In Book 24 of the *Iliad*, Homer describes the valorous Achilles' turn towards animal-like, unrestrained frenzy in battle this way:

"[the now] ruthless Achilles... whose mind is nowise right, neither is the purpose in his breast one that may be bent; but his heart is ever set on cruelty, even as a lion that at the bidding of his great might and lordly spirit goeth forth against the flocks of men to win him a feast; even so hath Achilles lost all pity, neither is shame in his heart, [a loss] which harmeth men greatly... neither honor nor profit shall he have. Let him beware... for lo, in fury he doth foul [himself] (*Il.* 24.40, Chapman, 2000, p. 381).

In Homer's worldview, this internal state in which *aristeia* or principled valor is transformed into brutal inhumanity is another phenomenon connected with damage to the human capacity of *thymos* (Kobierzycki, 2010). It is specifically made possible, according to Homer's anthropological pre-suppositions, by a loss of function in the *thymos* that ordinarily regulates aggression and keeps it from dominating and overwhelming a person's sense of justice, moderation, and moral restraint (Kobierzycki, 2010). Thaddeus Kobierzycki, a Homeric scholar, notices helpfully that incidences and discussions of violent, uncontrollable rage following a character's sustainment of damage to *thymos* occurs no less than 16 times in *Iliad* and *Odyssey*, making it an important and repetitive concept (2010).

Secondly, Shay notices in his own work that the onset of the berserk state is often triggered by a warrior's sense that he has "nothing to lose," and that actions performed in the berserk state, which are often marked not only by reckless frenzy but by astonishing acts of inspiring athleticism, may appear to be actions of extreme valor (1994, p. 86). He notices that warriors in such a state may also experience a god-like sensation of invincibility and invulnerability, accompanied by an exhilarating sense of transcendence over normal human limitations or responsibilities (Shay, 1994). In *Iliad* Achilles is described as godlike for his bravery, his athleticism in battle, and for his general outlook in battle, in which he carried an attitude of invulnerability (Chapman, Trans., 2000). This is connected with his eventual fall, after he becomes more and more reckless, which seems to take him, his comrades, his leaders, and his enemies by surprise (Chapman, Trans., 2000).

A number of researchers and caregivers using Shay's idea of moral injury and likewise using Homer's character Achilles as a lens for understanding their veteran clients have noticed similar trends in their work. Edward Tick describes the berserk state from his interviews with veterans as a "frantic" and almost joyful experience in killing, accented with freedom from moral concerns and the joy of feeling invincible (2002). Brock and Lettini discuss the joyful exhilaration that can occur within the berserk state to be potentially orgasmic, and note that in this state the act of killing can begin to seem unreal, like acting in a play, which supports their ability to set aside moral constraints (2012). Lawhorne and Philpott share their field notes on the berserk state as a condition of becoming "kill crazy," in which affected warriors cannot rest if there is more killing available, chasing new conquests in combat like a drug and becoming socially disconnected from peer accountability in the process (2011). Papadopoulos, although he does not work specifically with the idea of moral injury, also notes the phenomenological development of a seemingly transcendent state in the act of killing, illustrated by his work with combat veterans and survivors of the conflict in Kosovo: "destructiveness can have a certain kind of chilling purity which is extremely seductive. This is difficult to convey, but it can be approximated once we connect it with the process...where one polarity, in its extreme form and devoid of personal content, dominates the individual" (1998, p. 464-5).

Lastly, Shay considers the berserk state to be one of the most irreparably damaging conditions in which a warrior may find himself:

"I conclude that the berserk state is ruinous, leading to the soldier's maiming or death in battle – which is the most frequent outcome – and to lifelong psychological and physiological injury if he survives. I believe that once a person has entered the berserk state, he or she is changed forever...episodic

recurrence of the berserk state in civilian war [is common, and] is not new” (1994, p. 98).

Homer portrays Achilles’ movement towards death as a one of increasing predictability, as Achilles becomes more erratic, more isolated from social engagement, less able to restrain himself, and engages in riskier behavior (Chapman, Trans., 2000). The reader begins to sense that Achilles is moving in a direction of socially-disconnected, personal disintegration from which there is no return. Edward Tick also describes the berserk state as a place from which there “may be no return,” and recounts the experiences of a number of his clients fear that their blind, violent rage may forever be triggered without warning (2002, p. 90). He also notices that they can begin to develop other related compulsions and tendencies, such as masochism and sadism (Tick, 2002). Lawhorne and Philpott suggest that the disconnect from friends, comrades, and society that seems to be prevalent before a warrior enters into “kill crazy” rage will also tend to grow wider in its aftermath, as if the experience of once entering into the berserk state makes it difficult for the warrior to establish any kind of social stability moving forward, even to the extent that they may “never again [make a] friend” (2011, p. 224).

Shay argues that these three features of the *berserk state*, when understood in the light of damage to *thymos*, in which the human capacity to guard against being overcome with violent aggression erodes and a person begins to experience episodes of uncontrollable rage, can provide a fuller account of the conditions of some of his veterans than the psychiatric paradigm alone (2002). He also provides a connection between *thymos* and a warrior’s social relationships, noting that suggesting that entry into a berserk state is made more likely by social factors such as leadership betrayal, humiliation over self-perception of cowardice or accusations of cowardice by comrades,

a sudden dissolution of an important relationship, witnessing the death of a close friend, and finding or hearing about the mutilated body of a comrade (1994).

In the moral injury paradigm's description of the complex aftermath of the berserk state, there is at least one clear connection to an element of CCAD, which was described in Chapter Two as lustful, uncontrollable rage. It will now be useful to examine this connection, and to draw some conclusions about the ability of the moral injury paradigm to address this element in its totality.

Accounting for a Lustful, Uncontrollable Rage

Marquez, Harold Miller, Nathan Everly and others described in Chapter Two seemed to experience a similar frenzied state in combat to Achilles, in which they became disconnected from moral restraint and entered an "animal-like" condition (N. Everly, personal communication, September 1, 2010; H. Miller, personal communication, July 22, 2014). They each also feel that they are permanently changed in the aftermath. In Everly's case, raging violence was accompanied by a loss of awareness and a sense of being unattached to anyone and anything, which was exhilarating in the moment, but scared him afterwards and led him to profound regret for his loss of moral discernment and brutality (N. Everly, personal communication, September 1, 2010). He also describes his entry into this state as involuntary and sudden, as "snapping" and "just losing it" (N. Everly, personal communication, September 1, 2010). In Harold Miller's case, he recalls being able in combat to fight with a ferocity, strength and stamina that surprised him and astonished and inspired his teammates (H. Miller, personal communication, July 22, 2014). When he got into that

state of frenzy he experienced it as a “high” that was both exhilarating and addictive, and afterwards felt a “craving” for more opportunities to get into combat action (H. Miller, personal communication, July 22, 2014).

Shay notes that veterans experiencing this phenomenological feature are “usually very clear about the incidents that brought on the change, in contrast to generally clouded memory of the berserk state itself” (1994, p. 77). In the previous chapter, it was demonstrated that the psychiatric paradigm does offer some accounting for angry outbursts and general irritability following exposure to significant adversity such as combat action, but represented an impoverished approach to describing an experience that includes permanent changes in the personality of veterans who have experienced it. It was also mentioned that, due to this difficulty in understanding such a phenomenon of complex rage using the psychiatric criteria, clinicians can find themselves trying to account for their veteran clients’ lasting and complicated distress by finding additional psychiatric diagnoses that may apply, increasing the risk of complications in treatment.

The moral injury paradigm does, in its treatment of the berserk state, provide a further account of the element of CCAD described as uncontrollable, lustful rage, and once again its main insight is in the concept of damage to *thymos*. Shay does not discard the psychiatric paradigm for Homer’s philosophical understanding of veterans, but rather expands upon it. He mentions in *Odysseus in America* that “the berserk state leaves a permanent imprint on the physiology of a person who has been in it – a permanent hyperarousal of the autonomic nervous system and adrenaline secretion” (2002, p. 24). However, he also gives great importance to understanding the berserk

state in terms of *thymos*, and the erosion of its capacity for moral restraint and curtailing instincts of aggression. This certainly accounts for this element of CCAD more fully than categorizing it as persistent irritability, and takes seriously the need for a holistic understanding, incorporating physiological, psychological, social, and existential concerns.

The Post-Berserk State and Disconnect with Felt Experience

A third aspect of the moral injury paradigm which may be relevant in examining CCAD is not a broad theme in Shay's work, but it is connected to the berserk state, and is discussed on several occasions in both of his books. Shay mentions a distinct phenomenological feature that often appears in the aftermath of the berserk state: a loss of inner vitality or of the "sense of life" (1994, p. 52). He notices that post-berserk warriors often experience an inability to experience any emotion, bringing in a "prolonged state of numbness...[and an] inability to feel love or happiness" (Shay, 1994, p. 52). Learning to follow conscience again in terms of feeling compassion or mercy towards others can be elusive, because of the damage done upon entry into the berserk state (Shay, 1994). He also observes a common sense among his veterans of "already being dead" or of having been dead in some way since a certain moment in combat, the result of which is surreal, ghost-like experience of moving through the world (Shay, 1994, p. 51). He notes that "'I died in Vietnam' is a common utterance of our patients...[just as] Homer shows Achilles as 'already dead' before his actual death in a series of fine poetic stratagems," including the use of the Greek word *keimai* when Achilles falls down in grief and exhaustion (Shay, 1994, p. 52).

Tick accounts for this feature of feeling dead and lifeless as the result of a break between body and soul that occurs during the berserk state, and relates the stories of a number of veterans who claim to feel like they left the war zone “without a soul” (2005, p. 287). He recounts the experience of one such veteran, who had committed an atrocity as a result of lost moral discernment in the midst of combat, as saying the following: “my soul...is gone. I’ve been without a soul since the war. I killed innocent people. I killed a boy. I can’t feel a thing” (Tick, 2005, p. 287). Brock and Lettini describe the post-berserk state of affected veterans as one of feeling and being lost, or sensing that “they lost their souls in combat and are no longer who they were” (2009, p. iv.). They note that, in their experience, such veterans can feel cut off from their own feeling as if they are “trapped inside of a wall” (Brock & Lettini, 2009, p. iv.). They quote one veteran as describing his experience after the berserk state this way: “hell ain’t got no coordinates. You can’t find it on the charts, because there ain’t no charts. Hell is no place at all, so when you’re there, you’re nowhere – you’re lost. There are guys [around here] who come home from war and live fifty years without [any feeling], fifty years lost (Brock & Lettini, 2009, p. 65).

Tick, Brock, and Lettini observe in these two accounts a certain pattern that also follows the patterned experience of Harold, Jim, Art, and Tim as related in Chapter Two. After having entered into the berserk state in combat, they find themselves cut off from felt experience whenever they are outside of combat. Harold kept trying to volunteer to go out into the most dangerous places in combat just to “feel again,” and claims that when he returned from the war he could only “feel” when he was driving his motorcycle recklessly and running from the police (H. Miller, personal communication,

July 22, 2014). He claims to still have trouble experiencing any emotions at all (H. Miller, personal communication, July 22, 2014). Jim first noticed his difficulty with feeling when he began trying to date after the Vietnam War (Egendorf, 1985). He claims to have not been able to even fully feel orgasms during sexual activity (Egendorf, 1985). Art claims to have virtually no sensation, and claims to be able to watch himself sometimes from a distance, as if he is outside of his own body (Tick, 2005).

This certainly does seem to address the element of CCAD described as a conscious disconnect from emotion and bodily sensation, and once again, the strongest foundation for the moral injury paradigm's perspective on this element of CCAD is related to the philosophical concept of *thymos*. Shay argues that some of the aspects of the post-berserk state, in which veterans lose the ability to experience emotional connection with themselves and others, seem to be an aggravated result of damage to *thymos*, which can continue to erode indefinitely after initial entry in the berserk state (2002, p. 160). In his view, once damage is done to *thymos*, emotional disconnect and feelings of being dead naturally follow, because *thymos* is the seat of the human capacity for energy, feelings, and loving connection (Shay, 2002).

This secondary understanding of *thymos*, in which it contains not only the aggressive instinct or moral intuition of the human person but also the ability to experience inner vitality or to sustain an emotional connection with one's environment, is indeed supported by Homeric scholars. Sullivan notes that Homer uses the word *thymos* as the locus of emotional reactions such as fear, worry, and anxiety as well as anger (1988). Kobierzycki argues that in Homer's worldview, *thymos* served as the

“instrument of the affects,” in the sense that it was seen as the place from which affective emotions and feelings were generated, and also mentions that Homer’s writings suggest that *thymos* can “depart,” resulting in a sensation of deadness and loss of passion in life (2010, p. 3). Snell also notices Homer’s description of the “departure” or even destruction of *thymos*, after which there is experience of death or detachment from oneself (Snell, 2012, p. 9).

Moral injury and its concept of *thymos* provide a far better account for this element of CCAD than does the psychiatric paradigm alone, under the diagnostic category of dissociative depersonalization. Although dissociative depersonalization provides some account for specific psychic and physiological features of conscious disconnect from emotion and bodily sensation, it lacks a strong connection with other phenomena associated with combat related adversity, and it does not aid researchers or clinicians in developing a cohesive, holistic approach to veteran clients suffering from the other complex elements of CCAD. The moral injury paradigm has been able to address both of these inadequacies.

First, it has provided a reasonable conceptual connection between the unique features of conscious disconnect from emotion and bodily sensation and combat-related adversity, in that *thymos*, which from an ancient philosophical perspective is an essential but vulnerable human capacity during war-fighting, is the seat of aggression, moral intuition, and felt experience. When damaged in combat, through leadership betrayal and / or an entry into the berserk state, all of these aspects of *thymos* may be affected, leading to an eroded ability to regulation internal motivation, a moral disorientation, and a loss of felt experience. Secondly, this self-evidently provides

significant conceptual connections between conscious disconnect from emotion and bodily sensation, uncontrollable and lustful rage, the radical dissolution of moral intuition and narrative coherence, and persistent, socially debilitating mistrust.

An Adequate Account of CCAD?

In summary, the paradigm of moral injury has proven capable of providing a meaningful account for four of the five features of CCAD, and it has done so by making use of the philosophical concept of *thymos*, and particularly the earliest recorded use of *thymos* in the epic poetry of Homer. Shay traces the potential for *thymos* to be damaged after leadership betrayal in combat, and describes the steady disintegration of a veteran's ability to trust anyone in leadership, and eventually anyone in a position to betray him at all, including close friends, relatives, or romantic interests. This certainly addresses the element of CCAD described as persistent, socially debilitating mistrust.

Next, he describes an extreme sense of meaninglessness that may occur in tandem with complex mistrust, as a further result of damaged *thymos* after leadership betrayal in combat. In this phenomenon a veteran's inability to trust his leaders can evolve into a skepticism about in the veteran's own judgment or sense of right and wrong, especially if it has been shaped by that leader's guidance, and this can lead to an eventual skepticism any permanence or meaning in the world. This certainly addresses the element of CCAD described as the radical dissolution of moral intuition and narrative coherence.

Third, the moral injury paradigm describes a state in which a warrior, in the midst of combat, can be overcome by exhilarating aggression, and damage can thus be

done to *thymos* in a different way, eroding his ability to regulate his passion in battle and remain able to exercise moral restraint. Once this happens, Shay argues that the warrior may experience long-term difficulty regulating his aggressive instincts, and once he enters into an aggressive episode, may be incapable of avoiding brutality. This does seem to provide an account for the element of CCAD described as uncontrollable, lustful rage.

Fourth, the moral injury paradigm has provided a connection between the post-berserk state and a feeling of lifelessness, devoid of vitality. Shay notices that, when *thymos* is damaged during entry into the berserk state, a loss of felt experience may follow, since *thymos* carries not only aggressive capacities but also emotional capacities, and is no longer able to function optimally. This does provide an account for the element of CCAD described as conscious disconnect from emotion and bodily sensation.

All four of these elements are connected, according to the moral injury paradigm, and all have a coherent origin in common, in terms of the philosophical locus of damage to the human person: *thymos*. Notably, Shay does not provide an account for the fifth and perhaps most unusual feature of the phenomenon under consideration, which has been described as self-horror at the perceived absorption of evil, and illustrated in the experiences of Tim, John, Lois, Harold, and others in Chapter Two. Each of these warriors have claimed to experience some kind of contact in the combat zone with an entity they call evil or monstrous, and have also claimed to have somehow absorbed or connected with it.

Shay does describe warriors in the berserk state as becoming like “monsters,” from a certain point of view (1994, p. 49). He once even quotes a warrior who expressed the feeling that a monster had taken up residence in him to some extent, acting suddenly and without his consent at times in “coming out with a fury” around people he met (Shay, 1994, p. 95). He quotes a second warrior as describing the time when “evil entered into him” (Shay, 1994, p. 33). Another warrior he quotes says speaks about “evil” as an entity that came into his life and that made him “turn into something” he wasn’t before (Shay, 1994, p. 95).

Shay does not treat any of these accounts directly, as a unique report of actual client experience. As a medical doctor and clinically trained psychiatrist working and writing in contemporary times, this should perhaps not be surprising. Thermos notes in his own psychiatric profession the wholesale philosophical “shift from ontological priority to psychological prevalence [in the last century of human care], which is nowadays universal, and has almost completely deprived [physicians and psychotherapists] of the ‘receptors’ necessary to recognize” any phenomena which seem difficult to reconcile with scientific paradigms (2004, p. 70). Timothy Keller, a modern philosopher and social scientist, adds that professional mistrust of mysterious or seemingly supernatural experiences have long paralyzed the modern sciences from fully understanding the human experience, beginning with “the Enlightenment belief that [such things] cannot be reconciled to a rational view of the world” (2008, p. 101).

Nevertheless, given that he has been clearly open to exploring philosophical and poetic ideas outside of the psychiatric paradigm in order to better account for the extreme and unusual features he was seeing in his veterans, it is strange that Shay does

not seem to consider taking seriously their common description of contact with a personal sort of evil in the most intense combat situations. This highlights an occasional tension in Shay's work. His thesis is built on the idea that the psychiatric paradigm cannot account for some of the most complex phenomena common among combat veterans, necessitating the broadening of philosophical presuppositions in understanding and treating their distress. On the other hand, there are occasions in which he does not seem to take the experiences of his clients seriously, electing instead to interpret them metaphorically so that they can better fit into a more scientific set of presuppositions about the human experience.

Although it is possible to say that the moral injury paradigm does not directly account for the element of CCAD described as self-horror at the perceived absorption of evil, it does not necessarily follow that the ancient philosophical concept of *thymos* includes no potential lines of accounting for this phenomenon. Shay, indeed, saw evidence of this element of CCAD in his own work, and never attempted to search for an understanding of its features from the Homer's philosophical worldview, as he did the other four elements of CCAD. This introduces some obvious questions: how did Shay approach *thymos*, in general, considering the methodological difficulties of applying an ancient philosophical concept to a modern phenomenon in veteran care? What were his epistemological considerations? In answering these questions, it will be possible to understand why he did not attempt to address the fifth element of CCAD, and it will then be possible to consider whether the fifth element of CCAD can be addressed using the concept of *thymos*, from a different perspective or with different epistemological commitments.

Shay and Homer: a Tale of Two *Thymi*

Shay's epistemology in understanding thymos is made evident by his attempts to directly define the term, especially in his work *Odysseus in America*. It is quite clear to see the gap between Shay's worldview and Homer's, and to see the consequences of these differences. In a number of places Shay defines *thymos* in generally Homeric ways, calling it the "noble fighting heart of a warrior," and the generator of "heroism, boldness, and courage" (2002, p. 12). Kobierzycki notes that Homer uses *thymos* in this way more than 35 times in his epic poems (2008). Shay also discusses *thymos* as the seat of emotions, and as "that which causes affection" and enables the self to love another (2002, p. 158). Similarly, Homer uses *thymos* to describe emotional states such as fear, hatred, joy, sadness, love, and bitterness 167 times in *Iliad* and *Odyssey* (Kobierzycki, 2008).

However, beyond these broad similarities, there are distinct differences in Homer's use of *thymos* and Shay's usage, and these differences have an impact on Shay's ability to meaningfully appropriate Homer's ideas. Shay discusses *thymos* as that which rouses a warrior to fight for principles of honor that are culturally constructed and constantly changing, and emphasizes this concept of the ultimately movable cultural construction of a warrior's morality at least 12 times in *Odysseus in America* (2002). Kobierzycki offers the opinion that although Homer uses *thymos* to describe the aggressive instinct that rouses a warrior to battle 36 times in *Iliad* and *Odyssey*, it is never clear that he is connecting the instinct itself to a socially constructed morality (Kobierzycki, 2008). Bruno Snell also notes Homer's regular use of the term to describe both an instinct that rouses a man to action and a man's moral sense, and

further notices Homer's descriptions of the way that social expectations may influence a man's actions during combat (2012). However, he does not find any place where Homer insinuates the cultural construction of a man's moral intuition (Snell, 2012).

Although Homer does clearly associate *thymos* with both aggression and moral intuition, Shirley Sullivan reminds contemporary readers that Homer's understanding of moral intuition was parallel to Plato's idea of conscience, as a universal absolute that can be discerned through either reason or a felt sense of right and wrong, rather than the product of social construction (1988). Shay's use of *thymic* morality as a social construction certainly reflects his philosophical presuppositions about how a human being develops and sustains a moral sense, but when these presuppositions are divergent from Homer's, the efficacy of Shay's use of *thymos* to discuss moral disorientation can be called into question.

As another example, Shay reflects Homer's use of *thymos* as the seat of moral intuition, but explains that in contemporary terms this can be understood as the function of an "interior psychic mirror" which reflects the self's moral state relative to societal mores (2002, p. 156). Again it is clear that, for Shay, the moral intuition of a person is essentially informed by historically and socio-culturally constructed content embodied in ideals, ambitions, and attachments," making the human person particularly vulnerable to social and cultural changes in the understanding of right and wrong (2002, p. 157). In fact, Shay's writings suggest that, in his opinion, this is the exclusive way that moral intuition is formed, because at no point in either *Achilles in Vietnam* or *Odysseus in America* does he offer an alternative idea. Shay's presentation of *thymic* morality certainly reflects certain cultural assumptions that were foreign to Homer's

philosophical worldview. Sullivan argues that, for Homer, *thymos* functions as a moral intuition that is not necessarily connected with moral reasoning, but which can be “open to divine influence,” and can aid a warrior in doing what is right outside of what he has been ordered or educated to do (1988).

Another way that Shay allows his philosophical presuppositions to overshadow Homer’s presuppositions occurs around the concept of the self, the “I,” or the *ego* in its relation to *thymos* (2002, p. 284). Shay describes *thymos* as essentially an ancient philosophical understanding of “narcissism,” in that it involves a deep desire for recognition from society (2002, p. 156). He argues that in a “fixed inflated state” it can produce megalomania, but in a regulated state it produces a healthy, differentiated position in relationships and social standing (2002, p. 161). At one point Shay even suggests that *thymos* can be summarized as “the human universal trait of commitment to people, groups, ideals, and ambitions, and of emotional upheaval when these are threatened” (2002, p. 247). Accordingly, for Shay and the moral injury paradigm, when leadership betrayal occurs, it is essentially the warrior’s ability to maintain a stable commitment to people and ideals that is damaged, and therefore complex mistrust and meaninglessness ensue. And further, when a warrior enters the berserk state, it is his narcissistic stability that is compromised, resulting in an entry into a state of extreme megalomania in which his connection to society is damaged through the violation of cultural mores about humane behavior.

Unfortunately, these philosophical constructions are not present in Homer’s worldview, because the oldest of them dates back only to the advent of the Enlightenment, which occurred more than 2,400 years after Homer died. According to

Kobierzycki, Homer does use *thymos* in describing “mental unsettlement” 29 times, but these uses are connected to ancient philosophical understandings of human distress and disorientation rather than contemporary psychiatric or psychological ones (2008, p. 8). Far from an individual trait of commitment to others, Sullivan argues that Homer’s original understanding of *thymos* reflected the opposite reality: that *thymos* is an essential inner vitality shared between persons, and is most threatened when one individual breaks from the whole (1988).

Epistemological Considerations

It is clear that Shay developed the ancient idea of *thymos* in the way he did not to better understand Homer’s worldview but to better support his own work with veterans, including the use of contemporary concepts such as narcissistic stability, megalomania, and positive individualism. In fact, he is open about this in *Odysseus in America*: “...in this book I have asked readers to adopt [my] modern definition of the...word *thymos* (Shay, 2002, p. 247). He describes why he has decided to depart from the context of the ancient and original context for the term, despite warnings from his colleagues that it would be a dangerously “ahistorical and universalizing approach to Homer’s content” (Shay, 2002, p. 247). His defense takes this form: “the content of *thymos* is historically and culturally constructed...I use Homer’s words in this effort not because I believe that the ancient Greeks [had ultimate knowledge] but because...[they] were profoundly interested in *thymos* and we can learn from what they said about it” (Shay, 2002, p. 247).

And here, in essence, is the heart of Shay's epistemology, when approaching Homeric *thymos*. Shay chooses to remain distant from the historical and philosophical contexts of Homer's presuppositions even while appealing to him for use of the term *thymos*, and his logic in justifying this seems to be that any term or idea from any time or place can be decontextualized and re-contextualized with impunity, because culture is always changing, and therefore no specific culture has the right to define its own terms indefinitely. That may be reasonable, from a certain point of view, and it is certainly connected to his understanding of morality, which he believes to be a constantly changing social contract that represents the fluid dynamics of convention, order, and mutual expectations in a society (Shay, 1994).

However, there are inherent dangers to be navigated when using this logic. Primarily, there is the danger of one's own presuppositions becoming the only objective reality in one's research, to the point of subjectivizing all conflicting presuppositions. Ronald Powell, an educator in the field of research design, argues that one of the most overlooked factors in research that can compromise reliable results is when a researcher carries philosophical assumptions into the work which conflict with the assumptions of the persons or institutions under examination, and does not account for this conflict in his or her methodology (1997). It does not appear clear that Shay has done this important work, and the results are evident.

Here is a clear presentation of the difficulty of Shay's position. He very clearly and convincingly links several of the most complex phenomena associated with exposure to extreme combat action to two kinds of radically disorienting events: leadership betrayal, and entry into a berserk state. His work in drawing parallels

between Homer's description of the consequences of such events in the lives of ancient warriors and contemporary descriptions of the same consequences in the lives of modern warriors is both thorough and unique in its contribution to the field. His connection of these complex features is also thorough, from a causal standpoint of interpretation. However, in his attempts to describe the actual nature of the impact such events have on the human person, and the damage done to the human person in all of its complexity and totality, he is unwilling to fully represent Homer's philosophical presuppositions, even when those presuppositions did seem capable of such an understanding, in an ancient time.

Instead, Shay decides to import his own understandings of the human experience, using constructs that not only are foreign to Homer's worldview, but which actively contradict Homer's worldview. Shay decides to call the phenomena he is seeing *moral injury*, claiming Homer and the concept of *thymos* as its philosophical source, while describing morality in a way that Homer did not, ascribing moral ideas to *thymos* in a way that Homer did not, and developing his idea of the destruction of socially-constructed morality as the source of the complex phenomena he sees in his own veteran clients in a way that has almost no connection to what scholars know of Homer's ideas about morality or anthropology.

One is left to question whether or not a fuller understanding of Homer's original context for *thymos* and its damage in combat could provide an account for the fifth element of CCAD which is not addressed in the moral injury paradigm. One is also left to question whether some underlying realities of CCAD might be discovered in Homer's worldview, since, as Shay highlights, that worldview has produced a collection

of accounts of disorientation during combat that seem quite parallel to the conditions of contemporary warriors, and offers ideas towards a cohesive view of at least four of the five elements of CCAD in a way that the psychiatric paradigm could not accomplish alone.

In Summary

Shay's contribution to the field cannot be overstated. As has been demonstrated in this chapter, his brilliance is in recognizing and connecting patterns of complex disorientation with two events that deeply impact the human person of the warrior, and finding parallels in Homer's nearly 3,000-year-old work. In so doing, he provides a far more adequate account of the complexity and uniqueness of four of the five elements of CCAD, and also makes sense of their inter-connection in a way the psychiatric paradigm alone could not.

However, Shay's work appears limited in the sense that although he thoroughly addresses existential parallels between Homer's understanding of warriors and the experiences of contemporary veterans, and uses Homer's concept of *thymos* in explaining some of what he sees in his work with veterans, he does not take seriously Homer's philosophical context or presuppositions in writing. Shay's work evidences a significant departure from Homeric ideas about morality and injury to *thymos*, and essentially rests on Shay's own philosophical presuppositions about morality and its potential damage in social construction and deconstruction. In addition, Shay does not seem to work with the fifth element of CCAD, which he does see present in his own work, but does not address. It is certainly possible that this unwillingness is related to

the privileging of his own philosophical presuppositions over the presuppositions of his clients, just as he privileges his own philosophical presuppositions over Homer's in constructing the paradigm of *moral injury*.

In moving forward with this thesis, it is clear that Homer believed that warriors could be damaged in a way that cannot be adequately described by physiological criteria, cognitive tendencies, or the personal status of socially constructed morality. In order to continue to pursue an understanding of CCAD that accounts for its uniqueness, complexity, and totality, there is an opportunity to attempt something that Shay was unwilling to attempt, which has also incidentally not been attempted before in the field. This thesis will now examine Homeric *thymos* in its original philosophical context, and attempt to understand the nature and consequences of damage to *thymos*, from his worldview. Along the way, it will become clear whether Homer's worldview was able to account for the element of CCAD described as self-horror at the perceived absorption of evil.

Once Homeric *thymos* is examined exhaustively, and Homer's understanding of each of the five elements of CCAD is established, it will not be the best course to attempt to directly apply his ancient philosophical understanding to a contemporary issue such as veteran care. It will be more helpful instead to trace the development of *thymos* through later Greek philosophers, even unto the present, and to develop a philosophical *corpus* of its understanding and use into the contemporary era, after which some conclusions may be drawn about the potential efficacy of its use as a complementary philosophical approach to the phenomenon.

CHAPTER 5

A CONTEXTUAL VIEW OF HOMERIC *THYMOS*

Although it is likely that the concept of *thymos* was used in ancient Greece before the time of Homer, its earliest place in surviving manuscripts can be found in Homer's *Iliad* (Koziak, 1999). Barbara Koziak argues that not only for its early place but also for its grand significance in Homer's portrait of humanity at war, any study of the history of the term *thymos* should begin with *Iliad* and *Odyssey* (1999). This thesis has already established that Homer's use of *thymos* in *Iliad* and *Odyssey* can prove quite useful in examining at least four of the features of Complex Combat Activated Disorientation. This thesis has also established that the paradigm of moral injury, while using Homeric *thymos* as a central thematic lens by which to view those four features of CCAD, does not attempt to understand or make use of the term in its original philosophical context – something which might be valuable to understanding CCAD even further, or in accounting for the fifth element of CCAD.

In order to adequately discuss Homer's use of *thymos* in context, this thesis will now examine the term in two broad categories: (1) its place and function in Homer's general anthropology and (2) the nature and implications of its potential loss of function or disintegration in human persons. After this has been achieved, it will be important to engage in two further considerations. First, it must be considered whether or not a contextual understanding of Homer's use of *thymos* provides an account for the fifth element of CCAD, which is not otherwise accounted for in either the psychiatric or moral injury paradigms: self-horror at the perceived absorption of evil. Secondly, it must be considered whether or not there is a way to examine the historical development

of *thymos* through the work of Greek philosophers and other scholars following Homer, if possible, and to see their appropriation and expansion of his ideas throughout the centuries. This could eventually aid in the development of a philosophical *corpus* of understanding *thymos* from the ancient world into contemporary times, after which some more conclusions may be drawn about the potential efficacy of its use as a modern complementary philosophical approach to CCAD.

Homeric *Thymos*: Essential Function

In Homeric usage, *thymos* is an essential human capacity that is necessary for relationships between human beings, between humans and animals, and between humans and the divine (Kobierzycki, 2010). *Thymos* has a number of specific functions in *Iliad* and *Odyssey*, and for the purposes of this thesis, they will be discussed under three main headings: (1) *thymos* as the seat of emotion, (2) *thymos* as the source of instinctive action, and (3) *thymos* as the locus of moral intuition. It will be demonstrated here that these three categories of function share two similarities in Homer's work.

First, each of these categories of *thymic* functioning can be understood individually, in some way. An individual can experience an emotion that is not necessarily shared, or can be moved to action individually, or can personally sense in one moment what he or she knows to be right or wrong in a given situation. Secondly, there is in each of Homer's three demonstrated categories of *thymic* functioning a collective aspect, or some element that transcends individual experience. A person's emotional experience is related to his or her ability to share community life. Some

patterns of instinctual action seem shared within a community or a culture. Many aspects of morality in a given culture are shaped by the community, or at least enforced by the community.

By examining each of these three categories of *thymic* function in the writing of Homer, and by understanding their individual and collective elements, a general sense of the place of *thymos* in Homer's philosophical anthropology will become clear. This will make possible a further investigation of the potential consequences of *thymic* loss or damage in persons facing combat-related adversity, and will in turn allow for a more informed contextual consideration of the potential connections between damaged *thymos* and CCAD.

Thymos and Emotion

First, and most prominently, Homer uses *thymos* as the philosophical seat of human emotions. Snell notes that, in Homer's worldview, it is from this place of *thymos* that human beings are able to experience their vast array of moods, temperaments, and both pleasant and painful emotional reactions (Snell, 2012). He also notes that it is with *thymos* that humans make and maintain emotional connections with their social and physical environments. From this perspective, *thymos* plays a key part in individual and social experience in times of either great celebration or great distress. Kobierzycki considers this function of *thymos* to be general comparable to the functioning of "the heart" in other philosophical anthropologies, as it represents the place where suffering is experienced, and also the place where "liking, friendship, sensual love" and "feelings of hope" are stored, along with "pity, astonishment" and

“courage” (2010, p. 9). Accordingly, *thymos* is also the locus from which humans can be driven to destroy relationships or alienate themselves from community during extreme emotional experiences of bitterness and rage. Snell notes that while Homer’s use of *thymos* is sometimes “the abode of ...love [and] sympathy,” it is at other times the abode of powerful experiences of hatred that lead to murderous impulses or self-imposed exile (2012, p. 13).

In all cases, Homeric *thymos* functions in a distinctly different way from reason or logic, as the human being engages with his or her social environment and responds to life’s events. *Thymos* ideally functions in synchronicity with reason, in Homer’s context, but while reason exists within cognitive structures and makes use of rational constructs, *thymos* exists within emotional and instinctive structures and makes use of intuition and felt experience of one’s environment. In Book 2 of *Iliad*, Homer’s character Menelaus is said to have *thymic* understanding of Agamemnon’s motives in preparing for war, and to be moved by this to prepare to fight alongside of him (Chapman, Trans., 2000). This vignette demonstrates Homer’s understanding of how an emotional connection can take place between persons in which one shares the emotional state of another and becomes willing to act in response to that sharing. This is an important demonstration of Homer’s understanding of the emotional capacity of *thymos*, as it contains aspects of both individual and interpersonal or social functioning.

Homer also writes about the potential for the actual development of communal *thymos*, comprising the emotional connection of an entire team or community, and usually aimed at a specific task essential to the well being of all. For instance, in Book 13 of *Iliad*, a warrior named Idomeneus is about to face Aeneas in battle, and calls out

to a number of his comrades to stand with him and fight (Chapman, Trans., 2000). They respond to his call, and Homer describes them taking a stand together with one *thymos* in their chests. This sharing of *thymos* seems to account for the sense of community solidarity experienced when a number of persons share both an emotional state and a corporately understood urgency for action. There is also the possibility that once gained, shared *thymos* may be lost, as persons in community suffer disillusionment or defeat, or face some other adversity that leaves them isolated and alienated.

Thymos and Instinctive Motivation

Secondly, Homer uses *thymos* to represent instinctive motivation to action in the human experience. Once a human being fixes on a physical objective, or an objective which requires physical activity, *thymos* can summon the motivation to act, and can also provide extra-rational instinctive direction to the human being in motion. This function is not purely disconnected from emotional functioning, since in the Homeric corpus emotion is usually present in any activity, but Homer certainly writes as if human emotion and instinctive motivation to action reside distinctly in *thymos*, each having a different purpose. Stephen Muse, a scholar and philosopher very familiar with the ancient Greek corpus, writes about this type of instinctive and aggressive function of *thymos* under the label of “proprioception,” in which the inner sensations of the body connect with past physical experience in response to external stimuli without any analytical element, and move the body into appropriate action (2011, p. 120).

Both Snell and Kobierzycki comment at length on the association between *thymos* and instinctive motivation to action in *Iliad* and *Odyssey*. Snell calls *thymos*

Homer's "generator of motion," and "that which rouses a man to action" in his combat narratives (2012, p. 9, 13). He also notes Homer's use of *thymos* as an animal capacity on some occasions, as if Homer considered the aggressive instincts of *thymos* in the heat of battle to be a "force of energy" shared by humans and animals (Snell, 2012, p. 11). This does provide some insight into the kind of beast-like aggression and unrestrained violence that develops in the character of Achilles, which Shay discusses in his concept of the berserk state (1994).

Kobierzycki describes the instinctual, aggressive aspect of *thymos* as being for Homer both "the seat of wrath" in the human person, capable of beast-like rage, and also the "repository of courage" that can aid a person in using principled restraint when using force for the sake of what he believes is right and just (2012, p. 6, 7). In Homer's usage, this martial or aggressive function can be either principled or unprincipled. That is, it can be restrained by a person's sense of what is right and good, leading to courageous action, or unrestrained by a person's sense of right and good, leading to beast-like violence capable of great inhumanity. Sullivan argues that, for Homer, the difference between the two potentialities is in the connection forged between *thymos* and reason (1988). She writes that Homer understands *thymos* and reason to ideally work together in decision-making as the relationship between intuition and logic, or the relationship between felt experience and linear analysis; in the case of broken harmony between the two, *thymos* can be either "bridled" by reason or overrun by it in any given situation (Sullivan, 1988, p. 85).

It may be helpful here to provide two illustrations of Sullivan's point, which is quite important in understanding the function of *thymos* in Homer's work. First, in

Book 5 of *Iliad*, Homer's character Odysseus experiences a dilemma in the midst of combat, consulting both *thymos* and reason to decide on a course of action (Chapman, Trans., 2000). This is not essentially a moral dilemma, but rather a tactical one, and Odysseus is using both his knowledge of warfare and his *thymic* intuition toward aggressive action to help him. Once his reason and *thymos* agree on an action, his *thymos* moves him into combat. This is an example of harmony between reason and *thymos*, leading to a good outcome.

In contrast, in Book 22 of *Odyssey*, Homer describes a character named Phemius who believes his life to be in danger and who experiences a division between *thymos* and reason in examining his options for survival (Chapman, Trans., 2000). Specifically, Phemius struggles to decide whether to offer a sacrifice to the gods, which seems the conventional thing to do, or to trust an intuitive urge to rush to Odysseus to beg for his mercy, even though in doing so he will very likely be killed. Phemius decides to trust his intuition, and his life is spared (Chapman, Trans., 2000). This is an example in Homer's writing of a break between the harmony between reason and *thymos*. In this particular example, *thymic* intuition triumphs over rational analysis after an internal conflict, and there is a positive outcome. In other places in Homer's writing, *thymic* intuition triumphs over rational analysis with disastrous consequences, and in other places still, reason challenges *thymos* and restrains *thymic* intuition. This interplay between reason and *thymos* is an essential part of Homer's anthropological understanding of the human experience in general, and understanding of this interplay will be developed further as this chapter continues.

Thymos and Moral Intuition

The third aspect of Homer's anthropological use of *thymos* is as an extra-rational capacity for intuiting what is good and right, and in Homer's writing it is often coupled with the thymic functioning of instinctive motivation. More specifically, in almost every place where a person is *thymically* intuiting right action, he or she is also motivated to follow what he or she intuitively feels to be right. Understood together, and when functioning optimally, this aspect of *thymos* can be summarized as the ability of a human person to intuit what is good and then to immediately summon energy to act on behalf of the good.

Sullivan again notices an ideal harmony between reason and *thymos* in this aspect of *thymic* functioning. Specifically she implies that, in Homer's usage, *thymos* can (1) ally with reason to pursue the good, (2) struggle against reason to pursue the good, when reason has been compromised, or, tragically, (3) struggle against reason to pursue something other than good, when *thymos* has been compromised (Sullivan, 1988). In this sense, *thymos* can be considered as the human conscience in Homer's work. Conscience is a difficult concept to summarize, and can hold different meanings for different persons, but the *Concise Oxford English Dictionary* defines conscience as simply "a person's moral sense of right and wrong" (Soanes and Stevenson, Eds., 2006, p. 112). Prominent moral philosopher and professor James Day notes that conscience is commonly understood "across all cultures" as a judging, evaluating moral entity of the personality, whose function is "not only [to] judge what we have done, but [to] prod us into action in order to act on behalf of [the] good, and to repair what we feel we may have transgressed..." (2010, p. 49). This certainly describes Homer's understanding of

the moral aspect of *thymic* functioning, which includes both intuition and impulse to action on behalf of what has been intuited.

In Book 1, paragraph 225 of *Odyssey*, the goddess Athena speaks to Telemachus at a wedding feast at his house, questioning the occurrence there of what she considers to be wanton and shameless behavior (Chapman, Trans., 2000). She also questions the state of Telemachus' *thymos* in being able to let these things occur around him without seeing their depravity and putting a stop to them. Her challenge seems to be on both fronts: can Telemachus not, by *thymos*, intuit the wrong in these events, and having intuited the wrongs, could he not by *thymos* be roused to demand a change?

Telemachus responds with an excuse, arguing that the unjust and unfortunate things that have happened to the people of his house – including the politically forced wedding occurring at the moment of her challenge – have left him in a position of moral lassitude (Chapman, Trans. 2000). In this example, it seems that Homer's character Telemachus has allowed a kind of philosophical fatalism to overcome his *thymic* intuition and *thymic* call to action against injustice. This also captures the practical interplay between reason and *thymos* in Homer's worldview, and the way in which either capacity, when not operating in harmony with the other, can subjugate the other – to either positive or negative consequences.

Bruno Snell, noting Homer's understanding of the moral dimension of *thymos*, describes it as a kind of moral will, and also mentions that a general pattern of the interplay between reason and *thymos* in a particular individual could be considered that individual's particular "character" (2012, p. 14). Shay speaks at length of the "undoing of character" after injury to *thymos* in combat, and uses the character of Achilles to

suggest many consequences to this condition, but does not choose to use Homer's own philosophical presuppositions to describe the process of such a thing (1994, p. 29).

Understanding the philosophical relationship between human reason and *thymos* in moral functioning, and considering the potential damage done to a person's morality when this relationship is distressed, may very well offer fresh insight into how Homer saw injury to *thymos* affecting human persons in general.

A Summary of Essential Human Function

Summarizing the areas of function discussed above, Homeric *thymos* is a human capacity which contains the emotions, and which ensures emotional connection between a human being and his or her social environment and allows a human being to respond to the perceived needs of others. *Thymos* also functions in instinctive motivation to action or aggression, motivating the person to appropriate physical action in response to stimuli in his or her environment. When aligned with moral intuition, this motivation can include courageous action, and when misaligned with moral intuition, this motivation can include inhumane brutality. Notably, Homeric *thymos* also serves as the center of human moral intuition, containing the ability to discern what is good, and oriented to this sense of goodness both through social connection and possibly, for Homer, through a connection with divine understandings of right and wrong.

It may be mentioned here that the healthy maintenance of each of these functions is vital to the life of the warrior. Although warriors stereotypically make use of a stoic approach to war, showing little outward appearance of emotion, maintaining emotional health is crucial for survival and war and homecoming. Lieutenant Flournoy

Phelps says this: “Marines are not robots. We want to lead men into war who are tough and prepared for the combat environment, but who can also respond with compassion to innocent civilians, and who can care for each other as brothers during the inevitable times when operational realities becomes overwhelming” (interview, 2014). Likewise, warriors in both ancient and contemporary times need to maintain a healthy experience of instinctive motivation to action or aggression. A human capacity for instinctive motivation to act that is not subject to reason can lead to wild, ineffective, and potentially dangerous consequences in battle. On the other hand, a human capacity for instinctive aggression that is not ever trusted can paralyze a warrior, and keep him from responding to emergent situations that may place him in mortal danger.

Moral intuition is also crucially important in warfare. Phelps notes this:

“moral restraint in combat is difficult to condition through normal means...much as we try to develop this instinct using simulations of war during training. Character comes from within, and it also comes from shared moral commitments with the team around you. Staying close as a team and staying in touch with your own sense of humanity is key...” (Phelps, interview, 2014).

Having explored *thymic* functioning in Homer’s work, and considered the importance of healthy *thymic* functioning in the experiences of both ancient and contemporary warriors, it is now possible to consider the impact of the loss of *thymic* functioning. There are a number of examples of the loss of *thymic* functioning in *Iliad* and *Odyssey*. In fact, Thaddeus Kobierzycki notes up to 110 such occurrences in Homer’s work (2010). In examining loss of *thymic* function, it will be possible to examine direct similarities with the experiences of contemporary veterans suffering from Complex Combat-Activated Disorientation.

The Impact of Lost Function in Homeric Usage

If the function of *thymos* in the Homeric corpus can be discussed in three categories, as was demonstrated above, then the loss of *thymic* function in the Homeric corpus can also be discussed in three categories. Similarly, just as each of the three categories of *thymic* function were understood by Homer to exist communally, and just as in each category *thymos* stood in some relation to the human capacity for reason, so the loss of *thymic* functioning in Homer's corpus features both social disintegration and a marked disharmony between *thymos* and reason. In fact, it will become clear that each of the five elements of CCAD can be understood in terms of social disintegration and disharmony between *thymos* and reason. To attain clarity on this assertion, it will now be beneficial to view the loss of *thymic* functioning in each of the three categories introduced in the last section.

Emotional Disorientation

Homer's understanding of damage to the emotional function of *thymos* centers on the potential for a person in extreme adversity to become both socially isolated and emotionally overwhelmed. This potential becomes far more likely if a person's social isolation has been forced. Homer writes as if a person in such circumstances may suffer a *thymic* injury that culminates in both the dissolution of his or her ability to maintain long-term relationships and chronic difficulty with regulating emotion in the future. Snell notes that, in *Iliad* and *Odyssey*, *thymos* can be "eaten away or torn asunder by pain" in "intense, sharp or heavy" fashion (2012, p. 18). The pain that Snell mentions is profound emotional pain, brought on by extreme distress after such adversity as the loss

of a beloved comrade or betrayal by a close friend or leader. In Book 6 of *Iliad*, Hector confronts Alexander for storing up bitterness and rage in his *thymos*, after being the cause of war for his countrymen (Chapman, Trans., 2000). The object of Hector's rebuke is not that Alexander has simply felt bitterness or wrath, but that he is holding on to it, or allowing it to overtake him, and that it is causing him to abandon his subordinate warriors in their time of need. In response to Hector, Alexander reveals the complexity of his *thymic* disorientation, explaining that it has not been bitterness but despair that he has been nursing in his *thymos*, and that this is what paralyzed him in the midst of battle (Chapman, Trans., 2000).

Sullivan writes that in Homer's epics, *thymos* is a capacity for emotion that can be "scattered in some way, causing a person to faint" (1988, p. 7). This is essentially what happened in Alexander's case in the vignette above. As Alexander realizes that the battle does not go well for him and for his countrymen, and knowing that he is the cause of the battle in some way, he is overwhelmed emotionally, isolates himself from his fellow warriors, and begins to fall into despair. Shay also notes that, in Homer's *corpus*, when love and friendship is broken it can produce damage to *thymos* that features "withdrawal of emotional energy and commitment" (2002, p. 158).

It is clear that damage to the emotional function of *thymos* has social elements. For instance, Alexander loses heart when he considers the impact of his actions on his comrades, and isolating himself from them, begins to despair. However, it is also implicit in the vignette of Alexander and Hector that damage to the emotional function of *thymos* includes a disharmony with reason. When Hector challenges Alexander, he uses a reasoned argument to do so, urging Alexander to rouse himself and to consider

the people dying around the city (Chapman, Trans., 2000). Responding to the challenge, Alexander is moved to action, suggesting that his capacity for reason has become aligned with his *thymos*.

This vignette illustrates the potential for damage to *thymos* in human persons in the Homeric corpus, especially in situations associated with armed combat. In *Iliad* and *Odyssey*, when warriors experience a powerful emotional loss in combat, Homer describes a kind of emotional injury that follows in the place of *thymos*, in which social isolation, fear, paralysis of action, hunger for revenge, and loss of commitment to other people related to mistrust of oneself and others become the common features. This is also evident in warriors today who are returning from intense combat and have experienced the loss of or betrayal from comrades and leaders. Eugene Sledge explains the loss of a beloved war leader who had previously protected and inspired his men in countless situations in combat and its impact on his warriors:

“Our company commander represented stability and direction in a world of violence, death, and destruction. Now his life had been snuffed out. We felt forlorn and lost. It was the worst grief I endured during the entire war. The intervening years have not lessened it any...[his loss] was like losing a parent we depended upon for security – not our physical security, because we knew that was a commodity beyond our reach in combat, but our mental security” (2007, p. 138).

It must be noted that Sledge and his comrades had endured some of the most brutal close-quarters warfare in modern history, which included great acts of inhumanity and barbarism on all sides (Sledge, 2007). They had been fighting an aggressive, competent enemy for years under extremely adverse conditions, and yet the loss of this leader was “the worst grief” Sledge he ever endured during the war. As he describes his comrades’ response in the aftermath of his company commander’s death, Sledge describes

temptation to violent action, words of despair and longing for revenge, and a sense that the “world had fallen apart” and that there was no one to follow or trust (Sledge, 2007). This condition is very similar to Homer’s understanding of damage to the emotional function of *thymos* during combat loss.

Major George Hill is an American Special Forces soldier and combat leader who has led paratroopers and commandos over the course of five major combat tours. He also describes the impact the loss of a comrade can have on the rest of a team of warriors:

“Troops that can otherwise be almost impervious to pain or desperate circumstances can be deeply affected by the loss of a teammate. Rather than drawing together, which they have been trained to do, one or more of them can begin to isolate, and pull away from the others, struggling to keep close and maintain those bonds of trust and commitment that make them otherwise invincible in combat. It’s a phenomenon we have to watch for. These guys go through more than people know together, and sometimes it gets to be too much as they lose a comrade” (G. Hill, personal communication, December 13, 2014).

This concept of damage to the emotional function of *thymos*, as found in the Homeric corpus and as corroborated by the more modern experiences of Sledge and Hill, does account for some aspects of Complex Combat Activated Disorientation. In Chapter Two, accounts recorded from the experiences of Sergeant Nathan Everly, John Needham, and three others described an persistent, socially debilitating mistrust during and after painful emotional experiences of loss and betrayal in combat, leaving warriors unable to enter into and maintain meaningful relationships afterwards. The veterans whose experiences are recorded in that section of Chapter Two sometimes felt so betrayed and disoriented by those they had trusted in combat that they found it difficult to assign stability or permanency to almost any object, or anyone else in their lives. They also found themselves unable to maintain belief in any absolute, permanent good

in the universe, and experience a painful vacuum that they consider to represent an absence of safety and order in the world.

This element of CCAD, which has been described as persistent, socially debilitating mistrust, seems directly related to something Homer saw in his own time and described as the emotional scattering of *thymos*, because the connections between his narratives and the narratives of the contemporary warriors collected in Chapter Two of this thesis are clear. Homer used a philosophical understanding of the human person and the potential for emotional *thymic* disorientation as a way of describing a part of human functioning that could be damaged by war, and in doing so he had a line of approach to persistent, socially debilitating mistrust that was able to account for all of the potential features of warriors returning in such a disoriented condition. Specifically, the emotional function of Homeric *thymos* contains the capacity for social connection and emotional stamina, and when these things are damaged as a warrior finds himself in an adverse situation in which he cannot bear the social connection he has lost because its emotional content is too powerful, he may find himself in a situation in which (1) his general ability to be connected to anyone or anything is compromised, and (2) his ability to experience powerful emotions in other situations is radically compromised.

Instinctive Disorientation

Homer also understands the potential for damage to the instinctive, action-oriented functioning of *thymos*. In such cases, the aggressive instincts of the human person become disoriented, and are either (1) over-regulated, leaving the person with a feeling of “deadness” or extreme lethargy, or else (2) under-regulated, leaving the

person with wild, uncontrollable impulses to action. Both Kobierzycki and Snell notice these particular difficulties in *thymic* instinctual-impulse regulation following extreme adversity. Kobierzycki notes that in *Iliad* and *Odyssey*, a person's ability to move into action can be lost upon what Homer describes as the departure of *thymos*, after which follows a sensation of deadness and loss of passion or vitality (2010). To illustrate this, in Book 22 of *Iliad*, Homer includes a petition from Hector's elderly father to his son in which the old man speaks of *thymos* as the life force in his limbs, which can be stolen away (Chapman, 2000, Trans.). For Homer, after *thymos* departs, a sense of vitality departs with it, and a person can experience the sense that there is no life left in them, or a kind of living death.

Snell notices the other potential outcome when the instinctive, action-oriented aspects of *thymos* become disoriented during extreme adversity, noticing that this can cause a person to become unbridled by reason, and unable to control himself or herself (2012). He notes that, "when running wild" like this, an under-regulated *thymos* can lead a person to "beast-like" functioning, demonstrating brutal and compassionless behavior (Snell, 2012, p. 13). The final state of Achilles leading up to his death in *Iliad* seems to illustrate Snell's observations, as Achilles has essentially become a brute, dishonoring his enemies and engaging in shocking and dishonorable conduct in battle (Chapman, 2000, Trans.).

Jan Bremmer, a career scholar in the field of ancient Greek philosophy, notes that in one particular place in *Iliad*, in which Andromache has fainted at the sight of Hector's body being dragged around the city, she has to – in Homer's words – re-concentrate or re-center her *thymos* into her chest (1983). Commenting on this

particular passage, Bremmer surmises that, in Homer's philosophical worldview, it is possible during extreme adversity for "the *thymos* [to] leave its original seat," becoming metaphorically dislocated, and no longer functioning in its proper place (1983, p. 56). During this dislocation of her *thymos*, Andromache demonstrates a subsequent difficulty in feeling alive and present in her circumstances. Although Homer does not specifically use this idea of *thymic* dislocation in his narratives of warriors experiencing under-regulation of impulses to action, the metaphor is helpful in those narratives also, in that it seems as if those warriors do not have the ability to *thymically* interact with reason in order to restrain them from inhumanity. It is as if metaphorically, in those cases, their *thymos* is no longer located in the correct place.

When considering Homer's idea of the potential disorientation of the action-oriented, instinctive functioning of *thymos*, two distinct elements of CCAD seem directly related to Homer's understanding of extreme adversity survivors in ancient times. First, the description of those combat veterans and other adversity survivors in *Iliad* and *Odyssey* who, after exposure to adversity, seem to have lost or possibly over-regulated their aggressive instinct, leaving them feeling lifeless, seem related to the veterans described in Chapter Two of this thesis who experienced a conscious disconnect from emotion and bodily sensation. The narratives of Jim, Art, Scott, and Tim in that chapter described men who not only feel empty, but who feel like zombies, with bodies that are intact but without the ability to feel anything emotionally or to experience any internal motivation in life. In turn, this has left them unable to connect with other people in meaningful ways and unable to experience a former inner vitality that used to make life seem to them to be interesting, beautiful, and worth living.

Secondly, the description of those combat veterans and other adversity survivors in *Iliad* and *Odyssey* who, after exposure to adversity, seem to have lost the ability to regulate their aggressive instinct, or to *thymically* interact with reason in order to exercise restraint in chaotic situations, seem related to the veterans described in Chapter Two of this thesis who experienced an uncontrollable, lustful rage. Specialist Marquez, Sergeant Nathan Everly, Sergeant Harold Miller, D. C. Coop, and many other warriors described in Chapter Two have returned home from combat having experienced a complicated, abiding sense of lustful rage that seems connected to moments in combat when they lost self-restraint and began acting wildly in violence toward their enemies – some of them even performing acts of inhumanity. It is as if the part of their previous human functioning that allowed them to interact with reason to bridle their most powerful instinctual impulses to action has now broken down.

Homer's philosophical concept of *thymos* and the potential impact of its loss of function with regard to the use and regulation of instinctual aggression in the human person does seem to conceptually account for both a conscious disconnect from emotion and bodily sensation and the onset of a chronic, lustful rage. Under extreme adversity, the damage to or the disorientation of this aspect of *thymic* functioning can have lasting consequences, as demonstrated by both Homer's characters and the narratives of contemporary warriors collected in this thesis.

One unusual example of Homer's use of *thymos* as the seat of instinctive motivation is universal one. Sullivan notes that on rare occasions Homer uses *thymos* to describe a kind universal vitality common among all human beings that goes beyond instinct or motivation to action, and represents a kind of life force common to all people

(1988). She notes that this life force is extinguished after death, but can also be in some way lost while a person still lives (Sullivan, 1988). A brief vignette from Book 23 of *Iliad* provides a helpful illustration of Homer's use of *thymos* in this way. Odysseus has returned from the war and is speaking with his elderly mother, and he describes the process of death as one in which a disease may take *thymos* from the body of an ailing person (Chapman, Trans., 2000). In the following sentence he describes how through longing for his mother and her compassion during his time away in combat he had also lost *thymos*, and with it a sense of the goodness of life (Chapman, Trans., 2000). There are at least three notable aspects of this short passage.

First, there is the use of *thymos* as a kind of life force common to all human persons that is extinguished at the time of death. Homer uses *thymos* this way on a number of occasions, especially during death narratives, such as those found in Books 10 and 19 of *Odyssey*. Secondly, there is the use of *thymos* as a person's experience of inner vitality when living in a community, which may be lost while a person is still alive – especially if they have been alienated from their community. As Odysseus is describing his experiences to his mother, he is expressing to her his sense that, although he is still alive physically, he feels that there is a part of him that has died while he was away from home in combat. In Homer's writing, then, death is not the only experience that can rob a person of *thymos*; experiences in war are also capable of taking away *thymos*, through a disconnect with homeland and family. Third, there is a sense of the goodness of life that is missing upon Odysseus' return. Chapman translates Odysseus saying to his mother in this passage in Book 23 of *Iliad* that he lost the “honey-sweetness of life” while away at war (2000, paragraph 23:880).

These three aspects or potentialities for the loss of *thymos* as representative of an inner vitality among humans may apply to an individual warrior, but the individual warrior clearly experiences them in relationship to their families, their comrades, and their fellow human beings in the Homeric corpus. In the section on *thymic* functioning in which all three of these aspects were discussed, the potential for disorientation was also made clear. The collective vitality enabled by *thymos* can be disrupted at the point of death, and can also be disrupted in the aftermath of an extreme adversity that leaves a person isolated and alienated from his or her home and community. Snell notes that, in Homer's writing, *thymos* can be destroyed in a living person, bringing on an experience of living death, or a sense of detachment from one's own psyche (2012). This interpretation allows for some connection with the element of CCAD described as conscious disconnect from emotion and bodily sensation, in the sense that people in such circumstances can feel self-detached, self-alienated, and as if their vitality and the goodness of life are missing.

Moral Disorientation

In certain cases, Homer's characters experience a moral disorientation of *thymos*. Kobierzycki notes that, in such cases, those characters have experienced a disconnect between moral reasoning and the moral intuition of *thymos* in the midst of extreme adversity, and are no longer able to harmoniously understand or intuit what is good or right, leading to a breakdown in moral functioning (2010). Snell also demonstrates an understanding of this phenomenon, as informed by various vengeance narratives in *Iliad* and *Odyssey* (2001). According to Snell, in Homer's vengeance

narratives a warrior, having lost a comrade or loved one, can be *thymically* driven to seek revenge as a type of justice, even when reason tells him that such an act is not or cannot be justified (2012). If the warrior silences his moral reasoning and follows his *thymic* drive for justice anyway, he may commit an atrocity in the name of vengeance, in which his aggression is unbridled and he is unable to intuit the need for humane restraint in the passion of violent action.

Jonathan Shay gives an example of such a vengeance narrative in *Iliad* that includes Homer's character Achilles (1994). He quotes a scene from Book 9 of *Iliad* in which Achilles demands that other Greek officers help him cause pain to Agamemnon for reasons of pure vengeance. In this scene, Shay notes that Achilles, who sustained damage to the moral functioning of *thymos* after being betrayed by his trusted leader, is attempting to rally fellow leaders to break their own oaths of honor to help him pursue vengeance (1994). It is, in Shay's view, the beginning of the dissolution of Achilles' ability to know and do what is right:

“Before the [moral] injuries recorded in the *Iliad*, Achilles' habit was to respect enemy dead rather than defile them, and to ransom enemy prisoners rather than kill them. Achilles loses his humanity in two stages: he ceases to care about his fellow Greeks after betrayal by his commander, and then he loses all compassion for any human being after the death of Patroklos. The *Iliad* is the story of the undoing of Achilles' [morality]” (Shay, 1994, p. 25).

This understanding of Achilles' moral disorientation as a warrior is an important one. Through a *thymic* drive for vengeance, both in response to betrayal and in response to the loss of a comrade, Achilles is intuitively moved into action to combat injustice, but without the restraint of his moral reasoning. As a result, he loses his ability to use intuition and reason to harmoniously discern what is right, and also loses the ability to restrain himself in violent action.

Earlier in this chapter, Sullivan was credited with noticing that in Homer's usage, the moral aspect of *thymos* can (1) ally with reason to pursue the good, (2) struggle against reason to pursue the good, when reason has been compromised, or, tragically, (3) struggle against reason to pursue something other than good, when *thymic* morality has been compromised (1988). The situation with Achilles, as mentioned above, is Homer's most detailed example of the third of Sullivan's potentialities. In the aftermath of an aggressive, unprincipled *thymic* pursuit of something other than good, Achilles find himself more and more morally disoriented, and by the time of his death, his moral economy has become completely inverted from the moral economy of his fellow warriors and his society in general (Chapman, Trans., 2000). Specifically, he no longer has any meaningful relationship with the ideals of honor, courage, humanity, compassion, brotherhood, or love.

This kind of disorientation of the morally intuitive function of *thymos* does provide some conceptual account of the element of CCAD described as the radical dissolution of moral intuition and narrative coherence. In Chapter Two of this thesis, Lieutenant "Mac" Mackenzie, Alberto Martinez, Mario Navarrete, Jacob Burgoyne, and others were described as being alienated from any organized internal or external code of morality. Each of them experienced some extreme adversity in combat that included a source of moral disorientation. Mac constantly saw his Marines being inhumanely treated by Japanese combatants, while having to uphold among his Marines a strict code of humane treatment of those same enemy combatants (Sledge, 2007). From a Homeric point of view, at some point in his combat tour he seems to have experienced a disconnect between his capacity for reason, which knew the principle of restraint in

warfare, and his *thymic* capacity for moral intuition, which was drive to revenge in response to the desecration of the corpses of his men. Martinez, Navarrette, and Burgoyne all experienced deep confusion in their understandings of power, killing, and socially acceptable behavior in combat during their tour in Iraq (Boal, 2004). Specifically, they seemed to received mixed messages from their leadership on what is and is not humane behavior in war, as some of their leaders encouraged acts of brutality such as the public display of severed body parts from enemy combatants after heavy fighting (Boal, 2004).

After continually engaging in the act of killing human beings, and faced with disorienting and varied feedback on their actions, they no longer had any sense of when killing might be considered morally wrong. During the rest of their tour in Iraq, and during its aftermath, these three soldiers demonstrated the kind of moral chaos that may culminate from contradictory moral messages from leadership in combat: they not only began to consider all morality completely arbitrary, but they developed an enduring sense of meaninglessness about what is true or trustworthy. From a Homeric point of view, these men experienced a loss of trust in the moral reasoning they had been taught, since their leaders acted as if that teaching was arbitrary or unbinding, and then fell into *thymic* disorientation, being compelled to act aggressively without a trustworthy framework of right and wrong once they were engaged in combat.

Mac, Martinez, Navarrette, and Burgoyne each experienced a kind of radical disconnect between intuitive action and moral reasoning in combat that proved very difficult to reverse. Any kind of moral system or organized principles of justice and goodness seem absurd to them, in the aftermath of combat, and alien to their

experience. As a result, they have difficulty living in society, which is governed by the enforcement of moral norms. They also have a difficulty, from the viewpoint of Homeric *thymos*, in finding or reestablishing a connection between moral reasoning and *thymic* moral intuition, which, in the philosophical presuppositions of Homer's time, was the most essential human connection for proper moral functioning.

There is one further sense of extreme moral disorientation that has not yet been mentioned in this chapter. Shirley Sullivan suggests that there may be spiritual overtones to Homer's idea of shared *thymos*, in its moral functioning (1988). She notes that in ancient Greek metaphysical philosophy, *thymos* seems capable of being "open to divine influence," in the sense of a person's inner moral intuition being guided by divine values, and that this capability might function both individually and communally (Sullivan, 1988, p. 117). This sense of *thymic* morality as a divinely informed function in human beings is certainly present in the work of Plato, writing centuries after Homer, and many Greek thinkers following Plato (Jowett, 2008). It is not as evident in the writing of Homer, who makes use of divine entities as mostly minor, anthropomorphic characters in *Iliad* and *Odyssey*. Nevertheless, one unusual passage in *Odyssey* may be worth mentioning, on this topic, because it offers a potential connection with the element of CCAD described as self-horror at the perceived absorption of evil.

In Book 21 of *Odyssey*, Odysseus engages in some verbal sparring with Antinous (Chapman, Trans., 2000). At one point in the dialogue, Antinous references the mythological story of Eurytion and Peirithous, and noted how Eurytion made his *thymos* senseless and insane after drinking too much wine, and proceeded to become a worker of evil in Peirithous' house – specifically by sexually assaulting Peirithous'

daughter (Chapman, Trans., 2000). It is the only time in the *Odyssey* in which the term *thymos* is directly connected with a Greek term whose plain sense in common translation can be rendered equivalent to the English word “evil.” Even in this case, Homer’s understanding of Eurytion’s inner condition in the mythological text is one that evidences a relatively indirect connection between *thymos* and evil. Homer writes as if in certain circumstances, such as drunkenness, *thymic* morality can lose its essential connection with reason, and therefore become more likely to give in to impulses that are – in Homer’s worldview – intrinsically aligned with a universally understood evil, such as nonconsensual sex with a minor, in the case of Eurytion. Homer does not go on to discuss Eurytion’s inner state after this series of events, so further insight into his understanding of the consequences of this engagement with evil cannot be deduced.

In Chapter Two of this thesis, narrative experiences were presented from Tim Segrest, John Wolfe, D.C. Hoop, Nathan Everly, and three other veterans who, after facing extreme adversity in combat, and having been exposed to an entity they feel to be evil, have had unusual experiences upon homecoming that cannot be explained under either the psychiatric or moral injury paradigms. They each, after exposure to this evil, have become in their own view connected with it, causing them to mistrust, fear, and loathe themselves. The effect of the horror of their experiences and their self-horror at the sense of how their experiences have impacted or changed them is overwhelming, and each of them has tried something to keep themselves from having to face their horror continuously. They have also each tried to keep the people they know and love

at a distance from them, for fear of passing on the evil they sense in or around themselves.

Although there is not a direct connection with Homer's narratives in *Iliad* and *Odyssey* to show the same kind of sense among warriors that they had absorbed evil, Homer does write about a situation in which a person can become disoriented and begin to work evil, acting out in ways that conflict with deeply held understandings of right and wrong, and he portrays this as a tragedy and a warning given between characters in his work. If it is possible, in Homer's mind, for a human person to enter into a state of moral disorientation and to begin to pursue evil, what would be the impact when a person came out of extreme disorientation and realized what they had done? If their sense of good and evil is divinely aligned, or if they believe it represents a kind of universal good and evil, what would be the impact on their meaning-making of what they had done while in their state of disorientation? It seems likely that they would enter a secondary state of disorientation in which they might call into question their previous understandings of themselves, of the meaning of good and evil, and in their connection with the divine. Many of Homer's successors in the Greek schools of philosophy would speak more specifically about this possibility in the centuries following *Iliad* and *Odyssey* (Jowett, 2008).

A Summary of *Thymic* Disorientation in Homer's Work

A summary of *thymic* disorientation in Homer's work clearly addresses four of the five elements of CCAD, and provides a potential if undeveloped line of accounting for the fifth. In addressing potential damage to the emotional function of *thymos*,

Homer demonstrated a philosophical understanding of how a warrior may sustain radical damage to his ability to remain socially connected with his community and to retain emotional stamina in relationships following exposure to extreme combat-related adversity. Warriors may experience the element of CCAD described as persistent, socially debilitating mistrust after an unbearable emotional experience in combat such as the loss of a close comrade or leadership betrayal, having sustained a type of loss to emotional *thymic* functioning that is not easily regained.

In addressing potential damage to the *thymic* function of instinctive motivation to action, Homer demonstrated a philosophical understanding of how warriors may experience a deregulation of their aggressive instincts, in extreme cases leaving them feeling either uncontrollable in their passion or else entirely without felt vitality. Such warriors may experience the element of CCAD described as uncontrollable, lustful rage, in which they are seemingly overwhelmed by aggressive impulses and unable to challenge these impulses with reason. In such cases they are prone to inhumane behavior, especially when engaged in passionate activities such as violent action. Other warriors experiencing damage to the *thymic* functioning of instinctive motivation may experience the element of CCAD described as self-conscious disconnect from emotion and bodily sensation, in which they feel lifeless, without any motivation, and unable to experience passion.

In addressing potential damage to the *thymic* function of moral intuition, Homer demonstrated a philosophical understanding of how warriors may experience a disconnect between moral reasoning and moral intuition, leaving them unable to harmoniously understand or intuit what is good or right, and leading to a breakdown in

moral functioning. Such warriors may experience the element of CCAD described as the radical dissolution of moral intuition and narrative coherence, in which they are alienated from any organized internal or external code of morality they have known in the past, and are as a result unable to meaningfully understand what is right in a given situation. They may be equally unable to relate to socially constructed codes of morality, keeping them from being able to integrate into a community upon homecoming from combat. Secondly, Homer also implies that it is possible, if in an altered state of consciousness, to work evil from the *thymos* instead of good, although he does not discuss the consequences. Warriors described in Chapter Two of this thesis who claimed to have done such a thing claim afterwards to have absorbed evil inside of themselves in some way, and to be feel as if this evil is now inextricably linked with their person in a mysterious way. These warriors experience the element of CCAD described as self-horror at the perceived absorption of evil.

Methodological Issues in Moving Forward

Examining Homer's usage of *thymos* in context has provided a far more nuanced philosophical approach to CCAD than the moral injury paradigm, for one crucial reason: his usage of *thymos* exists in a complete epistemological system, which has an anthropological locus that features the specific functions and specific consequences to the loss of each function of *thymos*. The ability of this system in its original context to account for the most unusual aspects of CCAD evidences both a sophisticated observation of warriors in the ancient world and a clear connection between the combat-related disorientation of ancient and contemporary warriors. The moral injury

paradigm, in contrast, consistently treats Homer's work from a para-psychiatric frame of reference, making contemporary psychiatric interpretations of his ancient philosophical understandings, and in so doing rendering its use of Homer as one of disconnected metaphor rather than as a unique platform of accounting for human function and loss of function.

If the primary failure of the moral injury paradigm in its use of Homer's work lies in its inadequate approach to transferring ancient philosophical ideas into a contemporary approach to caregiving, as was argued at length in Chapter Four of this thesis, this failure highlights a general methodological issue that must be addressed by any researcher seeking to use ancient philosophical principles in a contemporary issue in social care. In the conclusion to Chapter Four, it was argued that using a modern scientific foundation to view and to eventually appropriate ancient philosophical ideas is an untenable methodology. It may be helpful here to further support that argument, and to offer an alternate methodology that may prove more efficacious.

Modern scholars of a variety of academic and professional disciplines have noted the difficulty in using ancient lines of thought to solve problems or address complex issues in contemporary times. Annette Imhausen, who is both a professional mathematician and an ancient Near East scholar specializing in pre-dynastic Egyptian thought, notes that if pieces of ancient scholarship are to be used with relevance in contemporary scholarship, "their formal features need to be taken seriously" (2010, p. 341). She elaborates on this possibility by arguing that the formal features of ancient thought include ancient cultural contexts, ancient values, and ancient philosophical presuppositions (Imhausen, 2010). In her opinion, the very worst kind of contemporary

scholarship has as its goal “to simply phrase bits of the ancient text in a modern way,” and this tendency must give way to better scholarship, in which ancient ideas are put “into the larger context of procedural texts” as they have developed over time (Imhausen, 2010, p. 343). The most effective way of accomplishing this, which is not always available, given the nature of historical documentation and the gaps generated by both poor records keeping and organic discontinuation of certain lines of thought, is to acquire and study the general evolution of a particular line of ancient scholarship from its original ancient context into contemporary times.

Michael Fried, a professor of ancient cultures, notices that some modern scholars are synchronic, using their own cultural context and viewpoint as the only necessary one and viewing all scholarship from any other period through their own context (2008). In response to this tendency, he insists on the importance of maintaining a diachronic emphasis when approaching ancient human phenomena, arguing the need for scholars to remember that their own cultural context is far removed from the ancient cultural contexts in which ancient scholarship was produced, and to remain vigilant for living links or thematic bridges between ancient and contemporary contexts that can support conclusions about the reliability of suggested comparisons and contrasts (Fried, 2008). John Steele, a historian and professor of the sciences in early antiquity, echoes Fried’s position, noting that in working with ancient texts in contemporary times, methodological problems abound, from uncertainty about language patterns and the meaning of specific terms to widely different philosophical aims in study to a difference in understanding the efficacy of scientific precision in general (2011). In his opinion, the most efficacious research

methods in offsetting these problems are text comparisons, beginning with ancient inter-textual comparisons, and ideally moving into evolutionary text comparisons as each successive generation of scholars developed the ideas of the generation before them (Steele, 2011).

The efficacy of using a diachronic view when attempting to apply ancient thought to contemporary approaches to social care is apparent in many disciplines. In 2011 Robert Hayward published a book that traced 3,000-year-old Native American ritual medicinal practices to contemporary ritual practices, making use of the testimony of tribal elders who preserved the memory of the progressive changes of these rituals by oral tradition throughout the millennia, and applied some of the contemporary ritual practices to treatment of addictions in modern America (Hayward, 2011). In 2013 Rodney Lingham Durgadas published a book on the use of *Ayurveda*, a 5,000-year-old ancient medical science from the subcontinent of India, and its use in contemporary nutritional science. In doing so he used not only ancient ideas, but also used their progressive transmission throughout the millennia and their living, unbroken practice today in many places in the contemporary world (Durgadas, 2013). In 2012, Zindel Segal, a professional mental health clinician, published his second edition of *Mindfulness-based Cognitive Therapy for Depression*, which connected a 6,000-year-old philosophical practice from the far east to contemporary treatment of clinical disorders, addressing living traditions of the practice rather than simply applying the ancient practice to contemporary people (Segal, Williams, & Teasdale, 2012). Greg Johanson had published a similar work in 1991 with the nearly 5,000-year-old Tao-te Ching from ancient China and its living transmission to contemporary times, for

modern use in teaching beginning psychotherapists to establish strong therapeutic alliances with clients (Johanson & Kurtz, 1991).

Each of these scholars has successfully connected ancient ideas with contemporary issues in social care, and has done so by avoiding synchronic tendencies in scholarship. By using a diachronic approach, they have each traced the ancient ideas of their subjects to a living tradition or application of those ideas in the modern era, and then built a thematic bridge from contemporary tradition to contemporary issues in care, eliminating myriad methodological pitfalls in their work.

Considering the promising connections between the ancient Greek concept of *thymos*, and the ancient teaching about the potential consequences of its disorientation during and after the endurance of severe adversity, this thesis will attempt to continue moving toward an adequate bridge between ancient Greek philosophy and social care to veterans experiencing CCAD. In order to accomplish this movement, a diachronic approach to understanding *thymos* and *thymic* disorientation will be used, which will trace Homer's work through his successors in Greek philosophical thought. It will be demonstrated, as the thesis continues, that the concept of *thymic* disorientation has been passed down in Greek philosophical thought from ancient times to a contemporary living tradition that is quite accessible today, and which will allow the construction of a thematic bridge from contemporary tradition to a contemporary issue in care, just as was recently accomplished by Hayward, Durgadas, Segal, and Johanson.

CHAPTER 6

A DIACHRONIC VIEW OF *THYMIC* DISORIENTATION

Alphonse de Lamartine, writing as a historian and scholar of the classics, rightly surmised that Homer is not only the greatest poet of classical Greece, but also an underappreciated philosopher who prepared the way for the great thinkers of the Golden Age of Greece, beginning with Socrates (1872). In the few centuries between Homer and Socrates, many great thinkers arose in Athens, but according to de Lamartine, it is doubtful that any philosopher influenced Socrates more in terms of the foundational inner state of human beings (1872). Laurence Lampert, a professor of political philosophy, notes the irony of how Plato uses Socrates to put Homer on trial in *Republic* for Homer's supposedly impoverished understanding of human virtue (2010). It is undeniable that Plato – and Socrates before him – had very few thinkers to whom they could more easily appeal in furthering their own ideas of the difficulties of achieving human virtue than Homer, especially given his depiction of the inner struggles of human beings undergoing great adversity. In Book 4 of *Republic*, in fact, Plato quotes Homer directly as a source of understanding the human capacity of *thymos* and how it relates to both emotion and virtue (Grube & Reeve, Trans., 1997).

In order to continue the development of a diachronic view of *thymic* disorientation, so that its meaning can be adequately understood as it developed over time and evolved into a living contemporary tradition, examining Plato's use of the term is necessary, because he is indeed the next great philosopher writing after Homer who used it at length. Aristotle, Plato's student at the academy in Athens, also notably and widely used the concept of *thymos* in his teachings. Accounting for the use of *thymos* in

Plato and Aristotle will progress the understanding of the living tradition of *thymos* five to six centuries from its earliest appearances in Homer's work, placing the diachronic understanding of the term as presented in this thesis within a couple of centuries of the advent of the common era. By examining their use of *thymos* in terms of both general human functioning and the understanding of the potential for *thymic* disorientation, comparisons can be made between Plato's work, Aristotle's work and Homer's work, and a certain trajectory of meaning development associated with the term can be examined. This in turn may offer new insights into connections between the ancient Greek concept of *thymic* disorientation and the contemporary phenomenon of CCAD.

Thymic Disorientation in Plato and Aristotle

Both Plato and Aristotle were mainly interested in attaining the highest and purest knowledge available to human beings, and for them this task was also connected with virtuous living. J. J. Chambliss, a Plato scholar, suggests that all of Plato's writings were aimed at "...taking possession of, and being possessed by the noblest object of knowledge," and that this aim serves as a backdrop for both his interest in and his use of the concept of *thymos* (1974, p. 6). Unlike Homer, who was very interested in the emotional state of his characters, and on the interplay between emotion, action, and practical virtue in times of great upheaval, Plato was a more abstract thinker who in many cases considered emotion to be a great danger to virtue and to philosophy in general, as the pursuit of highest knowledge. As a result, Plato tended to view *thymic* emotion in a relatively negative light. Power and Dalglish argue that Plato on occasion even wrote as if emotion should be completely silenced by reason in all circumstances

(2008). On the other hand, the roles of *thymos* in moral functioning and in inner aggression were of great interest to Plato, because of their impact on human virtue.

Aristotle also focused on *thymic* morality and *thymic* intuition far more than *thymic* emotion, but he did see *thymos* as being essential to the social experience of human beings, which includes elements of emotion and emotional connection. More so than Plato, Aristotle in fact saw all aspects of *thymic* function as essentially communal, and built on Homer's usage in portraying *thymos* as something that can be shared between humans and even through entire societies. Giulia Sissa, a professor of classics who specializes in Aristotelian logic, suggests that it is a social experience of *thymic* inspiration to which Aristotle attributes the phenomenon of bravery and principled solidarity (2009, P. A.).

Both Plato's and Aristotle's use of *thymos* can be, for the purposes of this thesis, addressed in the same general categories as was Homer's use, as described in Chapter Five: (1) *thymos* as the philosophical seat of human emotions, (2) *thymos* as the seat of instinctual motivation to action, and (3) *thymos* as the seat of moral intuition. Each of these categories will be addressed in turn, both in their ideal functioning in Plato's and Aristotle's understanding and also in their potential for damage or lost function. Following this, lost function in each category can be examined in terms of relevance to the elements of CCAD.

Thymic Emotion in Plato and Aristotle

Although Plato discussed the emotional aspects of *thymos* to a lesser extent than did Homer, given his different philosophical orientation and aims, on the occasions that

he did give consideration to *thymic* emotion he spoke of it as dangerous and worthy of suspicion. In fact, this was to have some impact on the trajectory of philosophical teaching about *thymic* emotion for many centuries. For instance, more than two centuries after Plato, Galen wrote about *thymos* in his medical anthropology. William Harris, a professor of classical antiquity, describes Galen's mention of *thymos* as a problematic and dangerous capacity in humans, containing the emotion and impulses of explosive anger, among other things (2004). Galen actually attributes this concept of the explosive, angry nature of *thymos* to Plato (Boylan, 2007).

Plato's wider understanding of *thymic* emotion was that it is the human capacity for ardor in both relationships and action (Ludwig, 2009). Paul Ludwig, a professor of classics specializing in early Greek philosophy, notes that Plato probably saw *thymos* as the source of love and emotional connection between human beings, but almost always used the term to describe the source of human violence, bitterness and vindictiveness (Ludwig, 2002). According to Ludwig, Plato would not have considered these to be disconnected ideas, because love and attachment often precede bitterness and vengeance, and are activated when one loses what he or she has loved (Ludwig, 2002).

Aristotle gave less attention to the emotional functioning of *thymos* than did Plato, but he did represent the forward trajectory of Homer's philosophical anthropology, which presented *thymos* as the seat of human emotion. Rachana Kamtekar, a professor of ancient philosophy, notes that Aristotle understood *thymos* as "the capacity for emotion in general," although he did not treat this capacity with much nuance in his teachings (2001, p. 826). Like his teacher, Plato, he did write as if *thymos* was the place where bonds of love are formed. Giulia Sissa notes that Aristotle uses

thymos as the place in humans where affection between two or more people is forged and maintained (2009, *P. A.*). Hilary Case, a moral philosopher specializing in ancient Greek thought, argues that this is in fact a central idea in Plato's understanding of *thymos*, offering her opinion that Plato most considered *thymos* to be the part of every human being which could guide him or her to calm, peace, and harmony with his or her environment (2006). She argues that Plato saw this as an ideal, however, and one that he believed was almost never realized in humans, being used instead by people to make war against themselves and each other (Case, 2006).

In addition to serving as the source of bitterness and vengeance, Plato also used the term *thymos* to describe the source of a particular kind of anger, which Peter Sloterdijk says can best be translated in English as wrath or "infuriation" (2010, p. 23). For instance, in Book 4 of *Republic*, Plato uses *thymos* to describe the place of anger that is aroused, and which "boils" and prepares for a bitter fight (Grube & Reeve, Trans., 1997, p. 1072). Book 4 of *Republic* is the place in all of Plato's work where he most clearly addresses *thymic* emotion, and he speaks of it in almost exclusively negative and cautionary terms. The one exception to this is that, in one place in Book 4, he describes *thymos* as the place where some healthy anger is possible, from his viewpoint. In this place he mentions that, when someone realizes they have done something wrong, and hurt someone in their family or society, *thymos* can become the place of self-confrontation or repentance of the act, potentially leading to change and an inspiration to make amends (Grube & Reeve, Trans., 1997, p. 1072).

Plato's mention of *thymic* emotion, then, is mostly a mention of its dysfunction, but in one case a mention of its potential to reverse dysfunction, or to begin to renew

functioning. Although *thymos* is meant to be kept in peace, and can guide human persons to peaceful living, it can be easily turned, according to Plato, and in that case will inevitably begin to “boil with vicious anger” against oneself and others (Case, 2006, p. 160). Also, although it can be the place of repentance and healthy self-confrontation, it can also – especially when one is isolated from others, such as is common after wrongdoing in society – become an internally aggressive force, urging the wrongdoer to injure himself or herself as a self-imposed punishment. In Book 4 of *Republic* Plato writes as if a person can become wild when he or she loses self-respect after wrong-doing. Sloterdijk comments at length on this section of Book 4, noting that, in Plato’s mind, *thymos* aggressively promotes “turning against oneself when a person does not live up to the expectations that would have to be satisfied in order for that person not to lose self-respect” (Sloterdijk, 2010, p. 22). He also notes that, especially when encountering moral failure in oneself, Plato notices that a deep shame can ensue, in the form of an “all-encompassing mood that completely fills the subject” and experienced as a “rage-drenched self-reproach” (Sloterdijk, 2010, p. 22). This personal attack upon oneself after violation of conscience or committing a wrong in society is a distinctly Platonic introduction to the history of *thymos* in literary and philosophical thought.

In summary, Plato’s understanding of *thymic* emotion is generally connected with Homer’s understanding of *thymic* emotion. Aristotle does not give this function of *thymos* much mention, but he clearly follows the Homer-Plato diachronic trajectory of understanding the term. For Plato, the *thymos* is ideally the place where loving and peaceful connections with oneself, others, and one’s environment can be made, but it is

also the place where, once a person has become *thymically* disoriented, bitter and vengeful anger can develop, turned towards oneself, others, and one's environment. Plato's mention of *thymic* emotion continues to provide a consistent philosophical account for some of the phenomenological features of the element of CCAD described as persistent, socially debilitating mistrust after an unbearable emotional experience. For Homer this unbearable emotional experience tended to be leadership betrayal or the loss of a comrade, after which the combat veteran became unable to trust others or build interpersonal bonds with them. For Plato it is slightly different, with the unbearable experience tending to be self-focused, as when a person betrays his or her own sense of right and wrong and then turns on oneself, unable to trust oneself and facing growing impulses to harm oneself or get distance from oneself.

This innovative Platonic addition to the potential for *thymic* emotion to become disoriented in a self-focused way also has some connection to the element of CCAD described as self-horror at the perceived absorption of evil. Tim Segrest, after killing a large number of people with his sniper rifle in combat in the Middle East, experienced a deep self-loathing to accompany his self-horror at what he had done, as was recounted in Chapter Two of this thesis (2008). He came to see himself as joined with the evil he felt he had done in combat, and refers to himself now as a "sadistic fucker" and "a son of a bitch" who he hopes "rots in hell" for his actions (Segrest, 2008, p. 198). Just as Plato described more than 2,250 years ago, Tim's anger boils over at himself, and he wildly turns against himself with moods of self-violence and self-condemnation. This war on oneself from the place of *thymos* is the opposite of Plato's ideal, that men and women would live at peace with themselves from the place of *thymos*, and from there

live at peace with their environments. Rather, in this disoriented state, brought on by self-betrayal during time of adversity, Plato depicts a situation in which a person makes war on himself or herself from *thymos*, and experiences a change after acting against what is good. After this point, the person is unable to trust himself or herself any longer, and then extends this lack of trust to the rest of the world around him or her. This addition to understanding *thymic* emotion therefore provides a connection between the elements of CCAD labeled persistent, socially debilitating mistrust and self-horror at the perceived absorption of evil, while providing some theoretical philosophical account for both.

Plato also provides the first recorded therapy for disoriented *thymos*. In his discussion of *thymos* as the place in which a person can become aware that they have done something wrong, and hurt someone in their family or society, he notices that repentance can be an ideal *thymic* function. In this act a person can confront himself or herself, making use of both reason and *thymos*, and then move to change and to make amends (Grube & Reeve, Trans., 1997).

Thymic Aggression in Plato and Aristotle

Plato's use of *thymos* as the human capacity to move oneself into action instinctively is nearly identical to Homer's usage. Christopher Green, a professor of psychology specializing in ancient origins of psychological thought, notices that although Plato understands this function of *thymos* to be natural and useful, he also writes as if it can easily malfunction or become maladaptive, resulting in the need for constant guidance from reason (2003). Hilary Case notes that Plato, always interested

in human orientations toward the highest truth, sees instinctive *thymic* functioning as determined by a person's strongest desires (2006). In other words, she reads Plato's use of *thymos* in motivation as the capacity in every person to attach to and defend objects of desire. If a person desires to become a better person, it is *thymos* that will give the person "the energy and spirit necessary for growth" in development (Case, 2006, p. 17). Similarly, if a person desires to know the truth above else, it will give the person the energy and determination necessary for this pursuit (Case, 2006).

Both Green and Case read Plato's use of instinctive *thymos* to function similarly to Homer's, and the points they each make when describing Plato's understanding of its essential function in human motivation demonstrate obvious potential for dysfunction. From Green's perspective, Plato notices the need for human beings to have motivation towards their goals, but also notes that this motivation can be deregulated in two unhealthy directions. First, Plato writes as if *thymic* motivation can become overactive, dominating the self and producing an unruly, war-like tendency (Green, 2003). Secondly, Plato writes as if the *thymic* capacity to move oneself to action can be disabled during adversity, leaving a person lacking the ability to be roused to action when necessary (Green, 2003). This is very similar to Homer's usage, as demonstrated in Chapter Five of this thesis by comparing the work of Kobierzycki and Snell to sample texts from *Iliad*. In that demonstration Homer was seen to clearly use the concept of *thymos* to describe both over-regulation of aggressive, instinctual action, leaving a person with a feeling of "deadness" or extreme lethargy, and also under-regulation, leaving the person with wild, uncontrollable impulses to action.

From Case's perspective, Plato's concept of orientation by desire provides some clear potential for lost function. If Plato believed that a person possesses *thymic* motivation in order to grow in goodness, which is made possible when growing in goodness is a person's highest desire, the question must be asked how *thymic* motivation affects a person when he or she desires something other than goodness. Case notes that in Book 9 of *Republic*, Plato sees *thymos* degenerating from principled energy into irrational rage when the person begins to desire base or evil things, especially when this desire is blocked in some way (2006). She also notices that this can be understood in connection with reason, arguing that for Plato, when *thymos* and reason are working in an adaptively collaborative way, a person will be motivated to do what he or she feels is right, but when *thymos* and reason are not in harmony, *thymos* will continue to move in whatever direction its most powerful desires dictate in the moment, and it will respond in rage to anything in its way (Case, 2006).

In paragraph 589 of Book 9 of *Republic*, Plato argues that *thymos* is ideally subject to reason, and even more favorably, to the "divine." (Grube & Reeve, Trans., 1997, p. 1197). This subjugation is protective, in Plato's view, and its removal or breakdown will leave a human being vulnerable to all kinds of further disorientation, and unable to either summon or else control his or her instincts. Specifically, Case notes that Plato understood this disorientation as an inability to avoid desires he or she normally considers to be evil, or to be roused to defend against what is evil (2006).

Aristotle again represents a Homeric-Platonic trajectory in his teaching on *thymos*. Anna Cremaldi, a classical philosopher and professor who wrote her doctoral dissertation on Aristotelian ethics, notes that, while Aristotle expressed the point in

more communal terms than did Plato, he understood *thymos* to have an essential function of instinctual impulse and impetus to action in humans, just as did Plato (2010). Aristotle also saw the same potential for damage or disorientation to this function of thymos as did Plato. Giulia Sissa notices that Aristotle understood *thymos* as an essential fighting instinct in humans, which could adaptively aid them in developing a hard protection against evil impulses, and also help them to build and maintain a “stony disposition” in the face of threats meant to coerce them into wrong action (2009, *G. P.*, 112). Christopher Green notices that he also clearly understood the potential for disorientation of this instinct, which can result in *thymic* domination of the entire self, producing a war-like tendency in the personality (2003). For Aristotle, the actual process of disorientation mirrors what was taught in Homer and Plato: *thymos* falls out of harmony with reason, and begins acting out without restraint. Rachana Kamtekar argues that this link between reason and *thymic* instinctual motivation is clear in Aristotle’s work: for Aristotle, *thymos* is only able to function in a principled, restrained way when it is “responding to reason” by motivating the person to appropriate action (2001, p. 826). Although Aristotle did not discuss this as thoroughly as Plato, including movement towards potential deregulation of *thymic* instinctual motivation in the direction of either extreme lethargy or extreme and unbridled anger, he did at least mention the latter as a tendency.

In Chapter Five of this thesis it was demonstrated that, in addressing potential damage to the *thymic* function of instinctive motivation to action, Homer evidenced a philosophical understanding of how warriors may experience a deregulation of their aggressive instincts, in extreme cases leaving them feeling either uncontrollable in their

passion or else entirely without felt vitality. Some warriors in the Homeric texts seemed to experience the element of CCAD described as uncontrollable, lustful rage, in which they were seemingly overwhelmed by aggressive impulses and unable to challenge those impulses with reason. Others seemed to experience the element of CCAD described as self-conscious disconnect from emotion and bodily sensation, in which they feel lifeless, without any motivation, and unable to experience passion. Plato's addition to these observations includes a potential therapeutic approach, or at least a prophylactic one: the constant pursuit of the highest ideal of virtue. For Plato, when a person desires to attain to his or her highest understanding of what is good, it can protect him or her from being hijacked by an intense instinct towards something base or evil, and it can also rouse him or her from a position of lethargy and the experience of feeling instinctively deadened.

Plato's understanding of *thymic* instinctive motivation also connects with the element of CCAD described as self-horror with the perceived absorption of evil. Freely using the concept of the "divine," Plato writes as if a person can remain oriented to the good as long as he or she maintains a chief desire for his or her highest ideal of the divine. Once that is compromised, he or she may pursue lesser things, and even experience a drive for things that are antithetical to the divine, which may be considered evil. Once this happens, a person can begin to practice evil. Although he does not continue a discussion of how evil can be "absorbed" into a person's sense of self, or what response one may have when confronted with that evil, it would be entirely in keeping with Plato's worldview to say that a person could become self-horrified by the evil he or she had done at some point, and to feel deeply tainted by his or her actions.

Thymic Morality in Plato and Aristotle

Benjamin Jowett, in an introduction to his own translation of *Phaedrus*, argues that Plato mainly uses *thymos* to describe “the moral and spiritual center of a person,” from which spiritual connections and moral intuition are made possible (Jowett, 2008, p. 5). Plato’s use of *thymos* does always include a moral element, even when it is directly describing an issue of emotion or instinctive motivation. Paul Ludwig understands Plato’s teaching about human *thymos* as one in which moral intuition and instinctive motivation work in synchronicity, helping people take determined action on behalf of justice or against injustice (2009). In his 2009 work *Eros and polis: desire and community in Greek political theory*, Ludwig appeals to Book 9 of *Republic* to highlight Plato’s apparent three-part teaching on the moral aspect of *thymos*, all of which also necessitate the presence of a healthy instinctive motivation: (1) maintenance of honor, (2) defense against injustice, and (3) guardianship of the good.

Peter Sloterdijk makes an interesting and helpful addition to Ludwig’s teaching, noticing that in Plato *thymos* becomes nearly equivalent to conscience (2010). Notably, Aristotle used the moral function of *thymos* in exactly the same way. Anna Cremaldi notices that Aristotle used *thymos* as a capacity for understanding right and wrong that is sub-rational or extra-rational, and is designed to function in synchronicity with reason in the human person for understanding and doing what is right (2010). In Sloterdijk’s view, Plato’s use of *thymos* takes on the form of an “inner appeal to oneself,” or the form of one’s reason issuing a challenge to one’s base instincts or the base instincts of others (2010, p. 22). However, it is clear that *thymic* morality is, for both Plato and

Aristotle, a human capacity that is vulnerable to disorientation, especially when turned away from one's highest understanding of virtue.

Sloterdijk notices that throughout *Republic* there are indications of what Plato believes may happen to a person who has been *thymically* disoriented and has lost the ability to know and act upon what is morally right (2010). First, he notes that Plato sees the fruit of this moral discernment as moral failure, or evil, which will have a profound impact on a person in its aftermath (Sloterdijk, 2010). In Plato's teaching, the aftermath of having done evil is one of the most complicated and painful circumstances a person can face. This pain is marked, according to Sloterdijk's reading, by an "intense self-disrespect" marked by shame and including moments of self-hatred (Sloterdijk, 2010, p. 22). Plato includes both social and emotional consequences of this self-hatred, including self-isolation from community and a patterned change in temperament, which Sloterdijk calls an "all-encompassing mood that completely fills the subject," experienced as a type of "rage-drenched self-reproach" (2010, p. 22).

This kind of moral disorientation, which contains severe social, emotional, and psychological consequences of moral failure, does seem connected with the element of CCAD described as the radical dissolution of moral intuition and narrative coherence, in which warriors are alienated from any organized internal or external code of morality they have known in the past after having acted against their conscience in combat. The condition of such warriors, especially upon homecoming, can be marked by an inability to relate to socially constructed codes of morality, keeping them from being able to bear shame in their communities toward reconciliation, according to communal patterns of

reconciliation. This seems to connect clearly with the aftermath of damaged *thymic* morality in Plato's teaching.

Plato's teaching on the potential damage of *thymic* morality also provides the clearest account yet of the condition of self-horror after the perceived absorption of evil, into which those who have violated conscience and have committed acts of evil may enter. Plato's insight into such extreme self-hatred and rage-filled self-condemnation contains images of self-alienation that seems similar to the accounts of Tim Segrest, John Wolfe, D.C. Hoop, Nathan Everly, and others suffering from in Chapter Two, who in some cases internally sentenced themselves to death for their actions. Aristotle's teaching on the potential disorientation of the moral function of *thymos* also provides an account of this element of CCAD. Anna Cremaldi notes that, for Aristotle, a person in crisis has to employ *thymos* to effect intuitive "spur-of-the-moment" decision-making on moral grounds (2010, p. 173). This is a difficult and vulnerable state, and one in which, in the heat of distress, a person may act in a way that violates his or her own conscience. When this occurs, a person may become morally disoriented, and no longer feel like they are able to make moral decisions – or in extreme cases, may feel as if they have been morally hijacked. Kevin Corrigan notes that, in Aristotle's view, once a person has committed a great evil, or has become enslaved by a certain vice, *thymos* may become dislocated from its proper place, and may be in position to "command" the self to do wrong without any possibility of being restrained (2009, p. 91).

This very particular concept of *thymic* hijacking is similar to what Segrest, Hoop, Everly, and Miller expressed in the section on self-horror at the perceived absorption of evil in Chapter Two of this thesis. In those narratives, each man

described a sense of being no longer in control of his own ability to make moral decisions, being rather compelled to do the wrong thing. It is certainly the most meaningful explanation yet found to account for this facet of their experiences, and it is to be found in Aristotle's *Topics*, written 23 centuries ago.

Summarizing the Contributions of the "Golden Era" Philosophers

The primary contribution of the "Golden Era" Philosophers to a diachronic understanding of *thymic* disorientation is a clear continuation of the concept of *thymos* in a way that specifically invokes mention of Homer's work and builds directly on his anthropology. This demonstrates that a diachronic view is viable, methodologically, as Homer's anthropology was popular enough and accepted enough to be passed down for at least for several centuries following the completion of *Odyssey*. However, they also made unique contributions to contemporary understanding of the ancient concept of *thymos*, and two examples of this have emerged after a thorough examination of their uses of the term.

First, Plato and Aristotle both taught that *thymic* health depends on consistent orientation of the self to the highest possible ideal of each person. In this state, a human being will maintain a harmony between his or her capacity for reason and his or her capacity of *thymos*, and will always be both discerning what is good and being moved to act on behalf of the good. On the other hand, if a person loses this orientation to the highest ideal, he or she may become disoriented, and experience a disharmony between *thymos* and reason, allowing *thymos* to chase desires that are not in line with what he or she feels to be right. This clear identification of the origins of *thymic* disorientation is

in no way at odds with Homeric writings, but does provide a clearer account of the phenomenon.

Second, Plato and Aristotle taught that there is an extreme kind of violent self-focus that is common after a person realizes they have failed to live up to their ideas, and have committed an act of evil or have been in the wrong. Its consequence, according to their teaching, includes self-condemnation, self-harm, impulses to escape one's own body, social isolation, and the complete abandonment of previously held meaning structures and moral systems. In short, this provides some account for the elements of CCAD described as self-horror at the perceived absorption of evil, conscious disconnect from emotion and bodily sensation, the radical dissolution of moral intuition and narrative coherence, and persistent, socially debilitating mistrust.

Thymos in the Moral and Spiritual Philosophers of Late Antiquity

A teaching on *thymos* with the gravity of the works of Plato and Aristotle was not to be found again until the mid-fourth century of the Common Era in Byzantium, during the period often labeled "late antiquity" by historians. Hilary Case rightly makes the case that the philosophical anthropology of ancient Greece was advanced more profoundly in the work of the Byzantine moral and spiritual philosophers of late antiquity than in any time since the Golden Age of Greek philosophy (2006). These philosophers rose with the legalization of Christianity in the late Roman Empire, attempting to illuminate many aspects of the human experience with a revisited and revitalized Greek anthropology. Among them were such teachers as Basil of Caesarea, Gregory of Nyssa, and Gregory of Nazianzus, sometimes called the "Cappadocian

Luminaries” after the region of their birth, and John of Constantinople, who came to be called “John of the Golden Tongue.” Anthony Meredith, a scholar in the field of moral philosophy specializing in the time of late antiquity, notes that the work of the Cappadocians to continue a living tradition of ancient Greek anthropology as passed down through the Platonic corpus was evident especially in their writings on practical living (2014). These particular writings offer much in the way of commentary on *thymos* and its impact on human health and community, and will prove an important place to continue the development of a diachronic understanding of *thymos*.

The teaching of Gregory of Nyssa on *thymos* essentially represented the Homeric and Platonic tradition by including elements of emotion, instinctual motivation, and morality, although like Homer and Plato, he never systematically explained *thymos* as tripartite. Corrigan, in her research on Gregory of Nyssa, notes that he most commonly used *thymos* as a term to represent inner vitality and ardor, and was very concerned about the conditions in which *thymos* could be restrained, especially in emotionally charged situations (2009). He also spoke of *thymos*, according to Corrigan, to describe a human capacity to know and cling to the good, even when everyone else in a person’s community is choosing evil (2009). For Gregory of Nyssa, these aspects of emotion, inner ardor, and moral sense all work together, and he taught that when a person is watchful or focused on remaining restrained, he or she can carefully keep *thymos* in harmony with reason, and become a person of strong moral character. Corrigan notices that he called this the state of the “preservation of wisdom” (2009, p. 142).

Gregory of Nazianzus taught that *thymos* is an essential function of the human person, designed so that people have the energy and motivation they need to fight injustice and stay away from evil. Jean-Claude Larchet, an independent scholar and researcher in the field of Greek moral philosophy, notes that Gregory of Nazianzus saw *thymos* as the ability of every person to withstand temptation to evil and vice, and to pursue good, as long as a person can nurture *thymos* with patience (2005). John of Constantinople also focused in his *Homilies on Statutes* on *thymos* as the seat of a “tangible good” contained in the human person, which, when ignored or rejected, could withdraw or be lost (Larchet, 2005, p. 93).

Gregory of Nyssa, Gregory of Nazianzus, and John of Constantinople each discussed the potential for disorientation or disintegration of *thymos* in their teaching. Both John of Constantinople in his *Instructions* and Gregory of Nyssa in his *On Virginity* taught that *thymos* can be damaged when a person is exposed to great acts of evil or to death, or is exposed to his or her own mortality in an unexpected way (Larchet, 2005). John also noted in his *Consolation to Stagirus* that *thymos* can withdraw under certain adverse circumstances, leaving a person with a painful inability to experience emotional joy (Larchet, 2005). He also described a particular type of *thymic* disorder that closely resembled Plato’s observation in people who have acted against their conscience and have realized what they have done. John of Constantinople labeled this phenomenon with the Greek term *lupe*, and described it as a deep and abiding sense of regret or self-excoriation that follows an initial outburst of anger against oneself (Larchet, 2005). John wrote as if, under some conditions, that initial outburst could rage, giving a person the sense that “[his or her] anger was excessive or

disproportionate to what had stimulated it” (Larchet, 2005, p. 95). For John of Constantinople, during this phenomenon an unbridled *thymos* can gain control of the psyche, much like Plato and Aristotle warned, “weakening and depressing the mind itself...having destroyed all steadfastness of heart [and] crazing [the person], stupefying the intellect, [and] breaking and overwhelming it with punishing despair” (Larchet, 2005, p. 95).

This extreme state of *thymic* disorientation, representing the most complex description to date of *thymic* distress in ancient records, has some significant features in common with CCAD. There are clear connections with the element of CCAD described as lustful, uncontrollable rage, and also some potential connections with conscious disconnect from emotion and bodily sensation and self-horror at the perceived absorption of evil.

The work of the moral and spiritual philosophers of late antiquity had a profound effect on many psychosocial caregivers of their time, who by contemporary categories could be considered ancient philosophical healers. Some of the most renowned of these healers often quoted John of Constantinople and the Cappadocian Luminaries throughout their teaching, and served as practitioners of philosophy who appropriated the living anthropological tradition of the ancient Greek world into their care. Specifically, a group of hermits who took up an abode in Near Eastern Deserts in the 4th Century began practicing a psycho-spiritual lifestyle called *hesychasm*, and received pilgrims with all manner of distresses and disorientation. They came to be known as the Desert Fathers, and the diachronic passage of *thymos* passes through them into medieval and modern times.

The Desert Fathers are considered by a number of scholars to be the founders of the world's first psychotherapeutic centers. Todd Hall, a scholar in the field of psychology, suggests that the techniques of the Desert Fathers in caring for distressed persons had an insight into the unconscious that can be compared with Sigmund Freud's techniques (2010). Lynette Harborne, a teaching psychotherapist, writes that the beginning of a history of psychotherapy begins in the desert tradition, and also notes that the Desert Fathers and Mothers provide the world with its first systematic psychotherapeutic handbook, collected from the words of Evagrius, John Cassian, and others (2012). Hall and Harborne both stress the differences in orientation between modern psychotherapeutic schools and the therapeutic work of the Desert Fathers and Mothers. Harborne notes that the therapeutic orientation of the desert did not follow a medical model, and focused on philosophical healing that was informed by ancient spiritual metaphysics and philosophical anthropology (2012). Hall stresses that the work of the Desert Fathers and Mothers, unlike the work of many contemporary psychotherapists, was done in the context of a loving, committed community (2010).

Both Hall and Halborne have captured something in seeing the similarities and differences of the therapeutic practice of the Desert Fathers and contemporary psychotherapy. The Desert Fathers and Mothers were informed by a philosophical understanding of the human person that was not primarily biological, but rather deeply holistic, containing physical, mental, and emotional processes, and also containing a spiritual element that was addressed philosophically. This spiritual element and their philosophical approach to it was profoundly informed by the concept of *thymos*, passed down through the Greek philosophers and used as a lens for understanding for human

well-being and distress. Two of the most important recorded voices of the era of the Desert Fathers and Mothers in terms of understanding thymos and its potential for disorientation through adversity were that of Evagrius of Pontus and Maximos of Constantinople.

Thymic Disorientation in Evagrius of Pontus

Evagrius of Pontus was an anthropological scholar and a practitioner of the desert way of therapy, which centers on radical humility and self-donative love in a committed community and under the guidance of one or more devoted caregivers. According to Larchet, Evagrian anthropology became standard in Greek philosophy from the time of the full circulation of his writings, which was accomplished by the beginning of the 5th Century (2005). Like Homer, Plato, and the Capaddocians, Evagrius saw *thymos* as containing elements of emotion, instinctual motivation to action, and moral intuition. Corrigan notes that Evagrius understood disorientation of the *thymos* in general to sometimes take place in its emotional capacity, especially when a person becomes attached to an object or idea that is destructive or vicious (2009). In such cases, Corrigan notices, Evagrius describes a powerful chain reaction in *thymos*. First, a person's emotional attachment, when misplaced, can become distressingly strong, and can activate the capacity of *thymos* for instinctual motivation. Once these two aspects of *thymos* are acting together, they become a powerful force in the person which can "easily move or displace" reason and even fight against reason to gain the object of desire (Corrigan, 2009, p. 67). Lastly, becoming "cut off from its natural alliance with reason," *thymos* can become morally disoriented, engaging in rage-filled

combat against anyone threatening its path towards the misplaced desire (Corrigan, 2009, p. 91). Kevin Corrigan's work clearly shows Evagrius' nuanced, sophisticated and systemic understanding of *thymic* disorientation in this example.

Harmless and Fitzgerald give a further account of Evagrius' teaching on the consequences of disoriented *thymos*, noting that Evagrius considered disoriented *thymos* to be a uniquely devastating human disorder, in which a person's inner life becomes painfully disharmonious and conflicted (2001). They note that in the Evagrian corpus, the *thymos*, "when disordered, emerges as intertwining streams of violence, fear and frustration that lurk in the depth of the human heart," and can alienate a person from himself or herself, as he or she experiences himself or herself as a stranger (Harmless & Fitzgerald, 2001, p. 506). Larchet notes that, in *On Various Evil Chapters 11 and 12*, Evagrius describes disordered *thymos* as a source of uncontrolled passion which leaves a person out of control, impairing the human faculty of discernment and depriving the person of dynamism and vitality (2005).

It is clear that Evagrius saw *thymos* as a natural component of the human person, but it is clear that he also saw it as an explosive component. In Chapter Five of *On Discrimination of Thoughts*, Evagrius suggests that *thymos* often functions within the context of emotional and instinctive arousal, and the more intense the arousal, the more dangerous it is and difficult to control (Trans. 1979).¹ On the one hand, it can be aroused to fix on what is good, and in that case can increase a person's ability to be patient, to bear difficulty, to forgive those who have injured him or her, to have

¹ Although the Palmer, Sherrard, and Ware English translation of the *Philokalia* is cited eighteen times in this chapter, it was used with regular reference to a Greek text of the same source document: *Philokalia ton Hieron Nyptikon Syneranistheisa*, First Edition, Panagiotis Tzelathe, Ed., Athens: 1893.

compassion on all creatures, and to “rise above a love of self-esteem” that could otherwise disorient him or her (Trans. 1979, p. 39). This shows healthy functioning in emotional, instinctive, and moral capacities of *thymos*. On the other hand, Evagrius saw the clear potential for uncontrollable arousal, sweeping a person away into violence and confusion, and in Chapter 15 of *On the Discrimination of Thoughts* noted that this could happen after being witness to the evil treatment of loved ones, which is quite relevant to the consideration of *thymos* and CCAD (Trans. 1979).

Thymic Disorientation in Evagrian Contemporaries

A number of Evagrius’ contemporaries shared a similar concept of the potential for *thymic* disorder or disorientation by a chain reaction beginning in the emotional capacity of *thymic* functioning. John Cassian, a Desert Father of Roman descent, taught in his *On the Eight Vices* that *thymos* becomes disordered when the naturally occurring human potential for anger against evil and injustice becomes turned against its nature to focus on other people (Trans. 1979). Cassian thought this disorder was most likely to occur when someone began passionately pursuing something that was not wholesome, and let his aggression overpower his moral intuition and moral related to his goals (Latchford, 2011). In his treatise *On Anger*, John Cassian added that once this reoccurs enough to form a pattern, a person can lose the ability to maintain control over *thymos*, becoming “beast-like to [his] fellow men,” to the point that even when a person is initially moved against injustice, his *thymic* anger and passion can quickly be moved in any direction, with impulse to violence that is difficult to constrain (Trans. 1979, p. 86).

Cassian's ideas follow the Homeric – Platonic – Cappadocian – formula, in that they pinpoint the beginning of *thymic* disorientation as a moment in the human experience when a person experiences a disconnect between reason and *thymos*, at which point the various capacities of *thymos* can begin to further fragment. In Cassian's specific example, a person might begin to aggressively pursue something in a way that outpaces his moral reasoning, and at some point his moral intuition loses function, his aggressive instinct begins to rage out of control, and his emotional anger becomes beast-like.

Relatedly, John of Damascus, a Desert Father from the Levant, discussed emotional change in human relationships as a potential sign of *thymic* disorientation in his writings. In his *On the Virtues and the Vices*, he wrote that once *thymos* becomes aroused in its aggressive function past the ability of reason to provide a check on its power, it breeds “heartlessness, hatred, lack of compassion, rancor, envy, [murderousness], and dwelling constantly on such things” (Trans. 1983, p. 337). In his view, a disoriented *thymos* could lead to a constant preoccupation with violence and competitive striving. John argued that some of the best therapy for such a condition could also begin emotionally, if a person with disoriented *thymos* came into contact with someone in relationship who demonstrated a pattern of “deep sympathy, love, gentleness, brotherly affection, compassion, forbearance, and kindness” towards them (Trans. 1983, p. 337).

Both Hesychios Presbyteros and Philotheos of Sinai, Desert Fathers writing in the centuries following Evagrius, discussed damage to conscience or changes of inner orientation towards the good that can occur when *thymos* is disordered. Hesychios

wrote that if a person's *thymos* becomes "ignited unnaturally and uncontrollably," becoming "abusively aggressive" against other people, it can destroy goodness in him (Trans. 1979, p. 167). Philotheos, in his *Texts on Watchfulness*, wrote that a person has some choice before "handing the reigns over to *thymos*," and that when he does so he is choosing on some level to turn himself over to his aggression (Trans. 1986, p. 22). At that point, Philotheos suggests that the person's life becomes akin to runaway horse that has "unseated his rider," and which now rides uncontrollably into all kinds of ignorance and evil (Trans. 1986, p. 22). This may provide some account of the feeling of those veterans suffering under CCAD who describe their lives as joined with a kind of evil which they cannot control, and which suppresses the good in them.

Thymic Disorientation in Maximos of Constantinople

After Evagrius of Pontus, the next great anthropologist and practitioner of the desert, especially in terms of written legacy, was Maximos of Constantinople. Edward Moore, a historical scholar specializing in the late Byzantine Empire, writes of Maximos that his most important and enduring works were anthropological, and to this end he worked to clarify, synthesize, reinterpret, and build on the teachings of those who came before him (2004). Archbishop Chrysostomos of Etna, a scholar in the fields of historical theology and psychology, argues that Maximos speaks for almost all of the Greek voices in anthropology that came before him, especially from the Desert Tradition (2007). Wolfhart Pannenberg, a scholar in world religions, suggests that Maximos had direct connection with the teachings of Plato, especially in his anthropology (1985). Together these scholarly voices develop an appropriate context

for Maximos' teaching on *thymos*: he stood in a direct philosophical line from Plato, and synthesized Platonic anthropology with the anthropological teachings from the Cappadocians and Desert Tradition.

In his texts *On Charity*, Maximos makes mention of each of the three capacities of *thymos* that have been common to so many of the philosophers examined in this thesis: emotion, instinctual aggression, and moral intuition (Butler, 2012). Like the Cappadocians and the Desert Fathers that preceded him, he also noted the natural functioning of *thymos*, and its potential to be turned against its nature and to cause distress and disorientation in the human person. Timothy Ware, a scholar in the field of historical theology, notes that in Maximos, the *thymos* is naturally designed to aid a person in giving himself or herself for the good of others, especially in time of great need (1999). Maximos also described it in his *Collection of Various Texts* as the human capability to know and cling to the good, to act on behalf of peace, and to concentrate on love (Trans. 1983). Maximos' understanding of this capability included the concept of courage and bravery (Butler, 2012).

Maximos' teaching on the disintegration of *thymos*, or the potential for it to be turned against its own nature, includes at least four triggers common to mankind, which can accelerate or encourage *thymic* disorientation. Michael Butler, a scholar in the field of Maximian anthropology, notes two of these accelerants. First, he notes that every human being, according to Maximos, has a "desire that is at the center of the unconscious to assert oneself or to prove one's worth" (Butler, 2012, p. 120). This can become frustrated, according to Maximos, and a person can, while attempting to prove his or her own worth, lose contact with reason and be driven uncontrollably in a

dangerous direction. Secondly, Butler notes an emphasis in *On Charity* of the *thymic* dangers of attachment to material things, especially over human and divine relationships, which Maximos believes can disorient a person from his or her own capacity of reason, resulting in a “senseless hate of something” or someone that keeps him or her from the possession to which he or she is attached (2012, p. 120).

Two more potential accelerants in Maximos’ writings come from the collection of his *Various Texts*. Maximos teaches that, if unwatched, and given free reign in times of temptation and stress, *thymos* will often pull away from reason, urging a person to action even if that means making war upon himself or herself (Trans. 1983). He also notes that when a person consents to enter into a frenzied state, presumably in order to accomplish some goal or to ward off some perceived threat, it can be very difficult for a person to regain control voluntarily (Trans. 1983). Instead, a person can disintegrate into an uncontrollable frenzy, in which he or she can begin to engage in all kinds of harmful acts. Maximos mentions something similar, in fact, in his texts *On Charity*, noting that *thymos* becomes enflamed when a person loses self-control after allowing his or her passions to become aroused (Trans. 1983).

At least three of these accelerants have an important connection to the experiences of combat veterans. Many veterans, especially early in their exposure to deadly conditions, will act in order to prove their own bravery to themselves and to others. Lieutenant Flournoy Phelps notes that, in his experience, “Marines have been instilled with a hunger for bravery and heroism in battle, and sometimes they have to be ‘reigned in’ after first contact. They can be like young thoroughbreds, ready to charge into a race, and they can lose sight of the reality of the complexity and danger of their

situations” (interview, 2014). This comment reflects the idea of Maximos exactly, as Phelps describes the ease with which a young warrior seeking to prove himself may lose contact with reason and be driven uncontrollably in a dangerous direction.

Similarly, the two accelerants mentioned in *Various Texts*, in which a person under stress may choose to either act without full consideration of his or her actions or even willingly enter into a frenzied state, in order to accomplish a goal or protect from a perceived threat, have strong potential for occurrence in combat. Again, Phelps adds some helpful perspective on the matter: “today’s Marine is trained to act quickly and decisively, and with violence and surprise that will rouse himself and shock his enemy...it [is] not that they are not trained to consider their objectives, or to plan well, but rather than, when contact [with the enemy] arises, speed and immediate force is necessary” (interview, 2014). One obvious difficulty with this reality, according to Maximos, is how difficult it is for a human person to enter into such a state and to retain or regain self-control, without becoming *thymically* disoriented and subject to inhumane excesses in battle.

Once *thymic* disorientation has been activated, Maximos listed a number of ways in which it is popularly manifested in a person’s thoughts, attitudes, and behaviors. First, in his texts *On the Lord’s Prayer*, Maximos taught that *thymic* disorientation manifests in an inner “uncouth turbulence,” which is marked by an apparent inner conflict that can quickly be projected onto the world, resulting in various urges to fight fellow human beings, and to take pleasure in the fight (Trans. 1983, p. 291). He also notes in these texts that *thymic* disorientation can manifest as persistent agitation, volatile instincts toward aggression, and explosive anger (Trans. 1983).

Butler notes that, in his texts *On Charity*, Maximus teaches that when *thymos* is “corrupted,” the whole person begins to suffer fragmentation, and “becomes passive [towards] and potentially a slave [to]” hatred (2012, p. 120). Elsewhere in *On Charity*, Maximus notes that disoriented *thymos*, while aggressive and violent, leads towards action that is “cowardly” and ignoble (Trans. 1983, p. 83). He also teaches that a person with disoriented *thymos* can be oriented towards revenge, and marked by an obsessive focus on those who have done him or her injury (Trans. 1983).

This portrait of a *thymically* disoriented person in the writings of Maximus, in which a person begins demonstrating a deep inner conflict or fragmentation, and experiences persistent agitation, volatile aggressive impulses, explosive anger, and obsessive thoughts and feelings of hate-filled revenge, even engaging in violent actions that are detached from a sense of honorable or morally sound judgment, is certainly a description of the conditions of many veterans who experience CCAD. Maximus’ ability to see these tendencies and features in the people of his time, and his insight into the ways that such tendencies and features affect *thymos* after exposure to combat-like conditions is unmistakable, and provides a key addition to the diachronic view of *thymic* disorientation.

Summarizing the Contributions of the Moral & Spiritual Philosophers of Late Antiquity

Like the teachings of Plato and Aristotle, the primary contribution of the Moral and Spiritual Philosophers of Late Antiquity to a diachronic understanding of *thymic* disorientation is a clear continuation of the concept of *thymos* in a way that further illuminates the meaning of the concept in the ancient Greek philosophical tradition.

Also like Plato and Aristotle, the Moral and Spiritual Philosophers of Late Antiquity applied this ancient concept in their teachings about life in their own historical period, and passed it down for future generations. In doing so, they made a number of unique contributions to a contemporary understanding of the ancient concept of *thymic* disorientation, and at least three important examples of this have emerged after a thorough examination of their uses of the term.

First, Gregory of Nyssa emphasized watchfulness of *thymic* energy and focus as a main philosophical prophylactic against *thymic* disorientation, which provides an addition to Plato's insistence on a person's maintenance of a focus on his or her highest ideal. This became an important key for all of the desert teachers after him, and also become one of Maximus' four potential triggers of *thymic* disorientation. Secondly, Evagrius taught about the potential for a chain reaction of *thymic* disorientation, beginning in its emotional function, and carrying through to its aggressive and moral functions. This is the first recorded teaching of the potential for damage in one area of functioning to progress to a complete disorientation of the person. His discussion of the way this chain reaction can occur is a unique contribution to the conceptual understanding of *thymos*. Third, Maximus' four triggers highlight common pre-conditions of human attention that can lead to the origins of *thymic* disorientation, which origins were discussed in the writings of his predecessors, Plato and Gregory of Nyssa. These further insights into how a person moves from *thymic* health to *thymic* disorientation were widely accepted by his students, and passed on to future generations. They are even influential in the work of modern-day practitioners from the

contemporary Deserts Tradition, and they provide some potential for better understanding of veterans experiencing the features of CCAD.

The moral practitioners of late antiquity known as the Desert Fathers and Mothers are not a line of teachers whose thoughts are relegated to pre-medieval history. There are in modern times an existing cadre of desert-dwellers who represent an unbroken line of philosophical practice that has been passed down from generation to generation from the time of the first Desert Fathers and Mothers, and who have carried on the teaching and practice of those first desert-dwellers into the modern era (van Doorn-Horner, 1995). A diachronic view of *thymic* disorientation should also contain the perspectives of these modern Desert Fathers and Mothers, as they represent a living tradition of *thymic* understanding that has been passed down through Homer, the philosophers of the Golden Age, and the Moral and Spiritual Philosophers of Late Antiquity.

Thymic Disorientation in the “Modern Desert” Teaching

The modern Desert Fathers and Mothers represent a number of cultural heritages, and are located throughout the world, from the Middle East to the Levant, North Africa, the Mediterranean, the Balkans, Russia, and even North America, South America, and the Far East (Binns, 2002). They are united in one monastic lifestyle, and a common philosophical understanding of human health and wellness, which includes an ancient anthropology that descends from Greek metaphysics, and includes a nuanced understanding of *thymos* and its potential for disorientation during adversity, passed down with various thematic and experiential developments throughout the centuries. In

order to present an adequate and diverse account of modern desert teaching on *thymos* in this thesis, the perspectives of 9 modern desert teachers are collected and synthesized below: three from the Syro-Lebanese Orthodox and Coptic traditions, representing the Arabic desert path, three from the Greek Orthodox Athonite tradition, and three from the Russian Orthodox Valaamite and Optina traditions.

Thymic Disorientation in the Contemporary Syro-Lebanese and Coptic Desert Traditions

Yousef Nassar is a monastic leader in the Syro-Lebanese Orthodox tradition, which has its roots in Syria, Lebanon, Jordan, and Palestine. In his view, disorientation of *thymos* happens primarily when a person becomes emotionally involved with things that are not aligned with his or her sense of the good, and eventually gains a powerful attachment of desire to such things (Nassar, interview, 2015). This situation, in his view, has a powerful effect on a person's moral life, and can aid them in entering a painful state of moral confusion in every area of life. Once a person realizes that he or she has entered into such a state of disorientation, he or she might even attempt to destroy his or her own emotional capacity in order to re-orient his or her life, but this is impossible to do, and can have harmful side effects, including self-alienation (Nassar, interview, 2015). However, he also notes that a person may not realize their disorientation for some time, being in a position of "sleep towards oneself," and needing to be awakened so that automatic impulses can be examined with the help of a caregiver (Nassar, interview, 2015). Matta El Meskeen, a recently deceased monastic leader in the Coptic tradition, also noted this potential for progressive disorientation, describing the danger of how a person's development of an emotional attachment with

something initially rejected by his or her conscience may lead eventually to complete self-alienation and moral and narrative confusion about the meaning of life and death (Trans. 2013).

Nassar also lists a number of features of *thymic* disorientation. First, he notes the potential for a person to sense the presence of evil in or around him or her, and a constant fear of hell that he called “a darkness of space entering the soul” (Nassar, interview, 2015). He teaches that this is especially likely to occur after a person commits an act against her or her own conscience. After such an action, a person may feel that “an evil has claimed them” (Nassar, interview, 2015). He or she will then likely cut himself or herself off from loving community, or feel as if loving community has been cut off from him or her because of the act that has been committed. In his view, there are new meanings about the world that may arise in a person’s mind, which can take over the self, and encourage a belief that there is no goodness left in the world, and that “evil is in charge now” (Nassar, interview, 2015). Again, Matta El Meskeen shares this view in his contemporary teaching, noticing that just as a person in the habit of scrupulously following his or her conscience may be refined to the point of choosing death over wrong action, the person who has engaged willingly in wrong action and who now suffers the aftermath of breaking conscience may prefer death to life for any number of reasons, and may even seem to experience a personal and active form of death within (Trans. 2013).

These teachings of Nassar and Matta do provide an account for many of the phenomena experienced by veterans suffering self-horror at the perceived absorption of evil. In Nassar’s particular view, this feature of CCAD is both a personal experience

for the veteran and a certain interpretive approach to that personal experience adopted by the veteran, usually in the chaos of shattered meaning following extreme adversity (interview, 2015). The evil experienced by the veteran, therefore, is a voice added to a multiplicity of voices in his or her inner life, competing to assign meaning to the horrors he or she has committed or experienced (Nassar, interview, 2015).

Nassar also comments on certain forms of *thymic* disorientation he has encountered in his caregiving that are similar to the features of CCAD described in this thesis as conscious disconnect from emotion and bodily sensation and persistent, socially debilitating mistrust. With regard to the former, he suggests that for adversity survivors such as combat veterans, it can seem that they have “withdrawn from love, or have banished it,” from their lives, both in community and in specific primary relationships (Nassar, interview, 2015). The adversity survivor still wants to be loved, and senses that he or she needs love and needs to express love, but another part of him or her has banished love indefinitely - and in this state, he or she can feel “emotionally deadened” and disconnected from feeling (Nassar, interview, 2015). The love of a caregiver of some kind, given patiently and steadily, can begin to recall the banished love of the injured person, in Nassar’s view, especially if the injured person’s voice of steady love can activate the banished part and encourage it to return (Nassar, interview, 2015). Nassar teaches that the part that has been banished but returns can sometimes be the center of a person’s ability to love, and can become realigned with *thymos* (Nassar, interview, 2015). Similarly, Matta discusses the powerful potential for a caregiver to assume a position of love to call a person back from extreme forms of emotional and narrative fragmentation following betrayal, and to aid the the betrayed person forward

not only into a new trust of precious others but eventually a meaningful self-donation even towards strangers in need (2013).

With regard to complex mistrust, Nassar teaches that with damaged *thymos*, there is sometimes a deep grief that has dislocated *thymic* energy, and this may be connected a veteran's experience of helplessness and vulnerability in combat that they cannot bear (Nassar, interview, 2015). The inability of the adversity sufferer to recognize and fully accept his or her own vulnerability in a world where tragedies occur will, in Nassar's view, necessitate their loss of trust, and this loss of trust can be so radical that he or she can no longer maintain personal relationships (Nassar, interview, 2015). Nassar teaches that, in his or her own time, a person must eventually be able to develop and demonstrate "an open reception of our powerlessness, [which might] eventually shatter the protective belief that one can remain invulnerable if one can only avoid ever trusting anyone again" (Nassar, interview, 2015). Monk Evlogious, a current monastic leader in the Coptic desert tradition, teaches something similar, likening this process of learning to place trust in someone again after a radical sense of betrayal and resulting social disorientation to the process of a new existential birth (Trans. 2010). According to Evlogious, this process is conceived in connection with a determined and loving caregiver, and then can be nurtured collaboratively as trust grows larger and becomes capable of delivery and a new manner of life (Trans. 2010). Both Nassar and Evlogious share an understanding of *thymic* disorientation that include themes of being alive and yet existentially dead after a great loss, and they also share the idea that a person in such a state can learn to existentially come alive again – concepts that are certainly reminiscent of Homeric writing on *thymos*.

Thymic Disorientation in the Contemporary Athonite Tradition

Nektaria Dionysiou, a monastic leader in the Greek tradition, is of the desert line of the renowned contemporary teacher Aemilianos of the Simonopetra community on Mount Athos. In her view, disorientation of *thymos* is a consequence of a person's willing override of his or her capacity to discern right and wrong and pursue what is right (Dionysiou, interview, 2015). After such an override, or a pattern of override, a person may lose the *thymic* capacity for moral discernment, and may then begin to experience enmity towards people and communities who shared his or her former sense of what is good, right, and true. According to her teaching, *thymic* energy can then be mounted to fuel violent aggression towards himself or herself and anyone else he or she meets (Dionysiou, interview, 2015). Archimandrite Dionysios, another member of the line of Aemilianos of Simonopetra, also discusses this phenomenon, and notes that this kind of aggression towards oneself and others is a continuation of a battle now turned against the world, in which a person seeks to protect the self which has been wounded by the pursuit of what he or she knows to be wrong by transforming social interactions into attacking skirmishes (2000). From this position, Dionysios suggest that even though people in such situations may no longer need guns against physical enemies, they interact with others as if they need guns, because their often self-inflicted existential wounds and resulting fears are turned against everyone around them in murderous energy (2000).

Like Dionysios, Dionysiou teaches that initial movement toward the override of *thymic* morality is often conceived by an attempt to avoid an extreme pain or grief (interview, 2015). In the experience of a combat veteran, this movement could occur at

any time, because of the radical nature of pain and grief experienced in taking a life, in losing a comrade, and in facing constant fear. In further concert with Dionysios, Nektaria Dionysiou's line of teaching on philosophical anthropology argues that *thymos*, once disoriented, becomes invariably reactive, and remains in a defensive state towards all people and all, which can either take the form of extreme social and self-directed aggression or extreme social withdrawal and self-alienation (interview, 2015). In her view, until a person with disoriented *thymos* can experience an inner *thymic* realignment with his or her capacity of reason, reversing the inner fragmentation, this pattern will endure. She suggests that such a realignment must occur within the context of a healing relationship, in which the caregiver represents undefended, open love which enacts a restoration of trust and disables unbridled emotion and aggression (Dionysiou, interview, 2015). Once the *thymically* disoriented person recognizes at length that their tendencies of extreme emotional reaction and tendencies of extreme motivational deregulation – whether towards aggression or withdrawal – do not draw a reaction from their loving caregiver, those patterns of defense can be brought into consideration and reflection, aligned with the capacity of reason, and a real encounter with oneself in the presence of the caregiver is possible (Dionysiou, interview, 2015).

In Dionysiou's view, irrational, uncontrollable anger can be one of a number of things that seem to “take over” a *thymically* disoriented person's life, and they self-identify with this new pattern of feeling and behavior (interview, 2015). Joseph the Hesychast, a recently-deceased and still-renowned teacher of another Greek line from Mount Athos, supports this idea, teaching that in such a state not only is a person cut off from the adaptive functioning of *thymos*, but he or she loses the ability to regulate it

completely, and becomes a sort of living *thymic* impulse aimed against anyone in sight (Trans. 1999). From this position, Joseph further teaches that the humanity of the person himself or herself begins to become degraded, and the person begins to be existentially reduced to physiological impulses: “pounding heart, boiling blood, blurry thinking, and diffuse with indignation” and single-minded violent intent toward one’s neighbor (Moraitis, 2015, Loc. 1480). In Dionysiou’s teaching, this phenomenon will persist until the care of a persistent, loving caregiver creates a “new possibility” for the injured person, as the caregiver fails to react to the adversity of attacks and withdrawals by the injured person in the way that the injured person had reacted to his or her own adversity (Dionysiou, interview, 2015). In relation to the caregiver, the injured person becomes aware that he or she is not his or her anger, or withdrawal, or even the sense of evil that he or she feels has drawn close, and this disrupts a person’s identification with his or her own *thymic* disorientation, adding the chance for complexity, and a re-visitation of meaning-making, where *thymos* and reason can realign.

For Dionysiou, there is one more feature that is common to *thymic* disorientation, in her experience and practice: a scattering of attention that impacts the function of human reason, due to its misalignment with *thymos* (interview, 2015). In her view, attention is lost when human reason is “pulled away” from *thymic* embodiment, and this enhances a person’s experience of himself or herself as “scattered” or “shattered” (Dionysiou, interview, 2015). Because a person’s ability to make meaning of what has happened to him or her has often been challenged in a radical manner, there can sometimes be no “external constant” by which a person can try to repair his or her inner life (Dionysiou, interview, 2015). If a person can become

connected with a loving caregiver, who is intact himself or herself, to some degree, then the injured person can sometimes relate to the caregiver as a new “external constant,” and can re-engage reason in order to examine himself or herself in relation to the other. In Dionysiou’s view, “once the external becomes constant, the injured person can begin to observe the *pathos* in himself without being his own *pathos*. This will lessen the grip of the *pathos*, because the person is not blindly or automatically or in despair reacting to everything from the *pathos*” (Dionysiou, interview, 2015). In her view, an inner examination can then become rhythmic, and an injured person can be aided in beginning the “daily watchfulness and moral struggle” that will reengage their capacity for *thymic* morality. (Dionysiou, interview, 2015).

Dionysiou also comments on a certain form of *thymic* disorientation she has encountered in her caregiving that is similar to the feature of CCAD described in this thesis as self-horror at the perceived absorption of evil. She notes that this feature is

“a special and rare one, which must be treated carefully and with unusual means. A person becomes overrun in conscience and then experiences [the sense of an] “unholy wedding” through the resulting complicity with evil. This “wedding” accounts for the confusion, the sense that one does not belong to oneself, or can be hijacked, and so on” (Dionysiou, interview, 2015).

In her view, the sense of the “evil” presence in *thymically* disoriented people is centered on some new meaning that has been made by the injured person in the midst of the adversity that called into question previously held meaning about the nature of life and the world (Dionysiou, interview, 2015). This “new meaning” seals the injured person into a defensive position towards the world, and the defense is such that the particular meaning in question can be hidden and very resistant to being uncovered (Dionysiou, interview, 2015). Until the injured person can be united with a caregiver that is able to

demonstrate consistent, selfless love that can encourage the defenses to recede slightly, so that the troubling “new meaning” can be located and addressed by both reason and an active *thymos* acting in alignment, the person will remain injured (Dionysiou, interview, 2015).

Thymic Disorientation in the Contemporary Valaamite and Optina Traditions

Mikhail Arkhangelskoye is a monastic leader in the Russian Valaamite tradition, and served as a monastic abbot in that tradition for many years. In his appropriation of contemporary desert teaching, *thymic* disorientation may occur when a person intentionally – or potentially ignorantly – joins his or her will to something he or she knows to be wrong (Arkhangelskoye, interview, 2015). Nikon of Optina, a renowned leader of the contemporary Russian Orthodox Optina tradition, supports Arkhangelskoye’s teaching, and adds that in this case there is a danger of the complete dissolution or loss of conscience, after which a person may no longer feel guilt, shame, or discomfort after acting against what he or she had ever before held to be right and just (Trans. 2009).

Arkhangelskoye also considers it possible that a person may become *thymically* disoriented after witnessing what he or she senses to be a great evil, especially if it disrupts his or her way of understanding what is good, and there is a great loss or betrayal involved in the experience. In his view, certain kinds of cultural conditioning can leave a person especially vulnerable to sustaining *thymic* damage (Arkhangelskoye, interview, 2015). He gives a specific example for those who have been *thymically* disoriented in contemporary combat:

“It may happen that a person is culturally conditioned to comply with evil, such as we see today with youthful soldiers who have grown up on violent movies and video games, and who can’t wait to get into combat and kill an enemy. Once they actually enter into combat, they have no protection against the evil found in that place, and a reduced sense of the importance of humane war fighting. It may be that they go into a frenzy in their killing, and may even feel joyful and fulfilled in their initial experience of killing. In this case an injury can occur quickly, but it may take the soldier quite some time before they realize what they have done, and experience the pain and alienation of the inner fragmentation that has taken place” (Arkhangelskoye, interview, 2015).

Arkhangelskoye has a wealth of experience with Western veterans who have come to him for care in the aftermath of war, and has noticed features of *thymic* disorientation that are similar the elements of CCAD described in this thesis as self-horror at the perceived absorption of evil, conscious disconnect from emotion and bodily sensation, and the radical dissolution of moral intuition and narrative coherence. With regard to first of these elements, self-horror at the perceived absorption of evil, he suggests that this phenomenon is most likely associated with those who have perpetrated or complied in some way with actions or enterprises they know to be evil (Arkhangelskoye, interview, 2015). His ideas are once again supported by the Optina teachers. Nikon of Optina notes that it is possible for a person to know the right path and to act against it enough that he or she begins to feel a real sense of collaborating with what is evil (Trans. 2009). He explains that while this felt sense of collaboration with evil may initially be troubling, in time a person may simply become indifferent to such a sense, in which case his actions become increasingly harmful to his personhood while he is increasingly unable to see the depths of such harm (Trans. 2009).

Arkhangelskoye notes that, when this is indeed the case, it is important for a troubled person to collaborate closely with a caregiver to discern how conscious or intentional was the turning over of *thymic* morality in the evil act or enterprise that

introduced the injury. In his experience, the disorientation is more severe the more consciously the person gave himself or herself over during the act that precipitated the first major incident of collaboration with evil (Arkhangelskoye, interview, 2015). The path forward, in his teaching, is “the path of binding the self together to face the full weight of what has been done, and to take as much responsibility as [one] can, until [one] can eventually take all of the responsibility, and begin to grieve with the aid of a caregiver” (Arkhangelskoye, interview, 2015). In time even the joy and exhilaration present during the time of engagement in evil can be brought to mind, as reason and *thymos* reunite, and one can begin to reflect on what has been done without feeling “hijacked” (Arkhangelskoye, interview, 2015).

In terms of a conscious disconnect from emotion and bodily sensation, Arkhangelskoye suggests that this is often frustrated by depersonalization and dehumanization, speaking from a philosophical perspective. If a person is preparing to override *thymic* morality, he or she may often dehumanize the people who will be involved in the evil action at hand – for instance, the people whom he or she will kill, or from whom he or she will steal, etc. (Arkhangelskoye, interview, 2015). In this act, the ancient teaching is that one dehumanizes oneself in the process of dehumanizing the other, for instance becoming a “killing machine” or “stealing machine” who will kill or rob the “other object” – this is all preparation for *thymic* override, but the consequences in the aftermath can be an arrested state of dehumanization (Arkhangelskoye, interview, 2015). In such a state, a person may continue to lose feelings, sensations, and experiences that are often associated with being human, such as emotional resonance, empathy, simple joy, and the fulfillment that comes with philanthropy. In

Arkhangelskoye's view, this absence of felt experience and of human connection can only be regained by the reversal of the fragmentation of *thymos* and reason through the love of a caregiver who is patient and demonstrates steady, non-reactive care (interview, 2015). In such a situation, slowly affection can build between these two people that can serve as a new possibility for life in community. If it is possible for the injured person to participated in hard physical labor and regular consultation with a caregiver, thoughts from the time of the development of the dehumanization will arise, and the caregiver can help the injured person make a different decision on how to view himself or herself and all other people, and can also encourage him or her towards acts of kindness and compassion towards others – even if there is no immediate emotional feeling behind such acts (Arkhangelskoye, interview, 2015).

Anatoly Zertsalov, another renowned teacher in the Optina tradition, writes similarly about reorientation after dehumanizing oneself and others in the process of perpetrating acts of evil in the world (Trans. 1991). He suggests that this reorientation is in essence a return to following conscience with courage, and that it often requires an integrated regimen of physical labor – which re-associates a disoriented person firmly within the body and the environment – along with guided acts of compassion and an intensive relationship to a seasoned caregiver (Zetsalov, Trans. 1991). Arkhangelskoye insists that in time this can engage *thymos* in its moral, emotional, and action-oriented capacities, as well as work toward realignment with reason. In his opinion, it is from a unity on all of these philosophical levels that sensations of peace, joy, and connectedness derive (Arkhangelskoye, interview, 2015).

In discussing meaninglessness, Arkhangelskoye makes note of a possibility that is similar to the experience of Burgoyne and his companions, as described in Chapter Two of this thesis. He notes that

“Morality can become so disoriented as to lose all function and meaning, and especially in the presence of human slaughter. If *thymos* is damaged, which for every human being holds a moral sense that naturally maintains a high view of human life, human life can become meaningless, and eventually a person develops a love of killing and contempt for the restraint. If this new and “backwards” morality is held upon entry to combat, a long-lasting state of moral dissipation will ensue. If, in another potentiality, a person enters into combat with a morality that is intact, it is possible that his moral awareness can be seared and blinded by the intensity of the visceral act of killing, especially if his comrades celebrate the act, and it seems to the soldier that his killing is a game which is to be reveled in. A person can spiral into a moral free-fall after such an experience...” (Arkhangelskoye, interview, 2015).

He continues on this topic, teaching that, from the teaching of the ancient desert tradition, once the moral aspect is separated from reason and “turned over” to evil, all moral sense can become silenced, especially if again and again one engages in the worst kinds of acts:

“lustful passions can take over completely, and a person can become shameless. It is not perhaps possible for the inner moral voice to be completely silenced, but external and internal factors can combine. So, a person engages in an atrocity, and they do it again and again. Their inner voice grows weak and quiet. But even when, in its weakness, it tries to speak, the person may fight to silence it, to avoid an inner tension (Arkhangelskoye, interview, 2015).

This, for him, is one of the most difficult potentials for *thymic* disorientation, because a person’s entire personal and social life can crumble. Anatoly Zertsalov also shares this as a primary concern for those whose moral intuition has been lost or damaged, noting that it will effect a disoriented person’s ability to remain engaged with elders who have either known them for a long time or who have suffered similar experiences in the past and survived (Trans. 1991). Both Arkhangelskoye and Zertsalov agree that in time

what Arkhangel'skoye describes as an “upside-down moral economy” can follow, in which “nothing means anything, and all things are permissible, and a man’s life has no value” (Arkhangel'skoye, interview, 2015). People in such a state are “sociopathic and spiritually deadened, and see people only in terms of utility – as objects” (Arkhangel'skoye, interview, 2015). These are the people that Zertsalov calls “dead in spirit,” who are consumed with their thoughts but disconnected to reality, and who are fainthearted and unable to struggle for anything they previously believed was important, right, or true (Trans. 1991, eLoc 897).

Summarizing the Contributions of the “Modern Desert Teaching”

Like the teachings of both the Golden Age Philosophers and the Philosophers of Late Antiquity, the primary contribution of the Modern Desert Fathers and Mothers to a diachronic understanding of *thymic* disorientation is a clear continuation of the concept of *thymos*, and its appropriation and expansion in contemporary times. In examining the three examples of Modern Desert teaching listed in this chapter, proceeding from the Syrian, Athonite, and Valaamite traditions, at least three further contributions of inestimable value have emerged. First, the Syrian tradition provides a nuanced understanding of the impact of grief as a possible trigger for *thymic* disorientation, which can lead to a person’s eventual loss of emotional, aggressive, and moral functioning. This follows themes from Homer and Maximus, as Homer often portrayed *thymic* disorientation in characters who suffered the loss of a loved one or comrade in battle, and Maximus taught about a chain reaction that begins with an extreme emotional experience and can eventually lead to the breakdown of *thymic* functioning on all levels. In addition, the Syrian tradition provides an understanding of this process

after grief that provides descriptive accounts similar to the CCAD-related accounts of persistent, socially debilitating mistrust, absurd meaningless, and conscious disconnect from emotion and bodily sensation.

Secondly, the Athonite tradition provides an extension of Gregory of Nyssa's teaching on watchfulness, and relates the potential for *thymically* disoriented people to lose the ability to reflect and make sense of their thoughts, feelings and behaviors. This lack of ability for insight leaves a person in a state of increasingly defensive reactivity, which can in turn lead to emotional instability, extreme moral confusion, and the deregulation of the *thymic* function of instinctive motivation, which, as Homer depicted, leads either to uncontrollable aggression or a radical loss of vitality. The Athonite tradition uses this lens – along with others – to make descriptive accounts of the radical dissolution of moral intuition and narrative coherence, complex mistrust, conscious disconnect from emotion and bodily sensation, and lustful, uncontrollable rage.

Third, the Valaamite tradition presents an important perspective on cultural conditioning in *thymic* development, *thymic* protection, and *thymic* disorientation. When entering into situations that can be extremely confusing and potentially traumatic, it is important that people prepare to protect themselves as much as possible for the evil, loss and death that can take place. When they are not prepared – or worse, if they have been prepared by being taught to embrace the evil, loss, and death in such a place, they are far more likely to commit acts which will quickly disorient them *thymically*. In such cases, they may lose the ability to know and do good moving forward, and may experience a type of evil in or around them. This has elements of Platonic teaching on *thymos*, in the focus on dogmatically embracing the good and the ideal, even in times of

great adversity. It also provides some clear descriptions of self-horror at the perceived absorption of evil and the radical dissolution of moral intuition and narrative coherence.

An Ancient Philosophical Concept Applied to Contemporary Social Care?

Having examined in a diachronic manner the continuation and organic development of the philosophical concept of *thymos* and its potential for disorientation into contemporary usage, it has been made clear that Homer's ancient use of the concept of *thymos*, an extremely innovative appropriation of which Shay placed at the center of his theory of moral injury, has in fact endured in a context related to Homer's original anthropological assumptions for nearly 29 centuries. If Shay's usage of the concept, born in his discovery of a connection between Homer's war narratives and the narratives of his own clients and yet developed through a radical departure from Homer's original philosophical context, has become what some of the foremost experts in veteran trauma care consider to be a strongly useful paradigm in care to veterans with extreme features similar to those described in the accounts of CCAD, how much more useful might be a usage of the concept that represents an organic appropriation passed down from generation to generation, in systems retaining much of Homer's original anthropological presuppositions, by caregivers who even today are a part of caring for veterans of contemporary warfare (Drescher, Foy, Kelly, Lashner, Schutz & Litz, 2011)? In answering this question, it may be important to develop a full summary of the latter's ability to offer a coherent and exhaustive picture of CCAD, and to compare this picture to CCAD in a systematic way, element by element. For the sake of discussion, it will be useful to label this coherent and exhaustive diachronic picture of

thymic disorientation, so that an orderly comparative analysis may be completed. For that purpose, this thesis will use the term *combat activated thymic disorientation*, or CATD. This term privileges Papadopoulos' terminology of adversity activation, but retains the word 'combat' in order to provide a continued focus on the specific type of adversity that is the subject of this thesis.

CHAPTER 7

CCAD & COMBAT ACTIVATED *THYMIC* DISORIENTATION

It is indeed possible to examine adversity-activated *thymic* disorientation from the standpoint of a diachronic view of its meaning and development from the time of Homer until the present day, and this possibility has been demonstrated at length in the previous chapter. Before comparing the phenomenon of Combat Activated *Thymic* Disorientation with the phenomenon of Complex Combat Activated Disorientation, it is important to summarize the former, by way of synthesizing concepts from the writings of the philosophers and teachers of the previous two chapters. This summary will take place in three parts: (1) what evidences a healthy *thymos*, (2) how CATD occurs, and (3) what evidences a disoriented *thymos*.

What Evidences a Healthy *Thymos*

From a diachronic perspective, a healthy *thymos* is one that allows a person to maintain a connection with reason in his or her emotional life, allowing him or her to experience joy, sorrow, sympathy, disappointment, and pleasure concurrent with a capacity for reflection that helps them make meaning of their emotional experiences and also guides their emotional expression. Homer, Plato, Aristotle, Maximus, and John of Damascus each speak about this in some way, as highlighted in the previous two chapters. Each of these teachers also mentioned that a healthy *thymos* would be evidenced by a person's ability to engage or commit to people around them in trust and love, and to engage reason in order to help regulate potentially incendiary emotions like despair, rage, and infatuation. Plato, John of Constantinople, John Cassian, and John of

Damascus each mentioned that a healthy *thymos* enables a person to experience regret and, with the help of reason, to make use of regret in effecting positive life changes. The dominant concepts in emotional health from a *thymic* perspective, then, are positive community engagement and continued connection to reason.

A healthy *thymos* is also demonstrated, from a diachronic point of view, by the exercise of inner vitality under control, allowing a person to move into action towards his or her highest ideals of what is good, and to refrain from action towards what is not good. Homer, Aristotle, Gregory of Nyssa, Evagrius, and John Cassian were each credited in the previous two chapters with the idea that that keeping *thymic* vitality under control is a consequence of the process of inner watchfulness, which happens in conjunction with reason. Plato, Aristotle, Evagrius, Maximus, John Cassian, and John of Damascus each mentioned in some way that the most dangerous threat to maintaining watchfulness over the *thymic* capacity for motivation and aggression is when a person's physical self, loved ones, or deep interests are threatened, because a person is most likely in those situations to quiet reason and act without its help or restraint. For Homer, Aristotle, Gregory of Nazianzus, Gregory of Nyssa, Evagrius, and Maximus, this process can be discussed with the use of moral language; each of them in some way treated action towards the good with the use of restraint as a type of courage, and inaction towards the good – or action without restraint – as types of cowardice. In addition to this concept of reason ideally guiding and restraining the *thymic* capacity of human aggression, a diachronic view also contains the opposite potential. Plato, Aristotle, Evagrius, Maximus, and Dionysius each were mentioned in the previous chapter as having noticed that when a person becomes persuaded by reason to move in a

direction that seems wrong to the moral capacity of *thymos*, the motivational capacity of *thymos* can demonstrate healthy functioning by overriding reason, providing inertia against movement towards what is not good and exercising implacability, stubbornness, and resoluteness. *Thymic* health, then, as demonstrated in its capacity for instinctive motivation, is marked once again by a connection with reason, which in this case helps a person regulate aggressive impulses toward what is not good, protects a person against being hijacked by disoriented directions from reason, and protects a person against inappropriate or unrestrained energy towards what is good.

Lastly, a healthy *thymos* is demonstrated, from a diachronic point of view, by a disciplined observance of following moral intuition. In the previous two chapters, Homer, Plato, Aristotle, Gregory of Nyssa, Maximus, and Mikhail Arkhangelskoye were each credited in some way for describing *thymic* moral intuition as a separate process from moral reasoning, but as one which ideally functions in tandem with moral reasoning. Each of these teachers also noted that a healthy *thymic* moral intuition, when joined with reason, serves to both discern the right action and to activate the *thymic* capacity for motivation towards that right action. When *thymos* is functioning ideally in tandem with moral reasoning, a person is able to sense even in times of adversity the boundaries of right action, and also to discern which action to take inside of those boundaries.

What Evidences a Disoriented *Thymos*

Having examined the summary evidence of a healthy *thymos*, it will now be helpful to examine the summary evidence of a disoriented *thymos*. Since it has been

clearly established that *thymic* disorientation can originate in any of the three capacities of *thymos*, it follows that the features of CATD can be discussed in terms of their appearance in each capacity, and that these appearances can be triangulated to describe CATD as a whole. This will be accomplished once again by making use of a diachronic synthesis of teaching on *thymos* and its potential for lost function.

In terms of disorientation in the emotional capacity of *thymos*, two main features are commonly present, and have been evident in the previous two chapters of this thesis: (1) a complex fear that results in the loss of ability to trust in oneself and others, leading to a breakdown in social functioning, and (2) a loss of connection with one's own felt sensations and emotional life, leading to an experience of self-alienation and inner deadness. Beginning with the first feature, Plato and Aristotle were each mentioned in the previous chapter as teaching that *thymic* emotion, which, when correctly oriented, provides the foundation for trust, peacefulness, harmonious interaction, and loving care, is easily distorted when the *thymos* is disoriented, and instead generates feelings of mistrust, hatred, and violent feelings towards oneself and one's community. Yousef Nassar, Matta El Meskeen, and Monk Evlogious were noted in the previous chapter as teaching that this kind of disorientation will also likely feature an inability to bear helplessness and vulnerability, and can be so radical that a person can no longer maintain any relationships that require a degree of trust. Mikhail Arkhangelskoye added that since the disorientation of *thymic* emotion usually begins with a powerful loss or betrayal, whether set in motion by another person or by oneself, there are often experiences of pointed bitterness at either oneself or authority figures. The diachronic view of this feature, evident even in Homer's work, is one in which a

person who has suffered a great adversity can no longer allow himself or herself to be entrusted to anyone else, for fear of experiencing loss and betrayal on the same scale again. At the same time there develops painful feelings of hateful rage and bitterness towards oneself and others that often drives a person simultaneously into both alienation from any supportive community and self-alienation.

The second feature, described as a sense of lost emotional connection with one's social environment, when viewed from a diachronic perspective, also dates to Homer's work. In the chapter in this thesis dedicated to Homeric teaching on *thymos*, evidence was given on Homer's observation that some warriors who experience great loss in battle experience a sense of emotional deadening afterwards, and may be unable to access passion and to sustain feelings normally associated with interpersonal relationships. In the following chapter, Yousef Nassar and Monk Evlogious were credited with the teaching that some extreme adversity survivors such as combat veterans often withdraw from community life upon homecoming, especially if they have become emotionally disoriented through the loss of a comrade, in order to create a distance from the possibility of losing more friends or loved ones due to events beyond their control. In such cases, they noticed that these veterans may often sense that they have become "emotionally deadened" and disconnected from feelings of emotional closeness when coming back into contact with people or places that were previously important to them. In addition, Mikhail Arkhangelskoye was mentioned in the last chapter as teaching that if *thymic* disorientation has occurred after an action that depended on an advanced dehumanization of a rival or opponent, the ancient teaching suggests that the disoriented person may himself or herself experience a type of self-

depersonalization, in which he or she may lose and continue to lose feelings, sensations, and experiences that are often associated with being human, such as emotional resonance, empathy, simple joy, and the fulfillment that comes with philanthropy.

CATD becoming evident in the capacity of emotion, then, may present as a clear and painful change in a person's ability to trust himself or herself, or to trust others with whom he or she was close before exposure to adversity. This mistrust can grow, from a diachronic view of *thymic* disorientation, to encompass all of a person's relationships, including distant or formal relationships to anyone in authority, and anyone in a helping role in the community. CATD may also present in the loss of a person's ability to remain emotionally connected with his or her social environment, beginning with the people with whom the person was most close at the time previous to exposure to adversity, and potentially expanding into all community relationships.

In terms of CATD becoming evident in the aggressive capacity of *thymos*, or the capacity for instinctive motivation to action, once again two main features are commonly present, and have been evident in the previous two chapters of this thesis: (1) an over-regulation of the aggressive instinct, leading to a lost sense of inner vitality, and (2) an under-regulation of the aggressive instinct, leading to a tendency towards extremely aggressive behavior and even violent action which a person cannot easily control. According to Homer, Plato, John of Constantinople, Evagrius, Maximos, John Cassian, and Mikhail Arkhangelskoye, the most common precondition for either over-regulation or under-regulation is a situation in which a person is engaged in heated action, when strenuous physical force or effort is involved in the action, and when a person is not able to maintain watchfulness over his or her own aggressive instincts.

Beginning with the overregulation, Homer, Plato, John of Constantinople, Evagrius, Maximos, and John Cassian each were referenced in the previous two chapters as teaching that once human persons become disoriented in *thymos*, and especially if they have been engaged in aggressive action during the adversity that contributed to their disorientation, they may feel as if their inner motivation to act has been disconnected or disabled, leaving them unable to respond quickly to future threats, and even effecting a feeling of deadness. Further, John of Constantinople, Evagrius, Maximos and John Cassian were each noted in some way as mentioning that there may appear to be a delay between rational decision-making and motivation to act after *thymic* disorientation, especially if the disorientation occurred after a person acted to override their moral intuition. In such cases, each of these four teachers were shown to agree that a person with disoriented *thymos* can feel like his or her embodied impulses are estranged from rational processes and he or she may experience a diminished ability to pair action with reflection.

In addition, Nektaria Dionysiou and Archimandrite Dionysios were mentioned in the last chapter as teaching that if *thymic* disorientation has occurred after an aggressive action that depended on an override of moral intuition, and especially if this action has resulted in the death or extreme injury of another person, the offender may condemn himself or herself to a kind of living experience of death, in which by self-punishment he or she wishes to die, not being able to find another way to face what he or she has done. This is similar to Plato's mentioning of the intent to self-harm during *thymic* disorientation in the previous chapter, in which he also noted a parallel potential

– that a person disoriented in this way may experience an inability to motivate himself or herself in response to any positive idea or ideal.

The second feature evidencing *thymic* disorientation that may present in the capacity for motivation to action also originates in the writings of Homer, and was first mentioned in the chapter of this thesis dedicated to his ideas of *thymos*. However, it was also present in the chapter following, through the teachings of Plato, Evagrius, Maximus, and John Cassian. Each of these five philosophers were mentioned as teaching that, when *thymically* disoriented, a person can be overcome with patterns of aggression that can rage explosively, leading to animal-like actions that evidence little or no regard for humane considerations. According to both Plato and Evagrius, as noted in the previous chapter, this rage will most often be directed at anything which threatens or disrupts access to a person's most powerful desires in any given moment, and often functions without reflection or moral hesitation.

Plato, John of Constantinople, and John Cassian were each credited in the previous chapter as also noting that under-regulation of the aggressive function can in some cases turn inward, presenting as self-hatred with impulses towards self-harm and suicide. Yousef Nassar and Matta El Meskeen were credited as noting that when the extreme aggression is turned inward, a person may either intentionally or unwittingly be trying to destroy what is left of his or her own moral sense or emotional capacity in order to quiet a painful underlying conflict, especially if he or she has committed an act of inhumanity. Yousef Nassar, Nektaria Dionysiou, and Joseph the Hesychast mentioned that perhaps the most painful potentiality of *thymic* disorientation as presented in the aggressive capacity is that a disoriented person might identify

completely at some point with his or her rage, and willingly follows its lead without dissent, no matter where it is directed.

CATD becoming evident in the capacity of instinctive motivation to action, then, may present as an apparent over-regulation of the aggressive instinct. This may result in a lost sense of vitality, and disconnectedness between one's ability to make decisions and one's ability to respond with action. A person may also find it difficult to pair action and reflection, and may experience a sense of inner deadening in terms of motivation. Conversely, it may also present as an apparent under-regulation of the aggressive instinct. This may result in a lost ability to control oneself when the instinct toward aggression is activated, leaving the person in a position where violent rage can seem to take over the self, following powerful desires without easy ability to be checked by reflection or inner moral feedback. In both cases, a person is prone to feel impulses towards self-harm or suicide.

In terms of CATD becoming evident in the *thymic* capacity for moral intuition, two main features are commonly present, and have been evident in the previous two chapters of this thesis: (1) an unusual form of meaninglessness, in which a person can no longer make meaning of the events of his or life, and (2) a sense of the perceived absorption of evil or complicity with evil in one's environment. Beginning with the first feature, Homer, Plato, Aristotle, Evagrius, Maximus, and John Cassian each were referenced in the previous two chapters as teaching that *thymic* disorientation can often present as a lack of proper moral engagement, or more specifically, a person's lack of ability to engage circumstances from a moral position. Each of these six philosophers taught that this particular feature is most likely to be presented after a person overrides

moral intuition and engages in an action that he or she believes to be deeply wrong, and each of them suggested that after such an action a person can experience an erosion of the ability to discern right action either by intuition or reasoning. In the chapter of this thesis dedicated to his ideas on *thymos*, Homer was credited with the idea that as a person progresses in this condition of moral disorientation, he or she may have difficulty maintaining a sense of coherent meaning in the world as a whole, and can experience a collapse of his or her ability to function in society, as moral norms seem to be arbitrary and can become easy to transgress. Aristotle, Evagrius, Maximus, John Cassian, and Nektaria Dionysiou were each credited in the following chapter with a similar idea, and each of the five of them also in some way noted a potential for the breakdown or scattering of a person's ability to make meaning of his or her own experiences in life in general, the diminishment of a person's ability for self-reflection, and the inability to integrate one's experiences into a coherent narrative whole.

In the previous chapter, Mikhail Arkhangelskoye and Nikon of Optina were mentioned as teaching that *thymic* morality can become so disoriented after a person either joins his or her will to something he or she knows to be wrong – or else witnesses what he or she senses to be a great evil – that it can eventually lead to the loss of all moral functioning, and can activate a sense that life is meaningless. They also warned that, alternatively, a person's moral intuition may be reduced to an impulse to fulfill his or her strongest desire at any given moment, at which point he or she may appear to pursue as good any number of things that his or her society as a whole views as wrong – for instance developing a high view of killing and a contemptuous response to ideas such as restraint on humanitarian grounds. Arkhangelskoye and Anatoly Zertsalov

mentioned that, in either case, one of the most common outcomes of such a moral disorientation is a situation in which a person lives as if common moral ideas are ultimately meaningless, making it almost impossible for a person to live in society.

The second feature of *thymic* disorientation that may become evident in the capacity for moral intuition was insinuated by Homer, and later treated directly by Plato. In the previous chapter of this thesis, Plato was mentioned as teaching that once a person's desire for his or her highest ideals is compromised, he or she may first pursue lesser things, but eventually will experience a drive for things that are antithetical to his or her highest ideals, culminating in the willing practice of evil. Evagrius and John of Constantinople both were mentioned in the same chapter as teaching that when a person overrides his or her moral intuition, and acts aggressively against his or her own sense of right and wrong, that it is likely for such a person to begin to do things he or she believes to be evil, and to begin cooperating with acts of evil that are occurring in his or her social environment.

Yousef Nassar was mentioned as teaching that after intense combat action, a veteran might feel as if the inhumanity experienced in the midst of war can have become attached to him or her in some way, and can seem to speak out to him or her from within and accuse him or her of being evil. In agreement with Matta El Meskeen, he also taught that this internalization of what was present in the pain and chaos of extreme adversity can distort the moral voice of *thymos*, and can encourage a person to over-identify with the worst things he or she saw and witnessed. Nektaria Dionysiou's teaching on the matter, as recorded in the previous chapter, was similar, in that she mentioned the potential for a *thymically* disoriented person to sense that he or she has

had a personal encounter with something evil and that the evil has become attached to him or her. For Nektaria Dionysiou, this phenomenon may become evident in a person's frantic self-isolation from all loved ones, as the person attempts to shield loved ones from the evil he or she experiences to be present in or around him or her. In that same chapter, Mikhail Arkhangelskoye and Anatoly Zertsalov mentioned that this phenomenon is most likely associated with those who have actively and consciously complied in some way with actions or enterprises they know to be evil, and noted that the sense of having internalized something evil is more severe the more consciously the person gave himself or herself over in the moment to an evil act, having overridden moral intuition.

CATD becoming evident in the capacity of moral intuition, then, may present as either an unusual form of meaninglessness, or as a sense that one has become identified with an evil that was present in the midst of one's experience of adversity. A person may have trouble engaging his or her ability to reflect on past actions, and may have difficulty assigning meaning to events that have happened to him or her. He or she may also have difficulty categorizing events and actions along moral lines, and may find existing moral codes – even those previously present in his or her own social and moral development – to be arbitrary and empty. When sensing that one has become attached to evil, or has even become evil oneself, through participation in actions that one believes to be morally wrong, intense self-fear or self-loathing may ensue. All of these features may result in a painful breakdown in social relationships.

Transitioning to a Comparison of CATD and CCAD

Having now summarized CATD from a diachronic view of its meaning and development from the time of Homer until the present day, by way of synthesizing concepts from the writings of the philosophers and teachers of the previous two chapters, this thesis has generated a concise picture of what evidences a healthy *thymos* and what evidences a disoriented *thymos*. By doing so, this thesis has made it possible to examine the five elements of Complex Combat Activated Disorientation from the standpoint of the ancient but still living philosophical concept of *thymos*, represented by CATD. After that examination, which will be undertaken directly, it will be further possible to meaningfully assert whether or not CATD provides a more adequate approach to CCAD than either the psychiatric or moral injury paradigms.

Approaching CCAD from the Perspective of CATD

In order to attempt to approach CCAD from the perspective of CATD, each of the five elements of CCAD will be listed in the order in which they were first treated in Chapter Two: (1) self-horror at the perceived absorption of evil, (2) chronic, conscious disconnect from emotion and bodily sensation, (3) persistent, socially debilitating mistrust, (4) the radical dissolution of moral intuition and narrative coherence, and (5) uncontrollable, lustful rage. Each will be examined in turn from a diachronic perspective of *thymic* disorientation, using the summary evidence for healthy and unhealthy *thymos* as outlined earlier in this chapter. At the end of this examination, it will be possible to comment on the ability of CATD to adequately capture the complexity, uniqueness, and totality of the features of CCAD.

Self-Horror at the Perceived Absorption of Evil

In Chapter Two, the narrative accounts of veterans such as Tim Segrest, John Wolfe, D. C. Hoop, Nathan Everly, Harold Miller, and a soldier named Lois each detailed distinct experiences in which, during or after exposure to extreme adversity in a combat environment, they gained a connection with something they considered to be evil or monstrous. This connection has caused them to mistrust or loathe themselves, and to isolate themselves from their loved ones for fear of passing on the evil, or hurting them in some way. Some seemingly connected features of this phenomenon include impulses towards homicide and suicide, painful identification with monstrous images or memories, and a sense of having been overtaken by evil and being no longer in control.

A diachronic view of *thymic* disorientation does indeed address this element of CCAD. It has been summarized in this chapter that Homer, Plato, Evagrius, John of Constantinople, Yousef Nassar, Matta El Meskeen, Monk Evlogious, Nektaria Dionysiou, and Mikhail Arkhangelskoye each discussed just such a phenomenon as self-horror at the perceived absorption of evil, and considered it to be a feature of *thymic* disorientation presenting in the *thymic* capacity of moral intuition. In this summary, such disorientation was described to be evident in the development of a sense that one has become attached to evil after exposure to adversity, or has even become evil oneself, through either intentional or unintentional participation in actions that one believes to be morally wrong. It was noticed that, in such cases, a person may experience intense self-fear or self-loathing, and may forcefully isolate himself or herself from important relationships, to protect love ones from the evil now residing within – all key descriptions of the element of CCAD under examination.

Indeed, in Chapter Two of this thesis, each one of the veterans experiencing self-horror at the perceived absorption of evil described the process by which they became intentional or unintentional participants in extreme actions that they believed to be morally wrong. Tim Segrest and Harold Miller both described a certain moment in the war where he began to enjoy killing. John Wolfe described the process of witnessing seemingly meaningless acts of violence in war, including the mutilation of a young boy. Lois experienced a rape at the hands of her comrades while in a combat environment. Nathan began to feel disdain for human beings, seeing them only as bodies, and treating them as such. Each of these veterans clearly regrets what has happened to them, or what they have done in combat, and they have each experienced a clear feeling of the perceived absorption of evil ever since the time of these events, which is in line with the teaching of philosophers dealing with the concept of *thymos*, as presented in the previous two chapters.

Conscious Disconnect from Emotion and Bodily Sensation

The narrative accounts of veterans such as Jim, Art, John, Dan, Scott and Tim presented in the section of Chapter Two addressing chronic, conscious disconnect from emotion and bodily sensation describe a situation in which veterans develop a sense of extreme emptiness or ghost-likeness, leaving them unable to connect with other people in meaningful ways and unable to access the inner vitality that makes life seem interesting, beautiful, and worth living. This loss of feeling alive, combined with a sense of not being whole, leaves them without a felt connection to themselves, the world, and the circumstances of their lives. They feel haunted, feel distant from the

center of themselves, and desperately long to become whole again. Their experiences seem to describe an intense experience of alienation of which they are acutely aware in the present, and which causes them not only great suffering, but a sense of the painful dissolution of their personalities.

A diachronic view of *thymic* disorientation does also address this element of CCAD, and in two parts, potentially developing and becoming evident in two different capacities of *thymic* functioning. First, it was summarized earlier in this chapter that Homer, Yousef Nassar, and Mikhail Arkhangelskoye each discussed the potential for a particular type of disorientation to occur in the emotional capacity of *thymos*, resulting in a loss of connection with one's own embodied sensations and emotional life, leading to an experience of self-alienation and a sense of inner deadness. It was suggested that this potential was most likely to occur in combat veterans who have experienced the following circumstances: (1) a betrayal by a leader or close comrade in combat, (2) the loss of one or more leaders or comrades to whom they were very close, or (3) an advanced dehumanization of the enemy. Indeed, a number of the veterans listed in Chapter Two as experiencing this element of CCAD did seem to experience one or more of the circumstances listed under CATD as common pre-dispositions for the disorientation of *thymic* emotion. Jim expressed sentiments suggesting that he had dehumanized the enemy, and also a sense that his leaders had lied to him about the meaning of war. Tim claimed to have been ordered to shoot a little girl, which again suggests both leadership betrayal and dehumanization, and since that time has experienced a persistent feeling of emotional deadness.

Secondly, it was summarized earlier in this chapter that Homer, Plato, John of Constantinople, Evagrius, Maximus, and John Cassian each were referenced in the previous two chapters as teaching that once a person becomes disoriented in the *thymic* capacity for instinctive motivation to action, they may feel as if their inner motivation to act has been disconnected or disabled, leaving them unable to respond quickly to future threats, and even effecting a feeling of inner deadness. It was suggested that this potential is most likely to occur when embodied impulses are estranged from rational processes after the capacity for reason overrides moral intuition in order to accomplish something a person feels to be wrong. In such cases, and especially cases in which the immoral action has resulted in the death or extreme injury of another person, a summary of CATD suggested that the offender may attempt to condemn himself or herself to a kind of living experience of death, in which by self-punishment he or she wishes to die, not being able to find another way to face what he or she has done. Once again, there is some connection with at least one of the veteran accounts that were related in Chapter Two, in the section on chronic, conscious disconnect from emotion and bodily sensation. Harold Miller claimed to have done things in combat for which he could never forgive himself, but over which he felt great exhilaration at the time, evidencing an internal sense that he had gone against what he believed to be right in order to act in a certain manner in combat. After that point – and until today – he has had trouble feeling connected with his own embodied sensations. In addition, some of his recorded comments in that section suggested a kind of self-imposed social death penalty for his actions, as he argues that he should not be allowed to get close to anyone else, or to feel for anyone else in the way that he did before the war.

In general, it should be concluded that the various aspects of conscious disconnect from emotion and bodily sensation mentioned in the accounts of veterans in Chapter Two are indeed accounted for by a diachronic view of *thymic* disorientation, and bear remarkable resemblance to the teaching of the philosophers who have been informed by the ancient metaphysical concept of *thymos*. In addition, CATD gives some insight into two potential origins of this element of CCAD, and the way each origin impacts a certain function of *thymos*. CATD also provides some insight into pre-existing circumstances that might aid entry into disorientation under conditions of extreme adversity.

Persistent, Socially Debilitating Mistrust

The narrative accounts of veterans such as Richard Howard, Nathan Everly, Cantrell and Dean's special forces soldier, and John Needham, as presented in the section of Chapter Two addressing persistent, socially debilitating mistrust, describe a situation in which veterans experience an enduring and debilitating sense of mistrust after their experiences in combat, leaving them unable to rely on any way of making sense of the experiences of their lives or entering into and maintaining meaningful relationships. In some cases this mistrust predisposed them to dangerous and unusual patterns of social interaction, from homicidal thoughts and actions to extreme sensitivity to any claims of support or authoritative positioning from caregivers.

A diachronic view of *thymic* disorientation does also address this element of CCAD. Earlier in this chapter it was summarized that Homer, Plato, Aristotle, Yousef Nassar, and Mikhail Arkhangelskoye each discussed just such a phenomenon as

persistent, socially debilitating mistrust, and considered it to be a feature of *thymic* disorientation presenting in the *thymic* capacity of emotion. The diachronic view of this feature suggests that such extreme mistrust is most likely to develop when (1) a warrior is exposed to an unbearable emotional experience in combat such as the loss of a close comrade or a leadership betrayal, (2) a warrior's develops a deep emotional attachment to something that is either evil in itself or else draws the warrior towards privileging it above human relationships, and the warrior himself becomes a betrayer of his comrades, or (3) a warrior's frustrated desire to be respected by his leaders and comrades or to prove his worth is frustrated, and he instead turns on them, becoming a betrayer. In any of these cases, the central accelerant towards *thymic* disorientation is either the radical loss of a leader or comrade or an act of betrayal in one direction or the other. Viewing this situation from the standpoint of CATD, once veterans have suffered a great adversity of this kind they can no longer allow themselves to be entrusted to anyone else again – or even to be entrusted to themselves – for fear of experiencing loss and betrayal on the same scale again. At the same time there develops painful feelings of hateful rage and bitterness towards oneself and others that often drives a person simultaneously into both alienation from any supportive community and self-alienation.

This does connect with the experiences of the veterans as recounted in Chapter Two. Richard Howard was described as extremely frustrated in his attempt to prove himself in battle, and his social relationships deteriorated progressively. He was described as turning his energy against his own comrades, then isolating himself, then beginning to aggressively challenge his leaders, and eventually to not trusting anyone and engaging in paranoid behavior. Nathan Everly returned from combat feeling

neglected and mistreated by his leaders, and feeling betrayed by comrades both in combat and after returning home. As described in Chapter Two, he now feels fearful to extend trust to anyone in relationships, and often displays bizarre behavior aimed at dominating and controlling others. John Needham saw war crimes in his time in combat that seemed to be condoned by his leadership, and felt both betrayed by them and powerless to stop them. Upon homecoming, he isolated himself from anyone who claimed to want to help or protect him, and eventually completed suicide. Each of these combat veterans has experienced an element of CCAD that is accounted for by CATD, and in fact both the pre-conditions suggested by CATD and the common features listed by CATD have closely described their experiences.

The Radical Dissolution of Moral Intuition and Narrative Coherence

The narrative accounts of veterans such as Mac, Martinez, Burgoyne, Edward Tick's My Lai veteran, and Richard Howard, as presented in the section of Chapter Two addressing the element of CCAD labeled as the radical dissolution of moral intuition and narrative coherence, describe a situation in which veterans seem to first experience a significant break from the valuing of human life in combat, and then secondly present a kind of radical and enduring loss in the ability to understand right and wrong from almost any perspective. In these situations, society's expectations of humane behavior can seem to them to be irrelevant or absurd, and they can find themselves unwittingly breaking moral codes without any kind of inner pause or ability to engage in reflection. Each of the veterans in Chapter Two were exposed to intense and extreme combat, and

each seemed to receive mixed messages from leadership on what is and is not acceptable behavior in war.

A diachronic view of *thymic* disorientation does also address this element of CCAD. Earlier in this chapter it was summarized that Homer, Plato, Aristotle, Evagrius, Maximos, John Cassian, Nektaria Dionysiou, and Mikhail Arkhangelskoye each discussed just such a phenomenon as the radical dissolution of moral intuition and narrative coherence, and considered it to be a feature of *thymic* disorientation presenting in the capacity of moral intuition. The diachronic view of this feature suggests that such extreme meaninglessness is most likely to develop when three concurrent pre-conditions converge in a person's experience: (1) a person overrides their intuitive sense of right and wrong in the midst of extreme adversity, (2) when this moral override is in the midst of intense and dangerous activity, calling for frenzied aggression, and (3) when, as a result of this aggressive, immoral action, a vulnerable person is killed or seriously injured. Once these things have all occurred, the viewpoint of CATD suggests that a person may likely experience a simultaneous erosion of the ability to discern right action by use of *thymic* intuition and to discern right action by engaging moral reasoning. As a person progresses in this condition of moral disorientation, he or she may have difficulty maintaining a sense of coherent meaning in the world as a whole, and can experience a collapse of his or her ability to function in society, as moral norms seem to be arbitrary and can become easy to transgress. Ultimately such disorientation can, from the perspective of CATD, lead to the erosion of a person's ability to make meaning of his or her own experiences in life in general, diminish of a person's ability

for self-reflection, and render him or her unable to integrate experiences into a coherent narrative whole.

This does connect with the experiences of the veterans recounted in the section on the radical dissolution of moral intuition and narrative coherence in Chapter Two. Richard Howard claimed in that chapter to have in some way overcome any empathy towards the enemy during his time in combat, and as a result began to enjoy the act of killing. In the aftermath of his combat tours, he explained that he had gained an increasing sense that the events of his life before the war were disconnected from his life after the war, and he further sensed that this separation was not the result of some previous naiveté about the world being a good place, where only good things happen to good people. Rather, he explained this sense as a lost ability to make meaning of any circumstances in life, because he had lost his foundation for understanding what is ultimately, real, or good, or true. Similarly, Harold Miller claimed in Chapter Two to have lost any previously held belief in God, and any belief in an objective foundation for kindness or goodness after his time in combat. He mentioned that this time on combat included actions that he felt others would consider deeply wrong and perhaps unforgivable, but also mentioned that although he could understand their position, he did not necessarily know where ideas like right and wrong could exist in a war zone.

The section on absurd meaningless in Chapter Two also contained accounts from four war criminals, each of whom evidenced some occasion of overriding their sense of right and wrong while in combat, and afterwards developing a pattern of inhumane, brutal actions in warfare with steadily diminishing moral restraint. Edward Tick's My Lai veteran described his life after combat in Vietnam as one in which moral

norms in society seemed absurd and arbitrary. Martinez and Burgoyne were described in Chapter Two at their trial as seeming notably disconnected to the moral implications of their actions, and, far from able to reflect on their actions with moral reasoning in hindsight, they seemed surprised at the outrage their actions produced in the public. In the case of each of these veterans, an evident progression as taught from the perspective of CATD is present: an override of moral intuition in the midst of extreme adversity leads to a frenzied activity that leads to death or harm of another person, and this is followed by an erosion of the ability to follow moral intuition or to engage moral reasoning in the future. Eventually, this situation can devolve into one in which a person is internally estranged from any moral codes, becomes alienated from previously held beliefs about what is ultimately good or true, and, in the most extreme cases, loses the ability to make coherent meaning of the events of life.

Uncontrollable, Lustful Rage

The narrative accounts of veterans such as Specialist Marquez, Nathan Everly, Harold Miller, D. C. Coop, Mifflin, and Steck, as presented in the section of Chapter Two addressing the element of CCAD labeled as uncontrollable, lustful rage, describe a situation in which veterans return from combat experiencing unpredictable episodes of rage in which they feel elation and strong compulsions to inflicting pain and destruction in their physical and social environments. Although these veterans claim to sometimes be able to reflect on their rage in hindsight, and to see the consequences of their actions and wish to change, they feel powerless to restrain themselves once they enter into such episodes, and feel powerless to learn how to predict such episodes from being activated.

A diachronic view of *thymic* disorientation does address this element of CCAD. Earlier in this chapter it was summarized that Homer, Plato, Evagrius, Maximos, John Cassian, and Mikhail Arkhangelskoye each discussed just such a phenomenon as uncontrollable, lustful rage, and considered it to be a feature of *thymic* disorientation presenting in the capacity of instinctive aggression or motivation.

The diachronic view of this element of CCAD suggests that such complex and unpredictable patterns of rage are most likely to develop when (1) a person is engaged in a heated action where an extreme danger to one's life or the lives of loved ones is present, (2) when a person is engaged in strenuous physical activity in response to the threat, especially when this seems to require violent force, and (3) when a person is either unwilling or unable to remain watchful that his or her action remains restrained on humane grounds. If all three of these conditions are met, it is likely that the aggressive function of *thymos* will outpace its ability to remain in contact with reason and with its sister function of moral intuition, and a person will begin to lose control of his or her own aggression. From the viewpoint of CATD, once this occurs a single time, it is more likely that it will occur the next time a similar threat is presented. Eventually, if the threats in one's environment remain steady, a *thymic* pattern can form, with very painful and disorienting consequences. From a diachronic view of *thymic* disorientation, such consequences may include a disoriented person's engagement in violent and inhumane actions towards lesser threats, and eventually towards anything which disrupts access to a person's most powerful desires in any given moment, without reflection or moral hesitation. It may also include a turning inward, in which a

disoriented person may experience violent episodes of self-hatred, with powerful impulses toward self-harm and suicide.

This does connect with the experiences of the veterans recounted in the section on uncontrollable, lustful rage in Chapter Two. In that chapter, Marquez's tour of duty in Iraq was described as one in which he faced constant threats that required violent force for self-preservation and the protection of his comrades. At one point near the middle of his tour, after witnessing the gruesome death of some of his comrades, he described himself as becoming extremely exhausted, and as having trouble accessing any feelings about what he was doing in war. This seems to have been a moment in which he began having trouble being watchful, and soon afterwards his leaders began to notice some slightly inhumane behavior in combat, which in time become more pronounced, and developed into a concerning pattern. Marquez was described in Chapter Two as beginning to enter into some episodes of unpredictable violence when not engaged in combat. Harold Miller began to experience exhilaration in his combat tour to Iraq, as described in Chapter Two, and lost what the teachers of *thymic* disorientation would call watchfulness in the process of learning to love the act of killing. Upon homecoming he has had experiences of rage and violence that have thrilled him, and which can certainly be described as lustful. Mifflin and Steck each described something similar, as was related in Chapter Two. They both experienced a sensation of exhilaration in combat that they compared to sexual activity, and which powerfully disoriented their experience of rage and violence upon homecoming.

In the case of each of these veterans, an evident process as taught from the perspective of CATD is present: extreme danger which requires intense and violent

physical action seems to eventually outpace a person's ability to remain watchful with the capacities of *thymic* moral intuition and reason, after which time a person's aggressive instincts can act wildly and without restraint. This experience itself can be exhilarating, but the exhilaration is paired with disorientation, especially when unrestrained aggression becomes a pattern. Upon homecoming, when only very small threats are present, or when a person faces a much smaller adversity, he or she may find that *thymic* aggression is activated in its most extreme form, exhilarating but unrestrained, and causing painful and dangerous consequences in a person's environment.

A Summary of CATD on CCAD

In summary, it must be concluded that *Combat Activated Thymic Disorientation*, as a representation of a diachronic view of the potential for disorientation in the human capacity of *thymos*, does indeed account for all five elements of *Complex Combat Activated Disorientation*, as summarized in Chapter Two of this thesis, and does so in a manner that represents the complexity, uniqueness, and totality of the disorientation of these veterans. There is not a feature of any one of the elements of *CCAD*, as presented in Chapter Two, that is not addressed from the perspective of *CATD*, and each feature of each element has been accounted for not only in its presentation but also in its pre-conditions and its potential connection to the other elements. For the sake of completing the argument, it may now be helpful to briefly readdress the reasons why *CATD* provides a superior account of the five elements of *CCAD* than either of the dominant paradigms of approach taken by contemporary caregivers – the paradigms of

Complex PTSD and Moral Injury, which were discussed in Chapters Three and Four of this thesis.

CATD Rather Than Complex PTSD or Moral Injury

In Chapter Three it became evident that the psychiatric paradigm has significant difficulty in accounting for CCAD, and especially when it is limited to one specific diagnostic spectrum, even with the latest extrapolations of PTSD into the informal sub-category of Complex PTSD. Using the diagnostic criteria of the DSM-5, one of the elements of CCAD is altogether unaccounted for, and the remaining four elements are only accounted for using criteria from three distinct psychiatric disorders: two have some significant connection to PTSD criteria, a third element is related to criteria listed under the Dissociative Spectrum of disorders, and a fourth has a tenuous connection with a disorder in the Schizophrenia Spectrum. It has been demonstrated in this thesis that such an incomplete account of CCAD adds significant challenges to already heavily challenged veterans, as they will need to be concurrently diagnosed with at least three disorders, each of which will indicate its own treatment plan for specialized psychotherapy and psychopharmacological support, and none of which completely addresses their the complexity and totality of their needs.

In Chapter Four it was made evident that the paradigm of Moral Injury, a complementary approach growing out of the psychiatric paradigm in response to its inadequate ability to account for CCAD, has indeed proven capable of providing a meaningful – if not exhaustive – account for four of the five elements of CCAD. In order to accomplish this, the Moral Injury paradigm makes use of the philosophical

concept of *thymos*, and particularly the earliest recorded use of *thymos* in the epic poetry of Homer, innovatively appropriating its meaning into contemporary usage with the help of modern psychiatric presuppositions. However, inasmuch as the Moral Injury paradigm was able to approach four of the five elements of CCAD, it was also demonstrated in Chapter Four that the Moral Injury paradigm was unable or unwilling to provide an account for the fifth and perhaps most unusual feature of the phenomenon under consideration: perceived self-horror at the perceived absorption of evil.

Furthermore, the Moral Injury paradigm only includes two general categories to explain the development of the elements of CCAD: (1) some type of betrayal in combat and (2) entering into a berserk state in combat. Although these two categories are clearly linked with the elements of CCAD, some veterans do not clearly fit into either of these two categories, and are therefore left incompletely addressed.

Beyond the critique of whether the psychiatric and Moral Injury paradigms are able to account for the uniqueness, complexity, and totality of the elements of CCAD, this thesis also gave sufficient evidence to question the efficacy of the philosophical presuppositions of each paradigm to provide an underlying epistemological foundation for holistically understanding the circumstances of veterans experiencing CCAD. The psychiatric approach has been critiqued in its mechanical presuppositions, which renders it unable to account for any complex features that cannot be coherently addressed by making use of into its diagnostic categories, and to a larger extent the dominant scientific approach to healthcare, which seeks to explain all human difficulties in terms of physiological morbidity. These presuppositions keep caregivers working strictly from the psychiatric paradigm in a position in which they must either ignore the

experiences of veterans that are inexplicable according to physiological categories or else reframe them according to these categories.

The Moral Injury paradigm has been critiqued as partially suffering from the same pre-suppositional poverty as the psychiatric paradigm, which is not surprising given that it grew out of the psychiatric paradigm as a complementary approach. This is evident in Jonathan Shay's general insistence on taking the ancient philosophical ideas he uncovered in his research and attempting to immediately convert them into contemporary psychiatric categories. Accordingly, the most important philosophical critique of the Moral injury paradigm offered by this thesis is related to Shay's work in understanding applying the ancient Greek metaphysical concept of *thymos*. It has been demonstrated in this thesis that, although his appeal to *thymos* in order to transcend the constrictions of physiological morbidity in understanding the elements of what this thesis has labeled CCAD was a work of superior quality, Jonathan Shay's appropriations of *thymic* content was accomplished in poor philosophical fashion, and this limited his ability to address CCAD in its complexity and totality. Shay's acknowledged disinterest in understanding the original and continued historical context of the concept of *thymos* kept him from fully appreciating its ability to serve as an ancient foundation for understanding human disorientation in the functions of emotion, aggression, and morality. Although Shay was able to find some meaningful connections with these ideas through vignettes from Homer's epic poetry, the larger efficacy of the concept in approaching CCAD was left untouched.

In contrast to these critiques, it is now clear that CATD, as a representation of a diachronic view of *thymic* disorientation, is able to address each of the 5 elements of

CCAD, and to address them with a greater appreciation for their uniqueness, complexity, and totality than either the psychiatric or Moral Injury paradigms. It is able to do so by maintaining a contextual philosophical approach that has allowed the concept of *thymos* to be seen both in its ancient context and in its organic development over time into contemporary philosophical thought. It is now possible, having made thorough use of the term Complex Combat Activated Disorientation throughout this thesis, to substitute it for the term Combat Activated *Thymic* Disorientation, as this thesis has essentially argued that the elements categorized under the former term can be best understood by using the approach of the latter.

The Usefulness of the CATD Paradigm, and Transitioning to Care

Having argued the sufficiency of the CATD paradigm in understanding complex disorientation among veterans after exposure to adversity in armed combat, a practical question remains about the usefulness of the CATD paradigm, which indeed also concerns an essential aspect of the nature of this thesis: is the thesis asking caregivers and theorists to abandon their previously-held paradigmatic approaches to the disorientation of their most troubled veterans in favor of this one, or is it offering this paradigm as a complementary one – as a more historically competent way of tracing ancient anthropology into a modern context for use alongside of other orientations which themselves do not alone capture the uniqueness, complexity, and totality of the situation? The answer itself is complex. In Chapters Six and Seven of this thesis, attention was given to modern desert teachers who continue to approach disoriented human persons in a way that is primarily informed by the same ancient philosophical

anthropology that has been demonstrated as useful in understanding CATD in its complexity, uniqueness, and totality. Although the entirety of their paradigm was not addressed in this thesis, because such an inquiry lies outside of the scope of this thesis, their understanding of *thymic* disorientation in its unbroken and living tradition is the primary paradigm by which they would – and in certain cases do – provide care to veterans experiencing CATD. Given this reality, it is possible to suggest that certain caregivers might wish to explore the modern desert approach to human disorientation in general, including its particular theoretical assumptions and interventions, and to consider adopting the CATD paradigm as a new primary orientation to their work with veterans and other adversity survivors.

However, this thesis has not suggested that CATD is the only efficacious paradigm for understanding any aspect of any one or more of the five related features that have been the subject of the thesis, even if it has argued that the psychiatric paradigm alone is insufficient to understand these features in their totality and interrelation, and that the moral injury paradigm, while helpfully looking into an ancient philosophical paradigm to form a complementary approach to psychiatry, ultimately falls short of either remaining faithful to the ancient context of that paradigm or accounting for the full complexity of the features it seeks to better understand. Rather, this thesis has succeeded in illuminating some significant limitations for both the psychiatric paradigm and the moral injury paradigm in addressing CATD, while avoiding the summary dismissal of these paradigms, and while discussing what efficacy they do maintain in understanding disoriented veterans. This thesis has also acknowledged the realities of organized care in response to adversity survivors of all

kinds, and the manner in which the psychiatric paradigm appears to often be inextricably linked with resource management in organized care.

There are a wide number of reasons for a caregiver to maintain a primary paradigm of orientation to a particular phenomenon that does not itself address the totality of that phenomenon, and it must be admitted that most widely employed paradigms of orientation to any phenomenon contain a significant degree of efficacy. Accordingly, this thesis suggests that, in addition to its potential use as a primary paradigm, the CATD paradigm should also be considered for its potential use as a secondary, complementary paradigm. This may be most appropriate for caregivers choosing to primarily use the psychiatric paradigm in their work with disoriented veterans, or whose professional responsibilities constrain them to lead with the psychiatric paradigm. It should also be considered for its potential as a tertiary complementary approach for caregivers choosing to primarily use the psychiatric paradigm and to and secondarily use the moral injury paradigm in their work with disoriented veterans. The use of the CATD paradigm may be used, then, in a primary or complementary manner, given that the main argument of this thesis has not included the assertion that other paradigms have no efficacy or insight, nor has it been blind to the various reasons for which a caregiver might be compelled to operate within certain paradigms that cannot fully address CATD veterans.

Having discussed the potential for the CATD paradigm to be adopted as either a primary or complementary paradigm of approach for the most disoriented combat veterans, it is now possible to make a connection between caregivers interested in making use of the CATD paradigm and the work of the Centre for Trauma, Asylum,

and Refugees (CTAR) at the University of Essex, which center has provided a platform for this thesis. Specifically, it will be useful to examine the ways in which the center's psychosocial framework for approaching adversity survivors, developed by Renos Papadopoulos, may prove useful for caregivers working with veterans experiencing CATD. It must be noted that, related to the manner in which this thesis does not compel any caregiver to make the CATD paradigm his or her primary paradigm of orientation in order to find it useful, this thesis will not make suggestions about any specific form of intervention or treatment for CATD from any existing orientation to therapeutic care. Rather, the following chapter will proceed to offer relevant comments on Papadopoulos' framework in helping caregivers from any orientation to therapeutic care to more competently approach CATD veterans with an optimal epistemology. Papadopoulos' epistemological aids will protect caregivers from developing polarized stances in their care, and will help them to avoid both oversimplification in their interventions and the pathologization of ordinary responses to human suffering among veterans (Papadopoulos, 2015, p. 15). Avoiding such severely limiting and potentially damaging tendencies in care may be discussed as the "sharpening of epistemological vigilance" in work with adversity survivors, which is a chief preoccupation of the Centre for Trauma, Asylum, and Refugees, and the following chapter of the thesis will be concerned with highlighting specific applications with the unique population of CATD veterans (Papadopoulos, 2015, p. 15).

CHAPTER 8

CATD AND THE CTAR FRAMEWORK FOR PSYCHOSOCIAL CARE

Papadopoulos' framework for caregivers working with adversity survivors has many facets, but two of these facets can be seen as especially essential for work with disoriented veterans: (1) caregivers must develop and maintain an epistemological vigilance against polarization in their approach to veterans to avoid traumatizing them, and (2) caregivers must develop and maintain an epistemological vigilance protecting against pathologization in their approach to veterans, which includes protecting against a *de facto* medicalization or psychologization of all forms of human suffering, in order to avoid traumatizing them. Key elements from both of these facets will be discussed in this chapter, and their potential relevance to caregivers working with CTAD veterans will be considered thoroughly. This will be accomplished in order to establish a strong connection between caregivers seeking to integrate the predominant themes of this thesis into their care and the work of the Centre for Trauma, Asylum, and Refugees, which has supported the research underlying the thesis and which remains committed to supporting therapeutic care for adversity survivors of all kinds.

Avoiding Polarization in Care for CATD Veterans

Papadopoulos insists that all events of collective adversity involve polarization, and that in fact the relationship of communal polarization on any devastating events is a defining one (2014). War is no different. In war there is not only a deep political division between opposing parties, but there are also sharp divisions between strategic military commanders and frontline ground troops, and often sharp divisions between

societies which send their youth to war and the youth that are sent by the will of the people. Upon homecoming, there continues to be a polarization between returning warriors and the communities that offered them to the war effort, and polarization between disoriented warriors and the caregivers who attempt to support them – especially if those caregivers have no experience in war. If caregivers do not adequately locate and consider these divisions, and work to understand the manner in which persons in their context of care tend to become fixated on one pole and lose the ability to meaningfully encounter people and ideas at any distance from that pole, they will likely view the caregiving relationship in a polarized way (Papadopoulos, 2014). From this polarized position, caregivers will tend to encourage veterans to both examine and identify with their circumstances in an equally simplistic way, keeping both themselves and the veterans under their care blind to the impact of powerful archetypal forces.

Papadopoulos argues the point in this way:

“Polarization seeps through every facet of individual and collective areas of functioning...[and] under ordinary conditions, people [find ways to] combine...polarities and also both collective and personal dimensions, [but] under polarized conditions, such as when mass catastrophic events occur that create adversity victims and survivors, this balance...is destroyed and replaced by...dangerous and elusive [imbalances]. Under conditions of polarization and archetypal unipolarity, the ability to bear complexity is destroyed and replaced by oversimplification at all levels. This means that no person or phenomenon can be appreciated in terms of its complexity. Everything is experienced either as being positive or negative and without any shades, nuances or doubt” (2005, p. 37; 2014, p. 23).

Beverly Chapman is a military caregiver who has worked extensively with combat veterans experiencing significant disorientation upon homecoming, and has experience working with veterans experiencing the elements of CATD described as persistent,

debilitating mistrust and the radical dissolution of narrative coherence. Beverly is well-trained in a specific approach to psychotherapy, and describes an encounter with a veteran in which he did not adequately consider the polarized manner in which his client viewed all members of society, including those in the military: those who had been in combat, and those who had not (Chapman, interview, 2014). In hindsight, Chapman was able to consider that by not recognizing this phenomenon, he was quickly placed into a polarized struggle with his client, in which he – by not sharing the assumption that there is a profound difference between combat veterans and others – was not only representative of the ‘others,’ but also part of the problem, in his client’s perspective, since his client felt that society in general sent its citizens to war and then ignored their unique needs upon homecoming (Chapman, interview, 2014). Chapman eventually found himself unwittingly taking up a position on the opposite pole, struggling to help his client see another perspective and to begin to trust again, but using simplistic, preconceived means to do so which further threatened his client. This may be seen as a clear example of the kind of danger a caregiver may face in caring for disoriented veterans if he or she has not developed an adequate epistemological foundation.

Papadopoulos offers a further warning to caregivers on this topic:

“The areas that are affected by this [type of] oversimplification are many and include: the perception of the causes and effects of the catastrophic events, the accounts people give about the effects of the adversity, the perception of what would be an appropriate remedy to the situation, the expectations they have from the humanitarian agencies and their staff, etc. Equally, those who go out to offer help as well as ‘the public opinion’ tend to become victims of polarized discourses that also affect them at all levels, including their own perceptions and experiences of themselves and of those affected by the adversity, their views about what happened and how it can be remedied etc.” (2014, p. 23).

It is important to recognize that Papadopoulos' warning about the reality of polarization after adversity includes its potential effect on the perspectives of both survivors and caregivers. Although Chapman was able, after reflection upon his care to the veteran, to see how polarization affected his client's worldview, introducing a cycle of mutual reactivity that profoundly complicated their ability to relate to each other, he still appears to miss the possibility that he was the one who first acted from a polarized position, and whose actions activated that cycle. Chapman's strong therapeutic orientation and his sense of success in working with previous veterans seemed to arm him with the unexamined assumption that he was an ideal caregiver, and the feeling of surety that his care would be efficacious (Chapman, interview, 2014). This confident entry into the relationship may have quickly activated a polarized setting for the encounter, as from the caregiver's point of view the 'strong caregiver' had come to in to rescue the 'needy veteran,' or from the client's point of view the 'non-combat, crisply dressed leadership professional' had come in to rescue the "broken-down warrior who could not take care of himself."

This latter potential seems likely, given that Chapman's veteran described a struggle with persistent, debilitating mistrust. In the previous chapter, veterans struggling with this element of CATD were described as experiencing a *thymic* disorientation presenting in the capacity of emotion that is most likely to develop when (1) a warrior is exposed to an unbearable emotional experience in combat such as the loss of a close comrade or a leadership betrayal, (2) a warrior's develops a deep emotional attachment to something that is either evil in itself or else draws the warrior towards privileging it above human relationships, and the warrior himself becomes a

betrayal of his comrades, or (3) a warrior's desire to be respected by his leaders and comrades or to prove his worth is frustrated, and he instead turns on those whose respect he craves, eventually betraying them in some way in combat. In any of these cases, it was argued that the central accelerant towards *thymic* disorientation is either the unexpected and painful loss of an important leader or comrade in combat or else an act of betrayal in one direction or the other. In the case of veterans whose acceleration towards persistent, debilitating mistrust happens in relation to an authority figure, or in relation to the society which sent them to war – as highlighted in Chapter Two by the narratives of Sergeant Nathan Everly and Cantrell and Dean's Special Forces soldier – caregivers must carefully account for power dynamics in their epistemological approach to caring. Such veterans will have an acute sense of the power differential in the helping relationship – including therapeutic overconfidence, self-assurance, or the use of an oversimplified or packaged approach to care – and can easily enter a defensive and polarized position towards the caregiver.

The Centre for Trauma Asylum and Refugees at the University of Essex, in an approach to therapeutic care for adversity survivors developed by Papadopoulos, insists that caregivers avoid a therapeutic stance towards survivors that emphasizes survivor disorientation, or which emphasizes the caregiver's ability to help or save survivors from disorientation (2015b). Papadopoulos insists that “ultimately, theoretical approaches that tend to view the survivors of these forms of adversity only as mere ‘traumatized victims’ can...be seen as the product of [epistemological distortion] in that they do not allow for the appreciation of the wide range of responses to adversity...” (2015a). Chapman's illustration of this potentiality is one among many, but it

sufficiently portrays the risk that caregivers to CATD veterans face when they are not armed with an adequate degree of epistemological complexity in their care.

Concepts Protecting Against Polarization in the CTAR Model

CTAR concepts protecting against polarization include systemic illustrations such as the ‘victim-savior-violator triangle,’ which portrays the potential for survivors and caregivers to enter into systemic projective locks characterized by powerful enactments around polarized positions towards each other and the world (Papadopoulos 2002, 2014b, 2015b). Papadopoulos regularly uses this illustration in trainings and workshops, and encourages caregivers to consider how to avoid entering such projective locks, usually centering on intentional caregiver avoidance of the pathologization of survivors from the first establishment of the caregiving relationship (2002, 2014b, 2015b). The efficacy of the triangle illustration is its usefulness as a dynamic object lesson, which the presenter uses in collaboration with a collected group of caregivers who by place themselves into positions relating to each of the particular poles. As they do so, they allow themselves to experience in a collective way the powerful gravity of each position in the closed triad, and also the way that locked triadic systems can quickly transfer a person from one position to another, for instance making victims into violators who remain tightly related to saviors that have become victims. This systemic lock can even be viewed with more complexity when working with caregivers who have greater experience in working with adversity survivors. Chapman may, had he attended a CTAR training, have been able to see how in positioning himself simplistically as a savior in relation to client, he actually appeared to his client to be a

violator, and was subsequently treated aggressively. The confusion of this complex, polarized relationship cannot be understated, as Chapman quickly became disoriented to find the ‘victim’ he was preparing to save turn against him as a ‘violator,’ and responded in a way that enforced his client’s sense of him as a ‘false-savior violator.’

Essentially, the use of such an illustration is a part of continuing education in the realm of epistemology of care. A related continuing education activity used by CTAR in its various caregiver trainings is the collaborative exploration of an extended Jungian concept focused on the dangers of causal reductivity in responding to human suffering (Papadopoulos 2002, 2006). Papadopoulos argues that Jung’s “teleological epistemology,” which saw human disorientation as more than solely pathological, but rather inclusive in the “purpose and goal of [a person’s] development” at large, is necessarily at odds with causal-reductive epistemologies, which identify various forms of discomfort and disorientation as strictly pathological and attempt to reduce their existence to a compact symptom or traumatic origin that can be treated (2006, p. 17, 19). In terms of the application of this concept to work with adversity survivors, Papadopoulos argues that “[what is commonly labeled as] trauma is not just an intrapsychic condition which is created in a linear way by external violent events. It is also a social construction and it fits within wider social constructs which also permeate the function and structures of...services that are set to address refugee difficulties” (2002, p. 40). In many CTAR trainings, this concept is collaboratively discussed, with participants using examples from their own work to describe situations in which clients’ particular forms of distress and disorientation are treated strictly pathologically, and in which neither the meaning that clients are making of their own distress nor the way that

this meaning relates to clients' overall understanding of themselves and their lives is considered (Papadopoulos, 2014b, 2015b).

D. C. Hoop's description of the various approaches of his caregivers, as partially described in Chapter Two of this thesis, would serve as an example in which causal-reductivity exacerbated his disorientation and also activated a skepticism within, marked by questioning whether any caregiver could ever understand him. Hoop's description of feeling as if he had been connected with a sense of evil in combat was quickly labeled by his caregivers in a way that did not capture the complexity of his disorientation, and which treated his disorientation as pathological without examining its impact on his self-understanding, his worldview, or his development as a human person (2010). As a result, it appears that his psychiatric label became a source of despair for him, as it awakened a victim stance that served to separate him from whatever resources he had to make meaning of his experience in the war and his current experiences after homecoming (Hoop, 2010).

The introduction of the Trauma Grid is a third CTAR concept that has the potential to protect caregivers from adopting polarized stances towards their CATD veterans (Papadopoulos, 2002, 2010, 2014b, 2015b). Papadopoulos designed the grid for the purpose of offering caregivers a tool that would help them to simultaneously organize what they see in the field and to reflect on what they see with maximum complexity (2015b). By offering various categories for triaging the particular responses to adversity that caregivers encounter with their clients, including categories for negative, neutral, and positive responses, caregivers are encouraged to view their clients' responses with greater complexity – thereby increasing the chance that they will

view clients themselves with greater complexity. In turn, this results in caregivers relating to their clients in ways that resist unipolar identification, and, through relationship, results in clients viewing themselves in ways that resist unipolar identification.

Jonathan Black, a uniformed caregiver who has served extensively with combat veterans, claims that his introduction to the Trauma Grid had a revolutionary effect on his approach to care for combat veterans experiencing the element of CATD described as lustful, uncontrollable rage (interview, 2015). He describes it this way:

“Just by choosing to use the grid my vision expands, and my viewpoint is changed. If I see a helpless, angry man whose life is unmanageable, then of course I will tend to feel anxious about saving him, and will treat him as ‘broken.’ But if I see man whose life after combat has contained many things – moments of wild rage, yes, but also a spirit that wants to get better, and an interest in giving to the world in some way, and an abiding love for his son and daughter – now I am seeing someone else, and I can relax and look closer. What can I do to support him in his journey towards being whole again? How can I walk beside him? And the grid naturally asks you to do this” (Black, interview, 2015).

In Black’s experience, then, caregivers making use of the Trauma Grid are practically constrained to approach their clients with greater complexity, as the categories of the grid demand a complex view of the person.

By exposing caregivers to the concept of the victim-savior-violator triangle, by aiding them in recognizing the dangers of causal reductivity in triaging the suffering of adversity survivors, and by empowering them in the employment of the Trauma Grid, the Centre for Trauma, Asylum, and Refugees provides epistemological protection for caregivers in a variety of setting. These three protective concepts certainly do not stand alone, and indeed there are many others. However, these three have been chosen because they are especially salient in the work of veteran care. Epistemological

complexity is important when caring for any adversity survivors, but it is particularly important for CATD veterans who experience persistent, debilitating mistrust, as described earlier in this section of the chapter. Because of the extreme sensitivity among CATD veterans in relationships with persons in authority of any kind, it is crucial that CATD caregivers make use of epistemological protection, so that they can avoid the dangers of polarization in their care.

Avoiding Pathologization and Medicalization While Caring for CATD Veterans

Papadopoulos is also sensitive to the dangers of pathologization in care to adversity survivors, and for this reason he has made it another central tenet of his trainings to caregivers (2014b, 2015b). He insists that “suffering is not necessarily a pathological condition; suffering is part of the human condition and it is inappropriate to either attempt to eradicate it completely or to understand it exclusively as a medical or psychiatric condition, i.e. ‘medicalize it’ or pathologize it” (Papadopoulos, 2015, p. 20). Elsewhere, he notes the dangers of what he calls ‘psychologization,’ in addition to the dangers of pathologization and medicalization:

Within the cloud of the inherent epistemological confusion and the anguish emanating from the unintelligibility of...complex phenomena [observed when working with adversity survivors], the theories mental health experts advance in attempting to understand destructiveness may ultimately amount to being not much more than ornate psychologizations and pathologizations which are intended to ease the resulting distress. Thus, unwittingly, I would argue that we are used by society, as experts, to explain away the disturbing complexity of destructiveness and replace it with sanitized theories” (Papadopoulos, 1998, p. 459).

The ultimate danger of pathologization, medicalization, and psychologization, from Papadopoulos’ perspective, is that caregivers often gravitate – under the emotional

pressures inherent in attending to survivors of adversity – towards understanding their clients within philosophically limited societal discourses about the nature of human suffering, thereby remaining blind to certain aspects of their clients’ experiences and meaning-making, and ultimately activating the potential for harm to occur within the caregiving relationship (2002).

There are two essential concepts contained within this warning that are especially and directly relevant to work with CATD survivors. First, the tendency among caregivers towards medicalization and psychologization of both ordinary and certain extraordinary forms of suffering is an acute issue in contemporary veteran care. David Wooten, a combat veteran and family therapist who works exclusively with fellow veterans, active duty servicemen, and their families, recognizes this tendency clearly:

“Words cannot describe the frustration many caregivers have – especially those coming from systemic orientations who view ‘pathology’ in a different way that the DSM prescribes, at the way that veterans are categorized by supposed symptoms before their stories are even allowed to be told. We give them a label, and we are trained to think that this label will bring relief, as they will supposedly realize that their suffering is not unique, and that the experts have a plan to make everything better. By the way, can we then be surprised, when after they don’t respond to treatment, they are angry and feel betrayed by those who have promised they will be well soon? But this actually works in two ways...some veterans who are going through the normal trials of homecoming are labeled in a way that almost victimizes them by making them believe that they have returned with a mysterious disease...other veterans return with severe difficulties that don’t cleanly fit into the DSM criteria, but we ‘make them fit’ in order to allow them entry into the care system – no matter whether these diagnoses correspond to the way veterans themselves make meaning of their suffering – after which time they are placed on an evidence-based care plan corresponding with a psychiatric disorder that nobody is perfectly convinced they have, if they are being honest” (interview, 2015).

Considerable attention has been given in Chapter Three of this thesis to the apparent inadequacy of the psychiatric paradigm in addressing the elements of CATD, and that

inadequacy will not be readdressed in this chapter. However, Wooten's comments are salient here, in that they recognize a dual danger of pathologization, medicalization, and psychologization in veteran care that is only partially addressed in Papadopoulos' work. This dual danger certainly applies to veterans experiencing painful but ordinary responses to homecoming from combat who receive psychiatric diagnoses that actually complicate their recovery. It also applies to veterans experiencing very unusual responses to homecoming from combat, including those veterans with CATD, who receive psychiatric diagnoses that do not correspond to the complexity of their experience. In either case, caregivers with good intentions find themselves limiting the human suffering they observe to the confines of a certain paradigm – and this especially appears to be common with medical and psychological paradigms, which often theoretically dominate the field of professional psychosocial care. As Papadopoulos notes, the potential harm resulting from this situation should compel caregivers to mobilize their epistemological awareness to the greatest extent possible (2002).

One additional intersection occurring between Papadopoulos' warning and Wooten's frustrations as a caregiver is the impact of limited discursive perspectives on an adversity survivor's process of meaning making, which may occur either during and after exposure a person's exposure to adversity. Wooten notes that the tendency for initial caregivers to immediately refer to the DSM when working with disoriented veterans – often in order to help them to gain access to care resources – can result in a distraction from encouraging veterans to tell the “story” about what they have experienced, which will necessarily include indications of the manner in which they are integrating their experience and making meaning of it (interview, 2015). Further, he

worries that the diagnoses these veterans receive are sometimes dissonant with the way that they make meaning of their experiences. Similarly, Papadopoulos warns that by labeling adversity survivors as “traumatized,” caregivers can tend to “ignore all...considerations of how people process experiences” (2002, p. 28). Ignorance of this kind can be damaging indeed, considering that the processing of experiences, when understood in terms of teleology or “meaning in the making,” is the result of a universal human motivation towards inquiry about the experiences of life, which can be linked with the continual development of morality (Papadopoulos, 2006, p. 17, 26).

The potential damage associated with this danger is perhaps particularly devastating when caregivers work with CATD veterans who have experienced the radical dissolution of moral intuition and narrative coherence. In Chapter Seven, this feature of CATD was described as a feature of *thymic* disorientation presenting in the capacity of moral intuition which is initially marked by an erosion of the ability to discern right action and which progresses into a loss of coherent meaning in the world as a whole. Persons in such disorientation may be particularly harmed when their caregivers either do not notice the state of their inability to make meaning of their experiences or else medicalize this phenomenon by placing it into a diagnostic category that does not account for all of its aspects and then initiating a poorly matched treatment plan.

The second essential concept in Papadopoulos’ warning about pathologization, medicalization, and psychologization is his insight into the manner in which caregivers can be unwittingly ‘used by society’ as agents of sterilization, containment, and relief for the collective conscience (1998). This is also a crucial insight for CATD care,

especially for caregivers working with CATD survivors who have experienced a perceived betrayal by society or family, as it opens up the potential for a parallel process between caregiver and survivor that could be either useful or harmful, depending on the circumstances and the caregiver's awareness of the parallel. Daniel Dawson, a caregiver for both veterans and active duty warriors, speaks of an instance in which he was compelled to see a disoriented veteran who was equally compelled to see him by military leadership (interview, 2015). This veteran described the feeling of having been deeply betrayed by his leadership upon homecoming; he had been close with his leaders and teammates overseas, but after homecoming he was quickly transferred to another unit, and felt disenfranchised and discarded (Dawson, interview, 2015). Dawson described having been briskly pulled from an important personal engagement by his leaders in order to consult with the veteran, and had the strong feeling that his leaders had inserted him into the situation so that they could avoid the difficulty of engaging with the veteran themselves. Thus, a parallel process of some kind existed. In this case, Dawson became aware of the parallel, and, after a few minutes of silence, offered his sense of it to the veteran in the caregiving encounter (interview, 2015). From Dawson's perspective, this intervention – which certainly contained risk – opened up communication with the veteran, who was able to relate his perceived betrayals in a manner that forged a connection for future work.

Dawson's experience as a caregiver is not unique, but neither is it particularly common. His ability to notice the parallel by maintaining a degree of epistemological vigilance in both his understanding of the complexity of his position in care and his developing understanding of the complexity of his client's position allowed the

caregiving encounter to move forward. Had he not maintained such vigilance, it is possible that he would have acted as an agent of sterilization for the relief of his leaders who had labeled the veteran as ‘a problem,’ and that his client would have been further violated by yet another seemingly disinterested betrayer in his leadership structure. This potentiality is one among many, but it sufficiently portrays the risk that a caregiver to CATD veterans may face when remaining unaware of tendencies in care towards pathologization.

Concepts Protecting Against Pathologization in the CTAR Model

CTAR concepts protecting against pathologization and medicalization of both ordinary and unusual forms of human suffering in work with adversity survivors include unique formulations about the impact of adversity on identity formation and maintenance, and the way that this impact influences meaning making (Papadopoulos 2002, 2014b, 2015b). Papadopoulos notes that adversity survivors who have been dislocated from a previous status, way of being, or geographic place tend to sense the impact of a “multi-dimensional, deep and pervasive loss and...feel [further] disoriented because it is difficult to pinpoint the clear source and precise nature of this loss, especially due to its complex and dichotomous nature” (2002, p. 15). Elsewhere he refers to this as an “ungraspable pain...which has an elusive nature but very clearly and painfully felt effects” (Papadopoulos, 2008, p. 3). He highlights the natural tendency for misunderstanding or pathologizing such an unclear and complex experience of loss, arguing that “to understand this...loss in the ordinary psychological sense is to miss the rich complexity that [it] entails,” and insisting that both caregivers and survivors must

consider how they are making meaning of the various aspects of leave-taking, changes in identity, and homecoming surrounding the loss (Papadopoulos, 2002, p. 15).

In order to address this clearly, CTAR invests up to a third of their training time with caregivers in helping them to expand their epistemology of loss (Papadopoulos, 2014b, 2015b). With regard to a more adequate view of the phenomena of leave-taking, movement in identity, and homecoming during and after adversity, Papadopoulos addresses each with internal complexity in his trainings, noticing “binary dichotomous elements” within each one (2002, p. 15, 2014b, 2015b). These phenomena and their dichotomous elements will not each be examined here, but it will be necessary to examine at least one of them in order to comment on the efficacy of the training in protecting caregivers from tendencies in pathologization. Papadopoulos notices the internal binary dichotomy inherent within movement in identity during and after adversity, which he describes distinctly – and yet relatedly – as movement in both “tangible and intangible” aspects of identity (2002, p. 15). Incidentally, he also writes at length on the dichotomous aspects of group and individual identity during and after adversity, although that will not be addressed here (Papadopoulos, 1998). Papadopoulos classifies tangible elements of identity as a coherent conglomerate of physical, vocational, ideological, psychological, social, recreational, ethnic, aspirational aspects of one’s sense of self (2015c). He classifies intangible elements of identity as a “mosaic substrate of identity,” conceptualized as an ecological base of order, belonging, and a degree of predictability upon which one’s tangible elements of identity rest, and consisting of aspects such as sensory input, rhythms, habits, and relationships (Papadopoulos, 2015c).

In the CTAR framework, “the sum total of the unique combination and fit” between tangible and intangible elements of identity is described as creating a dynamic but stable state in which “a settled...pattern of life” naturally establishes familiarity; this pattern is discussed as “onto-ecological settledness” or OES (Papadopoulos, 2015c, p. 19). The concept of onto-ecological settledness is essentially an attempt to account for a certain established condition of living and making meaning of life that is often unexamined and therefore underappreciated in its totality when considering loss after exposure to adversity. When the onto-ecological settledness of an individual, family, or group is radically affected, caregivers are often able to consider perceived changes to certain tangible aspects of a survivor’s identity, but the extreme disorientation that can accompany loss or radical change in intangible aspects of identity are often inadequately considered. The state of such change creates an unclear, painful state in which a person “aches” for specific tangible losses but also for more elusive intangible losses, and this state is discussed as “nostalgic disorientation” in the CTAR model (Papadopoulos, 2002, p. 18). Papadopoulos notes that although there is pain involved in nostalgic disorientation that is difficult to describe, it often underlies various reactions that are easier to describe, such as “panic, depression, apathy, suspiciousness, splitting – [all of which] can be easily misunderstood” as the primary issue so that the actual primary disorientation becomes pathologized by caregivers and survivors alike (2002, p. 18).

Lieutenant Flourney Phelps noted after attending a CTAR training that the concepts of onto-ecological settledness and nostalgic disorientation were among the most important concepts to which he had ever been exposed as a military leader in

terms of gaining a foundation for understanding the disorientation of young warriors in combat (interview, 2015). He voices this in the following way:

“Our warriors often come to us to work up for deployment after having recently finished initial combat training. In that process they have been uprooted from their homes and placed together with strangers into an intense environment, and once they come to us we are already preparing them to be placed with a new group of strangers into a new, far more intense – and lethal – environment. Is it any wonder they are disoriented? They seem depressed, so we send them to [doctor], but is this going to address the need? They have undergone some major movement in their tangible elements of identity, with a new vocation, new name of sorts, new relationships, and we consider these things to some extent...but the intangible changes of being so far from where life was stable and made sense must take a larger toll than most of us realize. Of course, then comes the chaos and confusion of combat and killing” (Phelps, interview, 2015).

Phelps’ comments clearly capture the efficacy of the CTAR framework in helping the caregivers of combat veterans avoid certain tendencies towards pathologization. In his formulation, the potential for veterans experiencing the radical dissolution of narrative coherence to experience particular harm is especially clear. Although more research is required on the topic of serial dislocation, and a potential compound effect on onto-ecological settledness, it is clear by inference that onto-ecological settledness could become more disturbed the more often a person is dislocated, whether the dislocation is either voluntary or involuntary. In that sense, perhaps Phelps’ most salient observation is that what Papadopoulos describes as nostalgic disorientation or a disturbance in onto-ecological settledness is often observed in warriors by their military leadership before those warriors ever leave their primary duty stations to travel into a combat zone.

Veteran caregivers should carefully consider all of the various aspects of leave-taking and homecoming that a warrior experiences in the process of training for combat, entering combat, enduring combat and returning from combat when attempting to understand particular forms of veteran disorientation. These aspects include not only

geographical and social changes, but involve all of the changes relating to a person's experience in the world. Papadopoulos coined the term "onto-ecological" in the hope that it might aid caregivers in considering all of the aspects of personhood combined with all of the elements of one's sense of place and belonging in the world (2015b, 2015c). Phelps is correct in his concern that if a warrior's response to disturbances in onto-ecological settledness is not considered and understood by caregivers, it will risk either being ignored by operations-focused leadership as unimportant or else pathologized in the focus on its secondary effects by the military's managed care continuum.

Homecoming from combat is a unique phenomenon, and the experiences of combat veterans returning home contain important differences from the leave-taking and homecoming realities of involuntarily dislocated people, the demographic with whom CTAR is most commonly concerned. For instance, the dislocation of most Western combat veterans during deployment to the war is not precisely involuntary, and their return after a relatively pre-determined length of time in combat to their geographical point of departure is generally guaranteed. Upon first exposure to the term, a caregiver to veterans may question whether nostalgic disorientation is an appropriate label for what veterans experience during and after service in combat, proceeding from a concern that a veteran's primary focus on homecoming is not the reclamation of a certain physical space, neighborhood, or plot of land. However, Papadopoulos' formulation of the concept of nostalgic disorientation also allows for important aspects of the experience of the veteran's focus on reclaiming a certain way of life or relation to the world, and perhaps in part because it was influenced by the

works of Homer, which were essentially ballads of war and homecoming after war to both physical places and ways of being. Papadopoulos notes that, in essence, Homer's *Odyssey* is "about the struggle to get home [after war], or, to use a colloquial expression, it is about Odysseus 'dying to return home'..." (2002, p. 10). He also urges his readers to notice that Homer does not use the Greek word *oikos* for home, which would be the most commonly translated word for home under normal circumstances of translation, but rather

"the word *gaia*, which simply means earth, soil land. It is the same word that Lovelock chose for his theory that our planet Earth functions in remarkably well-regulated ways, as if it was a single organism. So where *oikos* emphasizes the inhabited space, *gaia* refers more to the land itself. However, both address the relational aspects of the inhabited and uninhabited spaces and certainly both highlight the collective dimensions of home rather than a definition of home as an excluded and isolated space. Thus, the specific Homeric home – *gaia* – accentuates the concreteness of the collective and relational nature of space and it refers to the actual soil, one's own land, in a sense of inclusion rather than exclusion" (Papadopoulos, 2002, p. 11).

It would be naïve to imagine that a warrior's return from combat has no physical dimension, just as it would be naïve to imagine that an involuntarily dislocated person's longing to return home has only a physical dimension. For a veteran of combat, there are complex issues of dislocation to be addressed that can significantly affect onto-ecological settledness, and which may include physical, geographical, social, psychological, spiritual, vocational, and emotional dimensions, as well as a dimension of meaning-making and narrative coherence. If the disorientation of returning warriors is never considered in relation to this disturbance of onto-ecological settledness, the potentially ignorant care which results – which may take either the form of dismissal or pathologization through medicalization or psychologization – can further complicate the veteran's ability to recover from any of the five related features of CATD, each of

which can either contain reactions to or result in the development of the very real albeit elusive pain of nostalgic disorientation. Some aspects of these potential reactions may be briefly considered in the following general manner, although these should not be considered a complete summary of possibilities.

Concerning self-horror at the perceived absorption of evil: the veteran may not feel able to re-integrate with family for fear of contaminating loved ones with the horror of war, as illustrated by the narratives of Hoop and Miller in Chapter Two. Concerning conscious disconnect from emotion and bodily sensation: veterans may have an acute awareness of being unable to relate to others and to experience life in the way they did previously, and may long to return to a previous way of being, as illustrated by the narratives of Dan, Art, and Tim in Chapter Two. Concerning persistent, socially debilitating mistrust: veterans may find themselves unable to become or to remain vulnerable with previously precious others, or to extend trust to authority figures, and may find their previous way of relating terrifying, as illustrated by the narratives of Howard and Everly in Chapter Two. Concerning the radical dissolution of moral intuition and narrative coherence: veterans may find themselves unable to relate to previously-held social norms or moral patterns, and unable to relate to others who continue to ascribe to those norms and patterns, causing confusion and disorientation as illustrated by the narratives of Mac, Martinez, and Burgoyne in Chapter Two. Concerning uncontrollable, lustful rage: veterans may feel powerless to restrain themselves from potentially harming precious others, and may isolate themselves upon homecoming, as illustrated by the narratives of Everly and Miller in Chapter Two. In addition to understanding the *thymic* aspects of these features of CATD, caregivers of

any orientation should consider the nostalgic aspects of disorientation associated with or accompanying each of these features, to avoid the danger of psychologizing or medicalizing these aspects and to aid in the development of a creative and epistemologically sound approach to care. Each of these examples evinces a painful experience for the veteran, but that is not to say that this pain is pathological. It should also be considered – in order to avoid polarization in care – that aspects of nostalgic disorientation can have what Papadopoulos calls “refreshing effects,” in that they may eventually aid a person in “dismantling outdated stagnant, rigid, static, and sterile identities” and in activating “new meanings, identities, and values” (2015c).

A second CTAR concept protecting against pathologization is described by Papadopoulos as the “meaning attribution process” or MAP, which he also uses as a tool to combat causal-reductivity and polarization (2014b, 2015b, 2015c). The meaning attribution process is the process used by all human beings to assign meaning to an event that occurs in life, occurring in-between a person’s exposure to an event and a person’s response to an event (Papadopoulos, 2015d). According to Papadopoulos, the MAP contains the following:

“[The MAP contains] a host of contributing factors such as personal history, psychological characteristics, coping mechanisms, strengths and weaknesses, status, education, pre-morbid personality, supporting systems, family, community, gender, power position, degrees of isolation, helplessness and humiliation, cultural factors, circumstances of experienced adversity – i.e. predictability, duration, lasting effects, hope, current conditions, [and] future prospects” (2015d).

Papadopoulos stresses that understanding an adversity survivor’s meaning attribution process is an essential task for a caregiver seeking to understand a survivor’s eventual response to adversity – and also in understanding the usually wide diversity in

responses observed among individuals, families, and communities after exposure to the same adversity. He also argues that without consideration and exploration of meaning attribution processes, caregiver discourses will tend rely on problematic generalizations and assumptions about how people respond to certain constructed categories of adversity, leading them to “blissfully ignore [all survivor differences] and maintain a crude understanding that certain events are ‘traumatic’ by themselves...” (2015d). He also highlights the collective potential for caregivers to determine categories of care by prizing an apparently logical but inherently illogical relationship between (1) perceptions about the severity of the adversity that was experienced, (2) perceptions about the damage inflicted on individuals by the experience, and (3) perceptions about the amount of help to survivors that is required to address the damage inflicted (Papadopoulos, 2015d).

Beverly Chapman will provide some further illumination to this concept as it applies to warrior homecoming, and also to CATD veterans:

“One thing that concerns me is how we tend to categorize and treat anger issues after homecoming. [Warriors] return from combat, and their tempers are often shorter than before, to use a simple vocabulary. When leaders see outbursts of anger occurring regularly in the workplace, or receive reports of violent anger from the barracks or from a [warrior’s] spouse or significant other, most take the [warrior] into an office for a talk. But if it needs to go further than that, there are basically two ‘tracks’ of professional help: anger management classes or professional counseling if they meet enough criteria for a PTSD diagnosis. The problem here is that these categories are pretty small – either anger must be part of a disease or else able to be resolved in a few lunchtime classes. I think this is not simply an issue of the scarcity of helping resources...to me there is also an issue of how to understand every [warrior’s] post-combat reactions as unique, and worthy of a more detailed exploration” (interview, 2014).

Chapman is recognizing a possibility that is often unaddressed by managed veteran care, and which was discussed at length in Chapter Three of this thesis: there are

significantly painful responses to service in combat that are apparent to a veteran's leaders, teammates and significant others after homecoming and that can neither be either ignored nor necessarily be viewed as pathological. Secondly, he is also offering a call for change that is parallel to Papadopoulos' in that it suggests that a more detailed exploration – and presumably one that accounts for all dimensions of a particular form of pain or disorientation, and also accounts for the way in which a person understands this pain, and what has happened in their lives during and after combat – is the way forward for better care to veterans.

The particular form of disorientation that Chapman mentions will prove useful for connecting this theme to CATD veterans. Veterans experiencing uncontrollable, lustful rage can often be referred to anger management classes as their periods of rage are exposed to leadership. Such was the case of Sergeant Nathan Everly, whose leadership later expressed disappointment and even impatience with him as his episodes of rage continued after class attendance, in addition to blaming him for not taking his treatment seriously (interview, 2010). However, these classes often focus on coping skills, and aim to effect short-term behavioural change rather than to seek a nuanced understanding about how such changes have developed, and the meaning made of these developments by attendees. Veterans experiencing periods of rage similar to Everly's can also be referred to mental health caregivers, who struggle to find a pathological classification for their disorientation that will allow them to develop an evidence-based care plan, and when unable to provide a diagnosis, send them to less professional avenues of follow-up care. This tendency of either denying the severity of a person's pain, ignoring the way in which a certain person's pain is unique, or else placing a

person's pain into pre-determined medical categories connects veterans with other adversity survivors addressed by Papadopoulos' concern for persons who are often called "victims of trauma," and his warning that systems of care that pathologize, deny the complexity of, or minimize the pain of adversity survivors has a "traumatizing" effect on them even as it "weaves a highly deterministic framework that affects directly all [of the] conceptualizations of 'trauma' [used by their caregivers]" (2015d).

In CTAR trainings, Papadopoulos often shows a slide or provides a sketch of an overly simplistic linear model of cause and effect that caregivers sometimes use in understanding adversity (2014b, 2015b, 2015c). This sketch includes three distinct elements of this simplistic approach, with arrows connecting them, to show assumed causation: (1) a devastating event occurs, (2) it is assumed that survivors will respond to the event in this way, (3) it is assumed that because survivors have responded this way, this is what they need to become whole again (2015c). He then asks the participants of his training: "what is missing from this slide?" (2015b). After fielding a number of answers, he begins to make connections between the answers, which inevitably contain questions and comments about survivor differences, both in terms of responses to adversity and needs after certain responses to adversity. In time, he especially focuses on or introduces the concept of meaning making and the meaning attribution process, and leads a discussion about the impact of the MAP on caregiver understandings when responding to those who have experienced a devastating event (2014b, 2015b). He also makes a distinction between "initial responses" and "constructed responses" to adversity, both of which can vary significantly according to all of the aspects of the way a person makes meaning of both past and present life events (2014b, 2015b). This

relatively straightforward activity cannot be underestimated in its ability to stimulate conversation and to motivate caregivers towards maintaining a greater degree of epistemological vigilance in their work.

A third CTAR concept protecting against pathologization is contained within the Trauma Grid. The Trauma Grid was mentioned above as a concept protecting against polarization, but indeed polarization is often co-activated with pathologization, and the presence of one often works to advance and support the presence of the other. Therefore, it should not be surprising that concepts protecting against one may likely also protect against the other. It was mentioned earlier in this chapter that the Trauma Grid offers various categories for triaging the particular responses to adversity that caregivers encounter with survivors, including categories for negative, neutral, and positive responses. However, in the category for negative responses, there are three distinct sub-categories, which Papadopoulos describes as (1) psychiatric disorders, (2) distressful psychological reactions, and (3) ordinary human suffering (2007). When using the Trauma Grid, caregivers are asked to view painful responses to adversity in a manner that allows them to address pain without necessarily labeling this pain in psychiatric terms, or addressing it within psychiatric treatment parameters. Certainly Papadopoulos acknowledges that some adversity survivors will develop a form of disorientation that clearly fits into the psychiatric criteria for PTSD or another disorder, but he also argues that many survivors clearly will not, and he stresses that caregivers must be able to carefully and competently address both painful psychological reactions and painful reactions in other dimensions of survivor experience that do not fit into psychiatric categories (2007). Further, Papadopoulos suggests that caregivers must not

only avoid the *de facto* medicalization and psychologization of human suffering, but that they must recognize that even in human pain there are simultaneously resilient functions at work (2007).

Wooten notes that, in working with combat veterans, the distinctions made in the Trauma Grid subcategories of negative reactions to adversity are crucial in both maintaining precision in triage and in maintaining a therapeutic stance towards disoriented veterans: “Only in developing a process and an appropriate language for triaging suffering can our veterans each be seen as uniquely both damaged and resilient. The Trauma Grid gives caregivers a process for triage that forces them to see suffering in the complicated light that it deserves” (interview, 2015). Wooten notices that, in his experience, managed care for veterans often makes use of the psychiatric paradigm itself as a manual for the triage of human suffering, when in essence it was not designed to triage all aspects of human suffering (interview, 2015). This line of thought makes another strong connection between caregiver efforts with disoriented combat veterans and the work of CTAR with involuntarily dislocated people.

In Summary

It has been demonstrated in this chapter that, regardless of a caregiver’s particular theoretical orientation to intervention with distressed adversity survivors, and regardless of whether a caregiver wishes to use the CATD paradigm as a primary or complementary approach to the most unusual forms of veteran disorientation, the framework employed and taught by the Centre for Trauma, Asylum, and Refugees is useful for aiding all caregivers in the development of epistemological vigilance in their

work with veterans. Papadopoulos' epistemological aids protect caregivers from developing polarized stances in their care, and also help them to avoid both oversimplification in their interventions and the pathologization of ordinary responses to human suffering among veteran populations. It has been specifically demonstrated that (1) employing aids against polarization will particularly protect veterans experiencing persistent, debilitating mistrust and self-horror at the perceived absorption of evil from being traumatized by their caregivers, and that (2) employing aids against pathologization, including reductive forms of medicalization and psychologization of human suffering, will particularly protect veterans experiencing uncontrollable, lustful rage and the radical dissolution of narrative coherence from being traumatized by their caregivers. However, it has been shown that indeed polarization is often co-activated with pathologization, and the presence of one often works to advance and support the presence of the other. Therefore, it is very likely that concepts protecting against one may likely also protect against the other, and that employing CTAR's epistemological aids in care, whatever a caregiver's primary orientation to intervention, will protect their clients in overlapping ways.

CHAPTER 9

CONCLUSIONS

In its introduction, this thesis noted the universal dangers toward epistemological over-simplicity present among care organizations and professionals in the modern Western world, and further noted as an amplifying factor the tendency of such professionals to fail to elicit adequate feedback from adversity survivors on the nature of their own suffering, both on and in their own terms, before and during crisis response. A number of epistemological correctives to this danger were then offered from the principles of psychosocial care to adversity survivors developed at the Centre for Trauma, Asylum, and Refugees at the University of Essex. Later in the introduction, the danger of epistemological over-simplicity in caregiving was extended to the field of combat veteran care, and it was argued that the most unusual forms of disorientation among veterans, while resistant by symptomology to categorization according to the psychiatric criteria, nevertheless were often reduced to categorization by psychiatric criteria in order to simplify and expedite diagnosis and treatment, and as a result remained misunderstood, clinically pathologized, and further disoriented. Several specific correctives to this specific danger, following on CTAR principles, were suggested as the subject of this thesis, and can be listed as follows: (1) Could the common mistake of oversimplification through pre-conceived caregiver biases towards veterans be avoided by taking as seriously as possible the totality, complexity, and uniqueness of their actual experiences, using their own contextual understandings and languages of orientation as much as possible? (2) Could use of the widest possible

epistemological base for understanding the experience of veterans be a mitigating factor, accounting for the “onto-ecological” complexity of their experiences, to include psychological, physiological, social, emotional, behavioral, cultural, spiritual, and meaning-attributive dimensions? (3) Could investment in understanding veterans’ sense of changes to both tangible and intangible forms of their self-identity be a mitigating factor? (4) Could making a collaborative use of the Trauma Grid with combat veterans mitigate over-simplification in their assessment and treatment, along with an attempt to understand all of the aspects of their disorientation in terms of what may have been lost, what may have been retained, and what manner of growth may have been – or may yet become – activated in the aftermath of their exposure to intense combat?

This thesis has demonstrated that, indeed, epistemological over-simplicity in the assessment and treatment of combat veterans with the most unusual features can be mitigated by the creative appropriation of CTAR principles. In the course of its investigation, beginning in Chapter 2, this thesis has taken the actual experiences of such veterans – making use of first and second person narratives and organizing the themes of their experiences in a therapeutically neutral manner – into account in order to consider the features of their disorientation on and in their own terms. Next, in Chapter 3, these features were considered in connection with categories from the psychiatric paradigm, and both the aspects of these features which were not accounted for and some of the philosophical and epistemological limitations of the psychiatric paradigm itself were noted. The same activity was repeated in Chapter 4 using Jonathan Shay’s moral injury paradigm, and one of the chief epistemological limitations

of that paradigm opened a new possibility for continuing research in Chapters 5, and 6 into ancient Greek anthropological formulations that could account for aspects of these features which were not adequately accounted for in either the psychiatric or moral injury paradigms. This new possibility allowed for a full examination of the features of these veterans in Chapter 7 – one which provided an avenue of understanding that took into account the full complexity, uniqueness, and totality of the features, and which is useable in tandem with the psychiatric and moral injury paradigms.

Lastly, in Chapter 8, the thesis returned to the CTAR model in order to add specific principles from CTAR that might prove especially beneficial for caregivers to veterans experiencing these unusual features, and in so doing, the CTAR Trauma Grid was also finally applied to veteran care.

Frontiers for Further Research

Many frontiers for further research remain. This thesis did not fully specifically address the indicated treatment methods for each of the five features of CATD according to the pastoral psychotherapy practices of Eastern Christianity. Although the field of Eastern Christian pastoral psychotherapy has not been popularly packaged or manualized, several practitioners have suggested major approaches that combine contemporary trauma care with ancient Eastern Christian pastoral care, including Vasileios Thermos, Alexis Trader, and Stephen Muse.² The applications of these ideas

² Author's Note: See Vasileios Thermos' *Thirst for love and truth: encounters of Orthodox theology and psychological science*, 2010, Alexis Trader's *Ancient Christian wisdom and Aaron Beck's cognitive therapy*, 2nd Ed., 2012, and Stephen Muse's *When hearts become flame: an Eastern Orthodox approach to the dia-logos of pastoral counseling* (2015).

in contemporary veteran care has yet to be adequately explored, and the potential efficacy of these ideas has yet to be determined by qualitative research. However, it is certain that each of these approaches would bear significant connection with the CATD approach to combat veteran care.

The CATD approach may also prove to be quite compatible with several existing approaches to combat veteran care which have themselves proved efficacious in treating the disorientation of some combat veterans, and may enhance these approaches by offering the potential of complementary treatment opportunities. Sears and Chard's *Mindfulness-based cognitive therapy for post-traumatic stress disorder*, although limited in its epistemological approach to veteran disorientation, offers existential techniques for examining impulses that can have an impact on *thymic* disorientation, and especially on the feature of CATD described as lustful, uncontrollable rage (2016). Their work, along with the work of David Kearney and Michelle Martinez³ and Victoria Follette and John Briere⁴ offers some connection with the ancient concept of *nepsis* in the Eastern Christian tradition, although mindfulness-based interventions – with their dependence on Buddhist psychology – do depart from Eastern Christian interventions on the basis of the personal and impersonal aspects of identity and inter-personal communion. More research into this potential compatibility has yet to be accomplished.

Especially considering the role of *thymos* in containing and activating emotion, one last suggestion for further research is regarding the potential compatibility of the CATD approach with certain emotionally focused theories and techniques for veteran care.

³ Author's Note: See *Teaching mindfulness to veterans: a resource*, 2015.

⁴ Author's Note: See *Mindfulness-oriented interventions for trauma: integrating contemplative practices*, 2014.

Susan Johnson's emotion-focused therapeutic approach to working with couples when one or more partners has been exposed to extreme forms of adversity has received significant attention in the field in since 2005.⁵ Her ability to develop and make use of loving, attentive, primary attachment figures in re-orienting veterans to relational health bears significant connection to Nektaria Dionysiou's comments on potential healing from the features of lustful, uncontrollable anger and conscious disconnect from emotion and bodily sensation in Chapter 6. Similarly, Paivio and Pascual-Leone's integrative emotion-focused approach to what they label "complex trauma," although inadequate in its consideration of the most unusual features of veteran disorientation, such as has been described by the CTAD paradigm, also bears significant connection to Nektaria Dionysiou's comments, in that their approach uses a safe, wise, all-loving archetypal figure as a platform for closing with memories of a devastating nature (2010, p. 1). Paivio and Pascual-Leone's approach does significantly depart from Eastern Christian interventions on the basis of its use of fantasy for establishing archetypal figures, and its interest in relying on clients' inter-subjectivity to find a sense of objectivity in re-orienting to universal, coherent meaning in life. However, more research into this potential compatibility is worthwhile, and could yield evidence of the efficacy of a complementary approach.

In Closing

Eastern Christianity is a relatively closed system, in that it does not easily offer its concepts and existential practices to non-adherents, nor do the efficacy of its

⁵ Author's Note: See *Emotionally focused couple therapy with trauma survivors: strengthening attachment bonds*, 2005.

practices easily endure separation from its central teachings. Other researchers have tried to attempt the packaging of Eastern Christian practices as universal, transferable and cross-contextual techniques only to find that they seem divorced from their depth and organic foundations.⁶ This thesis has not offered specific Eastern Christian practices for use in veteran care specifically for this reason, although it has made use of some therapeutically neutral philosophical approaches to human disorientation that may prove helpful to caregivers from any orientation, and may inform or restrain theories and techniques derived from those foundations. The difficulty of caring for seriously disoriented combat veterans is a phenomenon that will not abate soon. A brief glance at research into trauma care for Vietnam veterans in America shows that it is a still-burgeoning field, and the American involvement in Vietnam ended in 1975. The more recent conflicts involving Western coalition forces in Iraq and Afghanistan are still ongoing, and will continue to produce disoriented combat veterans whose features are difficult to understand and whose care can easily be complicated by epistemological failures. This thesis has been written in part to provide an example of the potential efficacy for creative consideration of these unusual features, in the hopes that researchers and caregivers will refuse to reduce what they are seeing among veterans in the field to the categories they find in popular manuals. Further, it has been written in hope that Western combat veterans can be aided in their paths to re-orientation, and to a greater reunion with their families and their societies.

⁶ Author's Note: See, for example Andrew Vujisic's *Orthodox neptic psychotherapy in response to existential and transpersonal psychology*, 2011.

BIBLIOGRAPHY

- Abel, D. C. (1989). *Freud on instinct and morality*. Albany, NY: State University of New York Press.
- Alexander, D. (2012). Augustine in the dust. *First Things* 2013(01), 13-15.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th Ed.* Arlington, VA: American Psychiatric Association.
- (1994). *Diagnostic and statistical manual of mental disorders, 4th Ed.* Arlington, VA: American Psychiatric Association.
- (1980). *Diagnostic and statistical manual of mental disorders, 3rd Ed.* Arlington, VA: American Psychiatric Association.
- Anderson, S. W., Bechara, A., Damasio, H., Tranel, D., & Damasio, A. (1999). Impairment of social and moral behavior related to early damage in human pre-frontal cortex. *Nature neuroscience*, 11(2), 1032-1038.
- Appadurai, A. (Ed.). (1988). *The social life of things: commodities in cultural perspective*. Cambridge: Cambridge University Press.
- Arkhangelskoye, M. (2015). Unpublished interview by author, written recording, Tokyo, Japan, January 24, 2015. *Note: the interviewee's name and location has been changed to protect his anonymity.*
- Archimandrite Dionysios (2000). The enemy within. *What is enlightenment?* 17(1), 2-12.
- Aziz, R. E. (1990). *C. G. Jung's psychology of religion and synchronicity*. Albany, NY: State University of New York Press.
- Beckner, V. and Arden, J. (2008). *Conquering post-traumatic stress disorder*. Beverly, MA: Quayside Publishing Group.
- Becsey, L. (Prod.), and Haggis, P. (Dir.). (2007). *In the Valley of Elah* (Motion picture). USA: Warner Independent Pictures.
- Belknap, M. R. (2002). *The Vietnam War on trial: the My Lai massacre and the court-martial of Lieutenant Calley*. Lawrence, KS: University of Kansas Press.
- Benedek, D. M. & Vynn, G. H. (2011). *Clinical manual for management of PTSD*. Arlington, VA: American Psychiatric Association.
- Benarroch, E. B. (2012). Central autonomic control. *Primer on the autonomic nervous*

- System*. London: Academic Press.
- Bergner, R. M. (2005). World reconstruction in psychotherapy. *American Journal of Psychotherapy* 59(4), 333-49.
- Beveridge, H. (Trans.). (1997). *John Calvin's institutes of the Christian religion*. Grand Rapids, MI: Eerdmans Press.
- Binns, J. (2002). *An introduction to the Christian Orthodox Churches*. Cambridge: Cambridge University Press.
- Bishop, J. P. (2011). *The anticipatory corpse: medicine, power, and the care of the dying*. South Bend, IN: Notre Dame Press.
- Blake, S. (2008). *A journey with PTSD*. Essex, UK: Chipmunka Publishing.
- Blowers, P.M. & Wilken, R. L. (Trans.). (2003). *Maximus the Confessor's ambigua*. Crestwood, NY: St. Vladimir's Seminary Press.
- Boal, M. (2004). Death and dishonor. *Playboy* 2003(5), 1-3.
- Boylan, M. (2007). Galen: on blood, the pulse, and the arteries. *Journal of the History of Biology*, 40(2), 207-230.
- Bremmer, J. N. (1983). *The early Greek concept of the soul*. Princeton, NJ: Princeton University Press.
- Brock, R. N. & Lettini, G. (2012). *Soul repair: recovering from moral injury after war*. Boston, MA: Beacon Press.
- (1980). *The mind-body problem: a psychobiological approach*. Oxford: Pergamon Press.
- Butler, M. (2012). Perception of the logoi and cure of the soul in St. Maximus the Confessor. *Edification*, 6(2), 114-124.
- Cantrell, B. C. & Dean, C. (2005). *Down range: to Iraq and back*. Seattle, WA: Wordsmith Publishing.
- Carducci, B. J. (2009). *The psychology of personality, 2nd Ed*. Pacific Grove, CA: Brooks and Cole.
- Case, H. (2006). *Becoming one spirit: Origen and Evagrius Ponticus on prayer* (Doctoral Dissertation). Retrieved from St. John's University Digital Commons.
- Cassian, St. John (Trans. 1979). Palmer, G., Sherrard P. & K. Ware (Eds., Trans.). *The*

- Philokalia: the complete text, vol. 1.* London: Faber & Faber.
- Chambliss, J. J. (1974). *Imagination and reason in Plato, Aristotle, Vico, Rousseau & Keats: on the philosophy of experience.* The Hague: Martinus Nijhoff.
- Chapman, B. (2014). Unpublished interview by author, written recording, Okinawa, Japan, April 12, 2014. This interviewee's name has been changed to protect his anonymity.
- Chapman, G. (Trans.). (2000). *Homer's the Iliad and the Odyssey.* Hertfordshire, UK: Wordsworth Ltd.
- Chirban, J. T. (1996). *Personhood: Orthodox Christianity and the connection between body, mind, and soul.* Westport, CT: Bergin & Garvey.
- Chrysostomos, A. (2007). *A guide to Orthodox psychotherapy: the science, theology, and spiritual practice behind it and its clinical application.* Lanham, MD: University Press of America.
- Chu, J. A. (2011). *Rebuilding shattered lives: treating complex PTSD and dissociative disorders, 2nd Ed.* Hoboken, NJ: Wiley & Sons, Inc.
- Coleman, P. (2008). Christian attitudes to marriage from ancient times to the third millennium, M. Langford, ed. *Scottish Journal of Theology*, 61(4), 505-506.
- Collingwood, R. G. (1998). *An essay on metaphysics.* Oxford: Oxford University Press.
- Committee on Foreign Affairs, U.S. House of Representatives. (2007). "Iraqi volunteers, Iraqi refugees: what is America's obligation?" *Hearing before the Subcommittee on the Middle East and South Asia of the Committee on Foreign Affairs of the One Hundred Tenth Congress, first session, March 26, 2007, Serial 110-46.* Washington, DC: U.S. Government Printing Office.
- Conger, J. P. (2005). *Jung and Reich: the body as shadow.* Berkeley: North Atlantic Books.
- Cooper, J. & Cooper, J. E. (2009). *Humanity in the mystery of God: the theological anthropology of Edward Schillebeeckx.* London: T&T Clark.
- Corrigan, K. (2009). *Evagrius and Gregory: mind, soul and body in 4th century.* Burlington, VT: Ashgate Publishing.
- Costa, D. L. & Kahn, M. E. (2008). *Heroes and cowards: the social face of war.* Princeton: Princeton University Press.
- Cox, J. L. (2009). *A guide to the phenomenology of religion.* New York: Continuum

Books.

- Creditor, Y. (2014). Unpublished interview by author, written recording, March 15, 2014, Okinawa, Japan.
- Cremaldi, A. M. (2010). *Deliberation in Aristotle's ethics and the Hippocratic corpus* (Doctoral Dissertation). Retrieved from the University of Pennsylvania Digital Commons.
- Dawson, D. (2015). Unpublished interview by author, written recording, Okinawa, Japan, October 7, 2015.
- Day, J. M. (2010). *Conscience: does religion matter? The development and structure of Conscience*. East Sussex, UK: Psychology Press.
- de Lamartine, A. (1872). *Homer and Socrates*. Philadelphia: J. B. Lippincott & Co.
- Diehl, T. S. & Goldberg, K. (Eds.). (2003). *Psychiatric nursing*. Philadelphia: Lippincott, Williams, & Wilkins.
- Dionysiou, N. (2015). Unpublished interview by author, written recording, London, UK, January 23, 2015. *Note: the interviewee's name and location has been changed to protect her anonymity.*
- Dixon, V. E. (2012). *Just peace theory book one: spiritual morality, radical love, and the public conversation*. Bloomington, IN: Universe Press.
- Dorahy, M. J. & van der Hart, O. (2007). Relationship between trauma and dissociation: a historical analysis. *Traumatic dissociation: neurobiology and treatment*. Arlington VA: American Psychiatric Publishing.
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schulz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology* 2011(17), p. 8-13.
- Durgadas, R. L. (2013). *Foundations of Ayurveda: ancient Indian medical knowledge for modern-day problems*. Auckland, NZ: Lulu Press.
- Egendorf, A. (1985). *Healing from the war: trauma and transformation after Vietnam*. Boston, MA: Houghton Mifflin Publishing.
- El Meskeen, M. (2013). James Helmy, Trans. *Words for our time: the spiritual words of Matthew the Poor*. Chesterton, IN: Ancient Faith Publishing.
- Engler, B. (2009). *Personality theories, 8th ed.* Boston, MA: Houghton Mifflin Harcourt Publishing.

- Evagrius the Solitary. (Trans. 1979). Palmer, G., Sherrard P. & K. Ware, Eds., Trans. *The Philokalia: the complete text, vol. 1*. London: Faber & Faber.
- Everly, N. (2010). Unpublished interview by author, written recording, Camp Lejeune, North Carolina, October 2010. *Note: the interviewee's name has been changed to protect his anonymity.*
- Farrell, K. (2011). *Berserk style in American culture*. New York: St. Martin's Press.
- Fetterman, D. M. (1995). Empowerment evaluation: an introduction to theory and practice. *Empowerment evaluation: knowledge and tools for self-assessment and accountability*. Thousand Oaks, CA: Sage Publications.
- Fetterman, D. M. & Wandersman, A. (2012). *Empowerment evaluation principles in practice*. Thousand Oaks, CA: SAGE Publications.
- Figley, C. R., Albright, D. L. & Figley, K. R. (2011). Combat, combat stress injuries, and Shame. *The shame of death, grief, and trauma*. New York: Routledge.
- Figley, C. R. & Nash, W. P. (2007). *Combat stress injury: theory, research, and management*. New York: Routledge.
- Foa, E. B., Hambree, E. A. & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: emotional processing of traumatic experiences*. Oxford, UK: Oxford University Press.
- Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2009). *Effective treatments for PTSD: practice guidelines from the International Society for Traumatic Stress Studies*. New York: The Guilford Group.
- Follette, V. M., Briere, J., Rozelle, D., Hopper, J., and Rome, D. I. (2014). *Mindfulness-oriented interventions for trauma: integrated contemplative practices*. New York: Guilford Press.
- Fox, N. (2012). Unpublished interview by author, written recording, Annapolis, MD, February 2012. *Note: the interviewee's name has been changed to protect her anonymity.*
- Frankl, V. E. (2006). *Man's search for meaning*. Boston: Beacon Press.
- Freeman, S. M., Moore, B. A., & Freeman, A. (Eds.). (2009). *Living and surviving in harm's way: a psychological treatment handbook*. New York, NY: Routledge.
- French, S. (2007). Why Do Warriors Need a Code? Unpublished lecture at the William Stockdale Center for Ethics, U.S. Naval Academy, Spring 2007.

- Fried, M. (2008). The History of Mathematics in Mathematics Education: a Saussurean Perspective. *The Montana Mathematics Enthusiast*, 5(2), 185-198.
- Friedman, M. (1999). *The infinite mind*. Cambridge, MA: Lichtenstein Creative Media.
- Friedman, M. J. & Lindy, J. D. (2001). *Treating psychological trauma and PTSD*. New York: The Guilford Press.
- Gerson, L. P. (2009). *Ancient epistemology*. Cambridge: Cambridge University Press.
- Gotera, V. (1994). Book review: Achilles in Vietnam: combat trauma and the undoing of character. *Journal of Popular Culture* 28(2), 229-231.
- Green, C. D. (2003). Ancient Greek psychology. *Psychology vol. 1: history of psychology*. Danbury, CT: Grolier International.
- Grossman, D. (2008). *The bullet-proof mind*. (Unpublished Lecture). Camp Lejeune, NC, Fall 2008.
- Grube, G. M. & Reeve, C. D., Trans. (1997). Plato's *Republic*. *Plato: complete works*. Indianapolis: Hackett Publishing Company.
- Hampe, M. (2007). Truthfulness and memory. *Subjectivity, process, and rationality*. Piscataway, NJ: Rutgers University Press.
- Harmless, W. & Fitzgerald, R. R. (2001). The sapphire light of the mind: the schemata of Evagrius Ponticus. *Theological Studies*, 62(3), 498-529.
- Harris, W. V. (2004). The rage of women. *Ancient anger: perspectives from Homer to Galen*. Cambridge: Cambridge University Press.
- Hautzinger, S. & Scandlyn, J. (2013). *Beyond post-traumatic stress disorder: homefront struggles with the war on terror*. Walnut Creek, CA: Left Coast Press.
- Hayward, R. (2011). *The thirteenth step: ancient solutions to contemporary problems of alcoholism and addictions using the timeless wisdom of the Native American church ceremony*. Carlsbad, CA: Native Son Publishers, Inc.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391.
- Hesychios Presbyteros (Trans. 1979). Palmer, G., Sherrard P. & K. Ware (Eds., Trans.). *The Philokalia: the complete text, vol. 1*. London: Faber & Faber.

- Hall, T. W. & Coe, J. H. (2010). *Psychology in the spirit: contours of a transformational psychology*. Downer's Grove, IL: Inter Varsity Press.
- Harborne, L. (2012). *Psychotherapy and spiritual direction: two languages, one voice?* London: Karnac Books.
- Hill, E. and Rotelle, J. (Trans.). (2007). *Augustine's answer to Faustus, a Manichean*. New York: New City Press.
- Hill, E. (2010). *Worker identity, agency and economic development*. New York: Routledge.
- Hill, G. (2014). Unpublished interview by author, written recording, December 13, 2014, Okinawa, Japan.
- Hinterberger, M. (2010). Emotions in Byzantium. *A companion to Byzantium*. Oxford: Blackwell.
- Hoge, C. W. (2010). *Once a warrior, always a warrior: navigating the transition from combat to home*. Guilford, CT: Globe Pequot Press.
- Hoop, D. C. (2010). *PTSD, the struggle from within: from Saigon to Baghdad*. Raleigh, NC: Lulu Press.
- Hopcke, R. H. (1999). *A guided tour of the collected works of C.G. Jung*. Boston, MA: Shambhala Publications.
- Imhausen, A. (2010). From the cave into reality: mathematics and cultures. *Writings of early scholars in the ancient Near East: Egypt, Rome, and Greece*. New York: de Gruyter & Co.
- Ingram, B. L. (2010). *Clinical case formulations: matching the integrative treatment plan to the client*. Hoboken, NJ: John Wiley and Sons.
- Howard, R. (2014). Unpublished interview by author, written recording, May 2013, Annapolis, MD. *Note: the interviewee's name has been changed, at his request, in order to protect his anonymity.*
- John of Damascus (Trans. 1983). Palmer, G., Sherrard P. & K. Ware (Eds., Trans.). *The Philokalia: the complete text, vol. 2*. London: Faber & Faber.
- Johanson, G. & Kurtz, R. (1991). *Grace unfolding: psychotherapy in the spirit of the Tao-te Ching*. New York: Crown Publishing.
- Johnson, S. (2005). *Emotionally focused couple therapy with trauma survivors: strengthening attachment bonds*. New York: Guilford Press.

- Jones, C., Griffiths, R. D., Humphris, G., & Skirrow, P. M. (2001). Memory, delusions, and the development of acute post-traumatic stress disorder-related symptoms after intensive care. *Critical care medicine*, 29(3), 573-580.
- Joseph the Hesychast (1999). Monk Joseph, Trans., Ed. *Monastic wisdom: the letters of Elder Joseph the Hesychast*. Florence, AZ: St. Anthony's Greek Orthodox Monastery.
- Jowett, B. (Trans.). (2008). *Plato's Phaedrus*. Melbourne, Australia: Project Gutenberg.
- Jung, C. G. (1959). *Archetypes and the collective unconscious*. New York: Bollingen Foundation.
- (1916). *Psychology of the unconscious: a study of the transformations and symbolisms of the libido*. New York: Moffat, Yard, and Company.
- Kamtekar, R. (2001). Review of Barbara Koziak's *retrieving political emotion: thymos, Aristotle, and gender*. *Dialogue*, 40(4), 826-829
- Kearney, D. and Martinez, M. (2015). *Teaching mindfulness to veterans: a resource*. Seattle: Amazon Digital Services, LLC.
- Keller, T. J. (2009). *The reason for God: belief in an age of skepticism*. New York: Penguin Group.
- Kobierzycki, T. (2010). The place and role of feelings in Homer's description of the corporeal and non-corporeal soul. *Polish-English Quarterly*, 2010(4), 3-17.
- Koziak, B. (1999). Homeric *thumos*: the early history of gender, emotion, and politics. *The journal of politics*, 61(4), 1068-1091.
- Kunin, S. D., Bond, H. K., & Murphy, F. A. (Eds.). (2003). *Religious studies and theology: an introduction*. New York: New York University Press.
- Kurtz, R. & Prestera, H. (2012). *The body reveals: an illustrated guide to the psychology of the body, 2nd ed*. New York: Harper and Rowe.
- Lampert, L. (2010). *How philosophy became Socratic: a Study of Plato's Protagoras, Charmides & Republic*. Chicago: University of Chicago Press.
- Larchet, J. (2005). *Mental disorders and spiritual healing: teachings from the early Christian East*. Montreal: Alexander Press.
- (2011). *Therapy of spiritual illnesses, vol. 1*. Montreal: Alexander Press.

- Larson, C. (2004). Training leaders. *The power of character*. Los Angeles: Josephson Institute of Ethics.
- Latchford, L. (2011). *Agape as an expression of apatheia: contextualizing the texts of Evagrius Ponticus and John Cassian in the 21st Century* (Doctoral Paper). Retrieved from the Trinity College Dublin Digital Commons.
- Lawhorne, C. & Philpott, D. (2011). *Combat-related traumatic brain injury and PTSD: a resource and recovery guide*. Lanham, MD: Rowman & Littlefield Publishing.
- Lawson, S. (2014). Unpublished interview by author, written recording, May 13, 2014, Annapolis, MD. *Note: the interviewee's name has been changed, at his request, in order to protect his anonymity*
- Litz, B. T., Stein, N., & Delaney, E. (2009). Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clinical Psychological Review, 29*(8): 695-706.
- Livanou, M., Baosglu, M., Marks, I. M., De Silva, P., Noshirvani, H., Lovell, K., & Thrasher, S. (2002). Beliefs, sense of control and treatment outcome in post-traumatic stress disorder. *Psychological Medicine, 32*(1), 157-65.
- Louth, A. (1996). *Maximus the Confessor*. New York: Routledge.
- Ludwig, P. (2002). Anger, eros, and other political passions in ancient Greek thought. *A companion to Greek and Roman political thought*. Hoboken, NJ: Wiley Blackwell.
- (2009). *Eros and polis: desire and community in Greek political theory*. Cambridge, UK: Cambridge University Press.
- Lukas, J. M. (2009). *Mental armor for today's warrior: ethics training as a tool to withstand the rigors of combat*. Colorado Springs: The U.S. Air Force Academy.
- Maj, M. (2014). DSM-5, ICD-11 and 'pathologization of normal conditions.' *Australian and New Zealand journal of psychiatry, 48*(2), 193-194.
- Malik, S. K. (1979). *The Quranic way of war*. Delhi, Pakistan: Adam Publishers.
- Martin, E. A. (Ed.). (2010). *Oxford concise medical dictionary, 8th ed.* Oxford: Oxford University Press.
- Matoon, M. J. (1985). *Jungian psychology in perspective*. New York: The Free Press.
- Maximos the Confessor (Trans. 1983). Palmer, G., Sherrard P. & K. Ware (Eds.,

- Trans.). *The Philokalia: the complete text, vol. 2*. London: Faber & Faber.
- May, G. E. (1995). Review of *Achilles in Vietnam: combat trauma and the undoing of character*. *Armed Forces & Society*, 22(1), 133-136.
- McCain, C. (2009). *Murder in baker company: how four American soldiers killed one of their own*. Chicago: Chicago Review Press.
- McDermott, Walter F. (2012). *Understanding combat related post-traumatic stress disorder*. Jefferson, NC: McFarland Press.
- McLay, R. (2012). *At war with PTSD*. Baltimore, MD: Johns Hopkins University Press.
- Meir, C. A. (2009). *Healing dream and ritual: ancient incubation and modern psychotherapy, 4th ed.* Einsiedeln, Switzerland: Daimon Verlag.
- Meredith, A. (2014). The Cappadocians: Basil of Caesarea, Gregory of Nazianzus, Gregory of Nyssa. *Ancient Philosophy of Religion*, G. Oppy & N. Trakakis, Eds. London: Routledge.
- Miller, C. E. (2010). *Conscience denied*. Bloomington, IN: Ex Libris Publications.
- Miller, H. (2014). Unpublished interview by author, written recording, June 2014, Okinawa, Japan. *Note: the interviewee's name has been changed to protect his anonymity.*
- Monk Evlogious (2010). Magdy Fahim, Trans. A greater love. *Stories from the Egyptian desert*. Sydney, Australia: St. Shnouda Monastery Press.
- Moore, B. A. & Penk, W. E. (Eds.). (2011). *Treating PTSD in military personnel: a clinical handbook*. New York, NY: The Guilford Group.
- Moore, E. (2004). *Origen of Alexandria and St. Maximus the Confessor*. Boca Raton, FL: Universal Publishers.
- Moraitis, Archmandrite Ephraim (2015). *My Elder Joseph the Hesychast* [2016 Kindle E-reader edition]. Florence, AZ: Saint Anthony's Greek Orthodox Monastery.
- Morgan, D. (2013). *A time for healing: dysfunctional families*. Bloomington, IN: Author House Books.
- Morrison, J. (2006). *The DSM-IV made easy, 3rd ed.* New York: the Guilford Group.
- Muruzabal, A. M. (1996). The monster as a victim of war. *Hosting the monster*. New York: Editions.

- Munro, A. (2004). *Delusional disorder: paranoia and related illnesses*. Cambridge: Cambridge University Press.
- Muse, S. (2013). Moral Injury. An open lecture given on May 12, 2013 at the Pentagon Memorial Auditorium. Used with permission from the author's notes.
- (2012). Unpublished interview by author, from field notes, December 2012, Annapolis, MD.
- (2011). *When hearts become flame: an Eastern Orthodox approach to the dia-logos of pastoral counseling*. Rollinsford, NH: The Orthodox Research Institute.
- Nash, W. P., Carper, T. L., & Mills, M. A. (2008). Psychometric evaluation of the moral injury events scale. *Military Medicine*, 178(6), 646-652.
- Nash, W. P. & Litz, Brett T. (2012). Moral injury: a mechanism for war-related psychological trauma in military members. *Clinical Child and Family Psychology Review*, 16(4), 365-75.
- Nassar, Y. (2015). Unpublished interview by author, written recording, Tokyo, Japan, January 22, 2015. *Note: the interviewee's name and location has been changed to protect his anonymity.*
- Neziroglu, F. & Donnelly, K. (2010). *Depersonalization disorder: a mindfulness and acceptance guide to conquering feelings of numbness and unreality*. Oakland, CA: New Harbinger Publications.
- Nikon of Optina (2009). George Schaefer, Trans., Ed. Confession. *Spiritual counsels of the holy elders of Optina*. Jordanville, NY: Holy Trinity Monastery Press.
- Pachalska, M. & MacQueen, D. M. (2009). The microgenic revolution in contemporary neuropsychology and neurolinguistics. *Process approaches to consciousness in psychology, neuroscience, and philosophy of the mind*. Albany, NY: State University of New York Press.
- Paivio, S. C. & Pascual-Leone, A. (2010). *Emotion-focused therapy for complex trauma: an integrative approach*. Washington, D.C.: American Psychological Association.
- Pannenberg, W. (1985). *Anthropology in the theological perspective*. New York: Continuum Press.
- Papadopoulos, R. K. (2015a). "Ethnopsychologische Annäherungen an Überlebende

von Katastrophen. Prolegomena zu einer jungionischen Perspektive.”
Analytische Psychologie. Zeitschrift für Psychotherapie und Psychanalyse. Heft
 172, 44. Jg., 2/2013, 134-171.

- (2015b). Unpublished lecture at Camp Foster, Okinawa, Japan. Written recording, August 12, 2015.
- (2015c). Unpublished slides from a lecture at Camp Foster, Okinawa, Japan. August 12, 2015.
- (2015d). Unpublished paper presented for the Templeton Foundation at a conference at the Wivenhoe House, Colchester, UK. May 7th, 2015.
- (2014a). The psychoanalytic case: trauma, shellshock and the horror of war. Impossible conversations (live lecture, audio recording). The Donmar Warehouse Theater, London. March 25, 2014.
- (2014b). Unpublished lecture at Tbilisi State University, Tbilisi, GE. Written recording, October 10, 2014.
- (2010). *Enhancing vulnerable asylum seekers' protection: a trainers' manual*. Rome: International Organization for Migration.
- (2008). Systemic Challenges in a Refugee Camp. *Context, the Journal of the Association of Family Therapy*, August, p 16-19.
- (2007). Refugees, Trauma, and Adversity Activated Development. *European Journal of Psychotherapy and Counseling*, 9(3), 301-312.
- (2006). *The handbook of Jungian Psychology: theory, practice, and applications*. London: Routledge.
- (2005). Political violence, trauma and mental health interventions. *Art therapy and Political Violence*. London: Brunner-Routledge.
- (2004). 'Trauma in a systemic perspective; theoretical, organizational and clinical dimensions'. Unpublished paper presented at the XIV Congress of the International Family Therapy Association in Istanbul, Turkey.
- (2002). *Therapeutic care for refugees: no place like home*. London: Karnac Books.
- (1998). Destructiveness, atrocities and healing: epistemological and clinical reflections. *Journal of Analytical Psychology*, 1998(43), 455-477.

- Pargament, K. I. (2007). *Spiritually-integrated psychotherapy: understanding and addressing the sacred*. New York: Guilford Press.
- Patil, T., & Giordano, J. (2010). On the ontological assumptions of the medical model of psychiatry: philosophical considerations and pragmatic tasks. *Philos Ethics Humanit Med*, 5(3), 1-7.
- Phelps, F. (2015). Unpublished interview by author, written recording, August 13, 2015, Okinawa, Japan.
- (2014). Unpublished interview by author, written recording, December 2, 2014, Okinawa, Japan.
- Philipps, D. (2010). *Lethal warriors: when the new band of brothers came home: uncovering the tragic reality of PTSD*. New York, Macmillan Publishers.
- Philotheos of Sinai (Trans. 1983). Palmer, G., Sherrard P. & K. Ware (Eds., Trans.). *The Philokalia: the complete text, vol. 2*. London: Faber & Faber.
- Polster, M. (1987). Gestalt therapy: evolution and application. *The evolution of Psychotherapy*. New York: Brunner Mazel, Inc.
- Popovici, G. T. (2010). Psychological-mystical aspects of St. Evagrius Ponticus and St. Maximus the Confessor. *Broad research in artificial intelligence and neuroscience*, 1(2), 153-165.
- Power, M. & Dalgleish, T. (2008). *Cognition and emotion: from order to disorder*. New York: Psychology Press.
- Radden, J. (1994). Recent criticism of psychiatric nosology: a review. *Philosophy, Psychiatry, & Psychology*, 1(3), 193-200.
- Rosen, R. M. (2013). Galen, Plato, and the physiology of eros. *Eros in ancient Greece*. Oxford: Oxford University Press.
- Ross, M. (2008). *Schizophrenia: medicine's mystery, society's sham*. Southern, ON: Bridgeross Publishing.
- Roth, S., Newman, E., Pelcovitz, D., Van Der Kolk, B., & Mandel, F. S. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for posttraumatic stress disorder. *Journal of traumatic stress*, 10(4), 539-555.
- Ryan, J. E. (2004). *Broken spirits, lost souls: loving children with attachment and bonding difficulties*. Lincoln, NE: Universe Star, Inc.

- Sadler, J. Z. (2005). *Values and psychiatric diagnosis*. Oxford: Oxford University Press.
- Saiger, G. M., Rubenfield, S., & Dluhy, M.D. (Eds.). (2008). *Windows into today's group therapy*. New York: Routledge.
- Sampson, E. E. (1996). Establishing embodiment in psychology. *Theory & Psychology*, 6(4), 601-624.
- Sarason, S. B. (1974). *The psychological sense of community: prospects for a community psychology*. Hoboken, NJ: Jossey-Bass Publications.
- Schaller, B. R. (2012). *Veterans on Trial*. Dulles, VA: Potomac Books.
- Scott, W. (1990). PTSD in DSM III: a case in the politics of diagnosis and disease. *Social problems*, 37(3), 294-306.
- Sears, R. W. and Chard, K. M. (2016). *Mindfulness-based cognitive therapy for PTSD*. Hoboken, NJ: Wiley-Blackwell Press.
- Segal, Z. V., Williams, J. M. & Teasdale, J. D. (2012). *Mindfulness-based cognitive therapy for depression*, 2nd Ed. New York: the Guilford Press.
- Segrest, T. (2008). *Reflections of PTSD: with my perfect flaws*. Bloomington, IN: Indiana University Press.
- Shamdasani, S. (2003). *Jung and the making of modern psychology*. Cambridge: Cambridge University Press.
- Shay, J. (1994). *Achilles in Vietnam: combat trauma and the undoing of character*. New York, NY: Maxwell Macmillan International.
- (2002). *Odysseus in America: combat trauma and the trials of homecoming*. New York: Scribner Press.
- Sherman, N. (2011). *The untold war: inside the hearts, minds, and souls of our soldiers*. New York: W. W. Norton Publishers.
- Simeon, D. & Abugel, J. (2006). *Feeling unreal: depersonalization disorder and the loss of the self*. Oxford: Oxford University Press.
- Sissa, G. (2009). Gendered politics, or the self-praise of Andres Agathoi. *A Companion to Greek and Roman Political Thought*. West Sussex, UK: Blackwell.
- (2009). Political animals: pathetic animals. *A Companion to Greek and Roman Political Thought*. West Sussex, UK: Blackwell.

- Skolbekken, J. A. (2008). Unlimited medicalization? Risk and the pathologization of normality. *Health, risk and vulnerability*. New York: Routledge Press.
- Sledge, E. B. (2007). *With the old breed: at Peleliu and Okinawa*. New York: Presidio Press.
- Sloterdijk, P. (2010). *Rage and Time: a psycho-political investigation*. New York: Columbia University.
- Snell, B. (2012). *The discovery of the mind*. Mineola, NY: Courier Dover Publications.
- Soanes, C. & Stevenson, A. (2009). *Concise Oxford English dictionary*. Oxford: Oxford University Press.
- Sorabji, R. (2004). The concept of the will from Plato to Maximus the Confessor. *London studies in the history of philosophy: the will and human action from antiquity to the present day*. London: Routledge.
- Sorrell, S. (2009). *Astral projection made easy*. Alresford, Hants, UK: Sixth Books.
- Stam, H. J. (Ed.). (1998). *The body and psychology*. Thousand Oaks, CA: Sage Publications.
- Steele, J. M. (2011). *Ancient astronomical observations and the study of the moon's motion*. New York: Springer Media, LLC.
- Steinberg, M. (2004). Systematic assessment of post-traumatic dissociation. *Assessing psychological trauma and PTSD*. New York: the Guilford Press.
- Stone, L. B. & Friedman, M. J. (2010). Treatment of war-related post-traumatic stress Disorder. *Stress of war, conflict and disaster*. Oxford, UK: Academic Press.
- Sullivan, S. D. (1988). *Psychological activity in Homer: a study of phren*. Montreal: McGill University Queen's Press.
- Symons, M. J. (2009). *Coping with PTSD*. London: Post Traumatic Stress Disorder UK.
- Taber-Thomas, B. C. & Tranel, D. (2012). Social and moral functioning: a cognitive neuroscience perspective. *Developmental neuroscience and childhood brain injury: theory and practice*. New York: The Guilford Press.
- Taylor, S. (2006). *Clinician's guide to PTSD: a cognitive-behavioral approach*. New York: the Guilford Group.
- Tehrani, N. (Ed.). (2011). *Managing trauma in the workplace*. East Sussex: Routledge.

- Thermos, V. (2002). *In search of the person: true and false self according to Donald Winnicott and St. Gregory Palamas*. Montreal: Alexander Press.
- (2004). I forgive, therefore I am: forgiveness as fullness of life. *Student World*, 1(1), 67-77.
- (2010). *Thirst for love and truth: encounters of Orthodox theology and psychological science* (Montreal: Alexander Press, 2010)
- Thiher, A. (2000). *Revels in madness: insanity in medicine and literature*. Ann Arbor: University of Michigan Press.
- Tick, E. (2005). *War and the soul: healing our nation's veterans from post-traumatic stress disorder*. Wheaton, IL: Quest Books.
- Tierney, H. (Ed.). (1999). *Women's studies encyclopedia*. Westport, CT: Greenwood Press.
- Trader, A. (2011). *Ancient Christian wisdom and Aaron Beck's cognitive behavioral therapy: a meeting of minds*. New York: Peter Lang.
- Tyson, D. (2007). *Soul flight: astral projection and the magical universe*. Woodbury, MN: Llewellyn Publishing.
- Ulman, R. B. & Brothers, D. (1993). *The shattered self: a psychoanalytic study of trauma*. London: Routledge Press.
- Van der Kolk, B. A. (2002). The assessment and treatment of complex PTSD. *Treating trauma survivors with PTSD*. Washington, DC: American Psychiatric Publishing, Inc.
- Van Doorn-Horner, P. (1995). *Contemporary Coptic nuns*. Columbia, SC: University of South Carolina Press.
- Vesterling, J. J. & Brewin, C. R. (2005). *Neuropsychology of PTSD: biological, cognitive, and clinical perspectives*. New York: The Guilford Press.
- Vlachos, H. (2002). *Orthodox Psychotherapy: the science of the fathers*. Levadia-Hellas, Greece: Birth of the Theotokos Monastery Press.
- Vujisic, A. (2011). *Orthodox neptic psychotherapy in response to existential and transpersonal psychology*. Rollinsford, NH: Orthodox Research Institute.
- Walsh, F. (2007). Traumatic loss and major disasters: strengthening family and community resilience. *Family process*, 46(2), 207-227.

- Ware, K. (1999) *"The soul in Greek Christianity."* London: Routledge.
- Welch, S. S. & Rothbaum, B. O. (2010). Emerging treatments for PTSD. *Handbook of PTSD: science and practice*. New York: Guilford Press.
- Wilcox, V. (2000). Burnout in military personnel. *Military psychiatry*. Washington, DC: Department of Defense.
- Wizelman, L. (Ed.). (2011). *When the war never ends: the voices of military members with PTSD and their families*. Lanham, MD: Rowman and Littlefield.
- Wong, L. & Gerras, S. (2006). *See you at the FOB: how the forward operating base is changing the life of combat*. Washington, DC: Strategic Studies Institute.
- Wooten, D. (2015). Unpublished interview by author, written recording, Okinawa, Japan, October 7, 2015.
- World Health Organization. (1993). The ICD-10 classification of mental and behavioral disorders. *International statistical classification of diseases and related health problems, 10th ed.* Geneva: World Health Organization.
- Worthington, E. L. & Langberg, D. (2012). Religious considerations and self-forgiveness in treating complex trauma and moral injury in present and former soldiers. *Journal of psychology and theology, 40*(4), 274-288.
- Zertsalov, A. (1991). A Nun of Holy Nativity Convent, Trans. *Living the faith: spiritual instruction from Anatoly of Optina* [Kindle E-Reader version, 2016]. Jordanville, NY: Holy Transfiguration Monastery Press.