

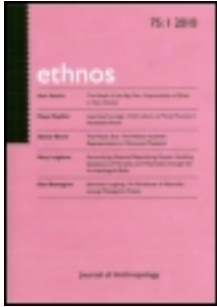
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On Movement: The Matter of US Soldiers' Being After Combat

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ABSTRACT *Using ethnographic vignettes of three American soldiers who served in Iraq and Afghanistan, this article proposes an analytics of movement through which to apprehend experiences of ontological transformation brought about by the many violences of service in a combat zone. I juxtapose a range of experiences of movement to explore the subjective experience of certain kinds of bodies as they move, see, and are seen to move in certain kinds of spaces. In the case of American soldiers who have been marked by their experiences in Iraq and Afghanistan, this approach is a displacement of post-traumatic stress disorder, the dominant frame for understanding soldiers' post-combat transformations. In its stead, the analytics of movement offers a sense of the vertiginous new worlds soldiers inhabit, which suggests ontology, rather than pathology, as the ground for understanding the matter of US soldiers' being after combat.*

KEYWORDS *War, the body, soldiers, movement, space, post-traumatic stress disorder, violence, America, Iraq war, Afghanistan war*

In the summer of 2008 I sat in the air-conditioned coolness of a well-appointed Spanish restaurant in Washington, DC having dinner with James, a US soldier and recent double amputee, and Erin, his wife, both in their early twenties. James and Erin were among the hundreds of injured soldiers and their family members compelled to live at Walter Reed Army Medical Center in Washington, DC during months or years of rehabilitation and institutional processing following the soldiers' medical evacuations from Iraq and Afghanistan. In this setting, weekend dinners out were among the dull routines and banalities that stabilized life made precarious by the earth shattering forces of war. There were a small and quickly exhausted handful of

bars and restaurants frequented by soldiers and attendant family members, but on this night, James, Erin, and I had decided to go somewhere that felt different, further afield, away from these routines and those who shared them. And so the evening had become something of a special occasion. We had eaten elegant food – stuffed chicken breast and duck – and we had talked about luxurious ingredients like saffron and about cultural influences on the feeling of spiciness in one's mouth. None of us would be there if James had not been blown up by an improvised explosive device (IED) outside of Baghdad in 2006, but this sensorium seemed infinitely remote from that one.

At the end of our meal, James and I reached for the bill at the same time. I insisted it should be my treat. We staged a playful stand-off. I share James' dark and sarcastic sense of humor, and smiled as he joked 'I'll stab you with this butter knife,' wielding it as a parody of a weapon. Erin jumped in, less amused. She said that James would only get one post-traumatic stress disorder (PTSD) 'freebie' – asserting a diagnosis of PTSD would only get him off the hook for violence once – so he probably should not waste his 'crazy card' on this. We agree to split the check.

In this article, I explore the transformations of US soldiers' selves and worlds brought about by the intensities and violences of their participation in the wars in Iraq and Afghanistan. The transformative power of serving in these wars is widely and publicly recognized, but in such recognition PTSD often stands in for a vast and subtle array of experiences. Erin's comment in the vignette above (that James should save his 'crazy card') plays on the ubiquity of PTSD in public accounts of soldiers' combat-connected¹ transformations. It points to PTSD as one of the ways deadly violence is seen to stick to soldiers and to the perceived power of PTSD-based explanations of what happens to soldiers as they encounter the home front world in a transformed way. Soldiers, like James, and those close to them, like Erin, do engage narratives of PTSD and recognize the configuring forces they have. But, as they well know, there are many dimensions of experience that elude the categorical distinctions such narratives deploy. This paper offers an *analytics of movement* as an alternative account, one that keeps close to the textures of experience so as to forego the severances that stories of disorder and diagnoses like PTSD require.

Though I contrast my account here to those that begin with PTSD, I do not suggest that PTSD is 'just a construct' or without its important functions. Indeed since its definition in the Diagnostic and Statistical Manual (DSM) III in 1980,²

PTSD has been critical to recognizing, validating, and compensating US soldiers in whom service has induced certain lingering modes of suffering. But, the recognition of PTSD entails categorical distinctions that do not emerge from the experience of being transformed in the midst of the world after combat. Most notable for my purposes here are distinctions between physical and psychological injuries and between altered ways of being that are nosologically or pathologically significant, and those that are not. These are distinctions mapped onto experience and intended to make it knowable and navigable. While these distinctions may do precisely that,³ they also make apparent certain kinds of transformation and render others obscure. In the lives of the soldiers with whom I worked, these distinctions are often relevant, but they are not at all clear. Through ethnography, we can trace the sometimes unlikely ways PTSD and its narratives are invoked. But more important for my project here is the way ethnography uniquely positions us to take note of what exceeds such stories.

For example, every dimension of James' transformation, born of the boredom, intensity, and violence of army life, combat, and injury, inflects his lived experience of our dinner; the new contours of his body, and the new sensations of its edges and insides as it interfaces with the material world; his altered perceptions of the material world and the kinds of sensation and experience that unfold within it; the implications and meanings of those contours to James, Erin, and those who see James as an injured soldier home from war; the frustration, pain, and exhaustion that characterize a life being haltingly woven out of the seemingly incommensurable materials of combat and normative domestic ordinariness. All of these differences are present on the evening of our dinner. They are present as Erin drives James to dinner, rather than the other way around. They are present as Erin drops him off at the door so he will not have to walk along the sloping angle of Wisconsin Avenue, an angle which he notices and knows will cause him discomfort while using his prosthetic legs. They are present as James explains he does not want to sit on the restaurant's patio because army life has turned eating outside into a ruined pleasure. They are present as he is looked at, touched, and treated by others on the street. They are present as the meaning of his macabre butter knife gag figures within a frame of PTSD.

These can certainly be disaggregated into phenomena of various kinds – a decision, an injury, a feeling, a perception, a consequence, an association, an interpellation – but all are among the many ways his experience of being in the world is transformed by his experiences in Iraq. Though the differences between them can become important beyond the level of his experience – when, for example,

he engages with various institutions and service organizations – they should neither be mistaken for differences that describe or account for his experience nor should they be swept aside by, or subsumed within, the distinguishing story of PTSD.

The analytics of movement sutures back together experiences PTSD's categorical distinctions would sever, offering a broader field within which we might understand the wide array of soldiers' modes of post-combat being, which matter very much. In contrast to frameworks of trauma, an analytics of movement does not begin with pathology or memory but with the experience of being disoriented and the vertiginous and not always successful process of becoming reoriented. Such dizzying orientations are occasioned by a sensate moving soldier acting in the here and now of a home front itself transformed by a there and then of the warzone.

In bringing together experiences otherwise kept apart as either physical or psychological, normal or pathological, post-traumatic or not, I do not suggest that these experiences are all the same. Rather, I suggest that if the task is to understand the ways in which soldiers' past combat continues to mark them and make life difficult in the present, we must at least try to understand this array of experiences all together.

The Frame of PTSD, Pathological Limits, and Ontological Excess

Though genealogically related to psychoanalytic, psychiatric, and even actuarial attempts to understand the nature of trauma and traumatic memory (Young 1995, 1997), PTSD itself was created specifically to address the cluster of symptoms occurring in USA Vietnam veterans, which seemed to echo the psychic suffering of previous generations of soldiers, especially the 'shell shocked' soldiers of WWI (Scott 1990; Young 1997).

The first clinical diagnosis of PTSD was crafted for the third version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, the DSM III (1980), which represented a radical shift toward scientifically verifiable, universal, and standard diagnoses and away from the clinically derived and qualitatively differentiated observations that underpinned the previous versions (Young 1997: 94–107; see also Kirk & Kutchins 1992; Beutler & Malik 2002; Gonçalves *et al.* 2002). As Young notes, this shift 'gave primacy to scientific truth over clinical reality, to noncontingent and generalizable forms of knowledge over local knowledge' (1997: 106).

For PTSD, this shift, whose momentum has intensified in subsequent revisions of the DSM, has led to a growing focus on biological markers and

treatments and an entrenchment of PTSD's status as a single, coherent, verifiable, and discrete disorder (Young 1997). Even as its utility, parameters, and very existence are debated within the clinical literature (Rosen & Frueh 2007), PTSD is understood to be treatable, potentially preventable, and perhaps curable, all with recourse to increasingly biological and neurochemical means.

In its scientific iterations in US, PTSD is increasingly figured as a neurological malfunction, likely located in either the amygdala or the hippocampus (e.g. Koenigs & Grafman 2009; Mulvaney *et al.* 2010. For reviews see Karl *et al.* 2006; Woon & Hedges 2008, 2009; Woon *et al.* 2010, Yehuda & LeDoux 2007; see also Leys 2000: 254–64; Scheper-Hughes 2008), created by a potentially adaptive reaction to a specific event which is, by its (subjectively defined and notoriously slippery) traumatic nature, inassimilable by the brain's usual mechanisms of perception and apprehension. Young and Breslau have critically characterized this trend as 'the passionate interest in discovering [PTSD's] biological markers' (Young & Breslau 2007: 231). Current American military psychiatry and psychology are especially passionate about rendering PTSD in biological terms (Dieperink *et al.* 2005; Brenner *et al.* 2009; Killion *et al.* 2009; Van Boven *et al.* 2009).

Treatment of PTSD is addressed to 'straightening out' the pathologically twisted temporality of memory that is seen to cause the unwanted re-experiencing of the traumatic event through intrusive thoughts and images. But, treatment is also geared toward disciplining pathologized modes of perception and behavior such as avoiding or overreacting to stimuli associated with the traumatic event (such as crowds or loud noises) and under-reacting to 'normal' stimuli (displayed through flat affect or loss of interest in previously enjoyable activities). PTSD thus attends to a specific set of modes of memory, perception, and behavioral and affective response that are understood to be caused by (the brain's chemical reaction to) a traumatic event. These modes of being and remembering are positioned as the cause of a person's subsequent suffering. This traumatic suffering mires them in their traumatic past and pathologically marks their present.⁴

Increased rates of diagnosis among returning US soldiers (Bray *et al.* 2009; Shevlin *et al.* 2009) and considerable public and private resources devoted to the production of knowledge about PTSD have meant that it increasingly functions synecdochally: PTSD is that part which stands in for a greater whole in accounts of US soldiers' experiences of post-combat transformation.⁵ And while much of this current visibility of PTSD is due to well-meaning efforts to get much needed help for soldiers who struggle with life in the 'afterwar'

(Grinker 2005), the ubiquity of the label has an effect beyond even those who are diagnosed with PTSD or those whose experiences are characteristic of its symptoms. In the American context, soldiers' homecoming trouble and post-combat transformations have become tethered to, if not entirely enveloped by, PTSD.⁶

Because of this, soldiers' unruly and unsteady reconfigurations of life and world are increasingly read through a PTSD-based frame of trauma and traumatic transformation. This framing has its 'looping effects' (Hacking 1995, 2006). The more physically apparent transformations of bodily injury are kept discrete from 'mental,' 'behavioral,' 'emotional,' or 'social' transformations. This frame posits clear breaks between the past of the warzone and the present of home. It relies on binary dichotomies between pathologically injured brains and symptomatic people and 'normal' people who seem to act in the world as if they had never been to war. The PTSD frame thus dramatically narrows the field of experiences intelligible as *post-combat*. It limits the temporalities of transformation and, if accidentally or even ironically, effaces a combat veteran's complex and emergent becoming-knowing-being-in-the-midst with an increasingly mechanistic bio-chemical body and brain and a set of pathologized behaviors.

Some anthropological critiques of PTSD have focused on the question of its cross-cultural applicability, noting, for example, that PTSD is based 'on modern Western conceptions of the self as constituted through continuities of memory' (Breslau 2004: 116; see also Summerfield 2001; Han 2004; Kienzler 2008).⁷ Another stream of critique has otherwise sought to denaturalize and historicize PTSD, positioning it as a condition with a particular, traceable genealogy and identifiable institutional, moral, and political effects (Scott 1990; Young 1995, 1997; French 2004; Fassin & Rechtman 2009). But in a different vein, I suggest that to understand the experiences of transformation that PTSD was originally created to address (*i.e.* those of US soldiers returning from combat), we must fracture some of PTSD's foundational binaries and begin not with pathology and its problems, but with ontology and its possibilities. The analytics of movement offers one such broad ontological approach.

Following Butler (2009), I intend ontology not simply as *being* in a socio-politically decontextualized or universal sense, nor do I oppose it to *knowing*. Ontology in this sense is historically and epistemologically situated. Similar to related explorations of embodiment (Csordas 1994), this is a phenomenologically grounded approach to thinking about being: it requires an attention to precarious bodily being that emerges, and becomes legible at the confluence of powerful discursive, historical, and material circumstances. It moves us

away from *being* as a static and pathological state ('a soldier is . . .') and toward being as an always situated and open becoming ('a soldierly being in the midst of . . .'). Such ontology is thus closely allied with Erin Manning's (2007) concept of ontogenesis that displaces the *identifiable* body (*i.e.* one that can be deictically denoted) with what she calls a *sensing body in movement* or *becoming-body*.

So, while ontology is a matter of matter, of bodies and the material worlds in which they move, it is also about the way matter is shaped and meaningfully invigorated by its historical, social, discursive, and physical locations. Ontology requires us to think in the register that Povinelli has identified as *carnal* as distinguished from corporeal (2006, 2011).⁸ In Povinelli's terms, *corporeality* is the ordering of space and the shaping of bodies that is effectively produced through the biopolitical 'arts of material formation' (Povinelli 2011: 109). *Carnality* is the fleshy experience of living in spaces and bodies that are shaped, 'extruded,' through these arts, but that are also irreducible to them (Povinelli 2011: 108). Carnality is that measure of being shaped by corporeality, but not captured by it. It is the bodily remainder of biopolitical maneuvers (Povinelli 2011: 108). The way James' flesh is recomposed into the body of a US soldier after combat, for example, is reducible neither to PTSD nor to other discourses and practices within which the meaning of contemporary American soldierly life is given its very bodily shape.

Ontology is thus neither 'just' about bodies or 'just' about the discourses that materially affect them. Beginning with movement opens up possibilities for thinking about ontology as carnal and emergent. It makes it possible to address whole existential, corporeal, social, and intersubjective fields, which movement makes apparent and which frames of trauma, and PTSD in particular, occlude.

The analytics of movement is a turning toward emergent carnality,⁹ flesh, and the way it is seen and felt; proprioception and those other senses of sight, sound, touch, and taste through which a body and a space enact a meaningful, sensible articulation; visceral experiences forged and diagnosed through the trauma of war which also exceed its limits. Here, I approach this situated bodily becoming and being at a tightly circumscribed scale, displacing PTSD's encompassing, rationalizing logic of pathology with an attention to the ways being after combat emerges out of sensory experiences that have been remade, and made habitual, amid the violence of war. And so, to allow the analytics of movement to do its own work, I contain my discussion of PTSD, pushing it away from the center of this article's ethnographic grounding.

Marking Mobile Bodies and the Spatial Contingency of 'Normal'

Bounded by gates, the space of Walter Reed Army Medical Center, the Army's flagship medical facility in Washington, DC, is marked off from the city and the world around it. Within its gates, normalcy has a particular flavor, much of which is related to space and the movement through it. Not only is it normal to see wheelchairs and people with prosthetic limbs, but it is also normal to be 20 years old and missing a leg.

Many of the activities within Walter Reed's gates are explicitly concerned with the intricacies of movement. For those who have lost lower limbs, the activity of putting one foot in front of the other becomes a site of intense focus and attention. The activities of physical therapy, of stretching, walking, balancing, running, jumping, all use movement to train movement. And, the evaluation of movement through space is one of the ways progress is measured. The question of how, and how well one walks, is a powerful index of progress toward recovery, a state which has much to do with the normative appearance of bodies in motion.

These practices of managing movement, from the gait of an amputee to the 'patient flow' through the building, are normative and disciplinary. But, though they operate on miniscule movements understood to be somehow incorrect, it is the wobbliness of movement, the common experience of instability that gives these practices a ground on which to establish themselves. Thus, this common experience of difficult movement characterizes the space of Walter Reed, even in sites of normative discipline like its physical therapy spaces or high-tech gait lab.

Outside the gates of Walter Reed, however, things are different. Bodies in motion are read according to different visual and semantic fields of reference. Seemingly simple acts of walking along a city street make apparent certain contingencies of the aesthetics and affects of class, gender, patriotism, and politics and ideals of bodily mastery and control. In this social terrain, such movement makes available for analysis the complex syntagmatic relationships through which marked forms are produced as such. Injured soldiers and their visible prosthetics walking through the streets beyond Walter Reed function like an image out of place that 'signals a "more" postulating the existence of an elsewhere, beyond the conventional logic of that place' (Massumi 2003: 31). Their moving presence postulates a 'more' that speaks of the social division of the labor of war and its violent effects, a 'more' of war often unspoken and out of sight.

As was the choice for many injured soldiers with whom I worked at Walter Reed, when James wore his prosthetics they were almost always visible; stretches of titanium and plastic between his sneakers and his shorts.¹⁰

Walking with him, when he was using his prosthetics or when he was in a wheelchair, made apparent many aspects of the world that I would otherwise ignore. Every change in the grade underfoot, every crack or bump or curb on the sidewalk, such otherwise negligible topographies required James' care and concentration. Such movement makes most notable the most apparent ontological transformation wrought by James' time at war: the fact that both his legs have been amputated – one below the knee and one above – after an IED explosion in Iraq.

But, another dimension of this combat-connected transformation became apparent as he was *seen to move* through space, especially in the public space of nearby Silver Spring, MD and its revitalized downtown with a movie theater, few bars, and pedestrian mall, which comprised that handful of places frequented on weekend nights by injured soldiers living at Walter Reed.

In some other place or some other time his short brown hair, thin, heavily tattooed body, and stylish t-shirts and cargo shorts might allow him to be read as another kind of 23-year-old American raised in a comfortable Midwestern suburb. But, in Silver Spring in 2008 – a place abutting the hospital most famous for its injured soldier patients, a time that ushered in the 4,000th US soldier killed in combat in Iraq – the particular markedness of James' body was made immediately legible as that of an injured soldier.

Because of this, as James moved through public spaces it was not uncommon for people to speak to and occasionally touch him. One night as James and I stood smoking by McGinty's Pub, his prosthetic legs catch the eye of a mildly intoxicated middle-aged man ambling along with a few friends. He walks past us and then returns. He stands close to us and addresses James, ribbingly asking 'what happened to your feet?' James replies with one word and a slightly smug smile: 'Bomb.' The man, still standing there in front of us nods slowly, with sincerity, and says; 'I believe it. Thanks, thank you for what you do.' And then he moves along, back to his waiting friends.

Another night, as James, his wife Erin, and I walk to a movie theater, I notice a man walking in our direction. As he approaches us, he continues moving and extends his hand to James. Without hesitation, at the point where their paths cross, James reciprocates and takes the man's hand in his. There is a single firm shake. The man says 'thank you' and then he and James both continue walking, having hardly stopped at all, their courses altered almost imperceptibly.

While such intersubjective moments are clearly about the way James' particularly marked and situated body is read, they are not simply about the visual surface of his body, but also about its movement. And again and again,

as I moved with James, or saw him being seen to move, it made less and less sense to separate the visual from the visceral dimensions of his transformation, to parse his flesh apart from the meanings it was seen to make, and which stubbornly became part of what it meant for James to be, become, and move, all of which remained inseparable from his experiences of combat.

For example, when James wore his prosthetics, the pressure and friction of his residual limbs against his soft socket liners and hard sockets would make walking increasingly painful and the calculus of each decision about where, how, and if to move became increasingly complex. Most late nights at McGinty's Pub he must carefully calculate his trips outside for a smoke, waiting until his craving is strong enough to outweigh the trouble and pain of walking down and then back up a short flight of stairs.

This measure of pain which is weighed against a craving (a craving which is itself a feeling connected to combat, when many soldiers begin or intensify their cigarette smoking) is part of what brings James outside where he is visible to the man who addresses him or reaches toward him. The conspicuous vagueness of gratitude – 'Thank you,' 'thank you for *what you do*' – dematerializes James' particular body, rendering him in the broad strokes of a soldier more or less like any other. But, such gestures are occasioned by the alighting of the eye on the glinting traces of horrible violence and pain, traces that James can make more present with one chosen word – 'bomb.' And even when no words are spoken, the social world entailed by gestures and gazes also feeds back into the physical facts of James' body and the way it moves. Carnality does not rest simply on the surface of a body or hover in a space; it is also felt in the flesh.

I recall another night in Silver Spring when James and I waited on a bench by an intersection for Erin to fetch the car because James was in too much pain to walk much further. We see her approaching the bench in her black SUV and James stands. The light turns red at the intersection where we wait. Erin and her car are stopped amid the Saturday night congestion, but there is nowhere to pull over. James begins, slowly and not without difficulty, to walk out into the idling traffic. The light turns green. James takes his time. The cars neither move nor honk. He is confident that the sight of his particular body moving gingerly into this intersection will compel others to be still, and he is right. He knows the affect of his body in this place has a particular effect, which means he does not need to rush and thereby inflame the pain he feels at the edges where his body pushes and rubs against his prosthetics, becoming sore and raw.

James' experience of moving is marked by new mechanics, and it is also an experience of being over-determined, a certain thinning of the always contingent ability to feel self-contained and private, to pass, or pass unnoticed. He is arrested, if only momentarily, by the figure passing others posit. Others are moved or stilled in his presence. The signification of his prosthetics overwrites the signification of other aspects of his body, such as his many tattoos, that used to lend themselves to another reading. His legs carry him into public space and into a public figure that he has little choice but to inhabit. He measures his movements through his experiences of pain, but also through the inextricable experience of being seen to move by others, which itself literally conditions his flesh.

In these ways, James' experience of himself in such public spaces has been radically altered and there is an unbreakable continuity between the variety of ways he has been, and continues to be, altered by his experiences in Iraq. His physical transformation is not separable, not entirely different, from the range of other transformations these moments of movement bring to the surface.

Beginning with movement brings into view the variety of ontological transformations these moments show and make. It draws our attention to the kineshetics of intersubjectivity. But these vignettes are not physics equations in narrative form. They tell of more than mass and velocity because movement is always a social accomplishment, with all that entails. The spaces through which our carnal selves move are always far from empty. The spatial is always the socio-spatial (Urry 1999; also Low 2003; Low & Lawrence-Zúñiga 2003; Wacquant 2008). The spaces of these streets near Walter Reed are spaces of certain kinds, semiotically full – of the traces of war and the public stories told about them – in ways that preceded, antecede, and are altered by movement through and in them.

As James learns new movements and his transforming body moves into new spaces, he moves into view, *becoming something seen* 'in contiguity and proximity' with the field of the visual (Lingis 1986: 96). Here, the analytics of movement draws our attention to ways of becoming and becoming situated that hinge on sensuous *and* social modes of perception (Lingis 1986: 91–6). The situation is socio-spatial. It resonates with what James continues to feel and know about a past violence of war. And, it is also a situation coordinated with what others perceive or fail to perceive about the meaning and feeling of that violence.

Beginning with movement reveals how practical experiences of movement and the encounters they comprise are inseparable from sensuous experiences

of one's body, intersubjective and emergent experiences of one's self, and the social weight of one's carnal form. The question posed here is not about the *meaning* of James' injured body. It is not an attempt to force the real into the realm of the symbolic or to subject the corporeal to the semantic. Rather, I ask what is it for James to be without legs? The answer is addressed to the fragility of human experience and the thinness and porosity of the situated self; qualities which body forth in moving encounters.

Re-visioning Space and Being 'Post-Traumatic'

The experience of moving through space had also been forever changed for those soldiers with whom I worked who were not at Walter Reed and who had not been physically injured in ways that were readily visible. Their experiences of moving through space, including their practices of seeing, were also fraught. Their movements, if not the still image of their bodies, were sometimes marked as jumpy or too tightly coordinated. Their experiences of seemingly disattended tasks of negotiating public space were transformed by combat. In some cases, these modes of movement might be glossed as being 'post-traumatic.' But the temporality of trauma and its post-ness, with its finitude and past tense, suggests acute, rather than enduring, (potential) violence. In models of trauma, the past may pathologically haunt the present, but it is past nonetheless. By contrast, the analytics of movement urges this theoretical past tense to give way to diffuse and ongoing modes of being in combat's wake.¹¹

I sit with Sophia in a coffee shop in a subway station in Manhattan. I had arrived at our meeting a few minutes early. I thought I would get a coffee and situate myself in view of the door so that she might recognize me. But, after I got my coffee and doubled back to the seating area, I saw her already there, at a small metal table set with two chairs on opposite sides. She sits in the chair facing the door, sipping a hot chocolate.

We settle in, I pull out my notebook, and turn on my recorder. I ask her to tell me about herself. She starts with the past and pieces together a story about what she was like: born in Puerto Rico but equally American, one of four siblings, a tomboy, a churchgoer who tricked her mother into signing the forms that allowed her to join the military in 1999 at the age of 17 so she could pay for college. She figured she would get herself a desk job, not that it mattered so much then, back when, as she said, 'it was Clinton time, there was no war, no signs, no, no signs of nothing.' 'I was like, "There ain't gonna be no war" but little did I know.'

As we begin to speak about her time in Iraq, as her narrative moves inexorably toward the present tense, we also begin to speak about coming back from war and about the inevitable strains of 'reentry,' the atmospheric burn that makes painfully apparent expectations about a then and there of life at war and a here and now of life at peace. It is a feeling that makes apparent certain irrevocable transformations.

Sophia gestures at this difference when she tells me about demobilization.

You know, they check you out quickly, they don't talk about it, they do it not individually, they do it everybody, as a group, as a unit, you know, and be like, "This is what happens this is how it is now remember how you were."

I am incredulous, and blurt out 'remember how you were?!' Sophia confirms:

"Remember how you were and act, just you know be like that. Remember that." And you're like "Uhhh, what?" like, "How was I again?"

Parts of what makes it so impossible to 'be like that' are the stubborn visceral facts of being somehow something else, an irrepressibly emergent new way of being. Sophia can recall what she used to do, the things she used to care about, how she used to spend her time, but her transformed mode of being in the world does not allow her to '*be* like that' or even to remember with all her body and might what being like that was really like.

Speaking of her time in a combat hospital in Iraq, she said: 'It changes you, it changes the way you see people. When you come back everything, everyone, is a suspect. Anything and everything everyone is dangerous, everything looks dangerous.' She laughed.

Sophia's twinning of being and seeing – 'everyone is dangerous, everything looks dangerous' – is a sort of cipher encoding the complex relationship between seeing and being and inferring the key to its understanding. In her own way, Sophia points to the intimacy between becoming, becoming visible, and coming to see that Alphonso Lingis has theorized (Lingis 1986). She sees and feels the world as it is, and the world is as she sees and feels it. It cannot be otherwise. She feels that this world is a different one from the one she knew before Iraq, but also that it is she, and her vision, that have changed: 'It changes you, it changes the way you see.' Iraq has educated her eye in a way that allows her to see danger and to know that it is there. The world and the people in it are full of potential danger because now she knows how to see.

For the next little while we discussed this experience of seeing things differently. Sophia laughed a lot as she spoke, a bit self-conscious about the experiences she relayed.

Before I would have just walked in and umm sit down. Usually, now, like even though its been a few years and I know how to live in the normal life, with no guns no nothing, I still look in and see what's my surroundings, see my potential, what, see that there's an exit over there, see if something happens over there, where can I go.

[...]

I don't sit first [*she is laughing*], I like go right, I look right I look left, so I mean I don't know if you were here when I did that.

'No,' I say.

Okay because when I literally walk in I stop over here and I look to my left and I do that everywhere I go. The same thing when I'm in the train. [...] How many people are there, if I have to run where do I go? You know if it's faster the other way or the other way, where the poles are so I know how to, you know, so that's how usually that's how I. You know you walk into a place you want to know which other exits, how....

She pauses. 'How you would move through' I offer, hinting at the arc of possibility that is part of the world she inhabits and makes, hinting at the *ifs* that her experience proliferates: if there was a bomb, if there was a gunman, if there was, as they say in military parlance, contact.

Sophia moves from telling me about how she envisions space to showing me. As we sit facing each other, with her facing the coffee shop door, she demonstrates the breadth of her peripheral vision by telling me which tables she can see, inviting me to test my own vision, to look at the space and revise my view of it, to see with her eyes. 'And,' she adds, 'maybe you notice, I'm not looking at you, I'm looking at whoever's moving, whoever's moving too fast. I'm like looking, looking.' As she repeats the word 'looking' she demonstrates for me, exaggerating the darting movement of her eyes, showing me how they see and also making me see them.¹² 'So you know, I don't know,' she says. 'I get used to it. Yeah.'

I ask her if this new way of being bothers her. She says that it is 'unconscious,' and that it actually makes her 'feel comfortable in a place.' She goes on:

I don't count how many people go in and out but, like for example I remember the last person who walked in. You know, not to, to say but, like for example: a black female with short hair walked in with a jacket. That was like a minute ago. You know the other guy, he put some headphones on and he, he got out. So its like, I'm aware of who's in and out. So I would be able to notice if somebody walked in and out twice, I'd be like, "Why?" That's the first thing: "Why are you walking in again?" You know so. It's something that keeps me, my heart pumpin' slower, not like *du-du du-du du-du*. Not like everything is dangerous.

Here, Sophia articulates a complex of seeing, looking, and feeling that characterizes her changed experience of being in the world. Though she is reflectively aware of this change and has no trouble identifying it and linking it to her experiences of imminent danger in Iraq, she also explains that it is 'unconscious,' habitual, it is the way she feels comfortable, the way she has become, part of her tactile everydayness (Taussig 1991), her ordinary way of encountering the world. Her particular vision not only gives her the abstract feeling of comfort, but also changes the feeling of her heart in her chest – it steadies her sense of her self in her body. And her newly educated eye, the one that allows her to see that 'everything is dangerous,' also allows her to feel comfortable and 'not like everything is dangerous.' This apparent incommensurability – that everything is dangerous and that she likes to feel it is not – points to the clash between worlds and what it means to be in them. There is the ordinariness of being in 'safe' spaces (like a coffee shop in New York) and the other ordinariness of being in 'unsafe' spaces (like a combat hospital in Iraq) and these ought to be distinct. The incommensurability also points to the way that her new practice of seeing, her new vision of the world, keeps these two apparently distinct modes of being suspended together in a way that plays out in her feeling of herself as she moves through space. The taken-for-grantedness of safety is gone and she must work to achieve the feeling of safety through recognizing potential danger.

When our interview is over, Sophia and I walk together to the subway platform to wait for our respective trains. It is relatively crowded, and, leading the way, I come to a stop in the middle of the widest part of the platform. Normally, when waiting for the subway I lean against a beam and look down the tracks, or pace near the platform edge. But after our talk about Sophia's experience moving and watching others move, after her small attempt to educate my eye, I think she might rather be in the middle, able to see on all sides, the main entrances to the platform easily visible. I am wrong. She fidgets a little and then asks if we can wait over by the stairs; she says she can see better

that way and will be 'more comfortable.' What I had not noticed, in my attempt to see the space like her, was that in the widest part of the platform there would always be one staircase directly in front of her and one directly behind: from this vantage, she could not see all the points of entry or exit at the same time, only by turning her back on one would the other be visible.

In our interview, and again on the platform, she described and demonstrated her experience of being back in 'the normal life, with no guns, no nothing' in corporeal terms: sights, sounds, heart rate, and overall uncomfortable-ness. She described, and then on the platform enacted, the transformed way she senses and moves through space. She attributed a part of this transformation to her intense physical training, such as the 30 lbs of muscle she packed onto her slight 5'2" frame. But, she rooted the balance of it in the visceral intensity of her experience downrange.

It is not simply that Sophia has learned new skills of moving and seeing: She has undergone a deep ontological transformation. She explains her experience of reintegrating into 'the normal life' as one of reconciling her transformed embodiment and experience of space with the incommensurate and socially reproduced hegemonic facts of space and comportment in the 'normal' world. As she moves she must reconcile being different in a place where she should be the same. The normative experiences of a past there and a present here collide, and it is through her vision of the world that Sophia navigates this collision. She feels it in her body, in the growth and loss of muscle, and the exertions of the heart.

Unlike a more proxemic analysis, which might focus on military versus civilian ways of navigating space, a kind of cross-cultural mis-navigation, or the resonances of a misplaced discipline (Hall 1968; Foucault 1995), Sophia's elaboration invokes an extracurricular transformation of her own body and also of her sensation of the world around her. Feeling, seeing, moving, being, are all inseparable aspects of her transformed experience of the world. Even tactical practices of navigating space that can be linked directly to military training, such as Sophia's mapping of exit routes, cannot be boiled down to discipline. While it may be training and experience that disciplines soldier-bodies, it makes little sense to say that these techniques are simply internalized, that they abide unreflected upon, or that they remain inside the body. Though it is entirely appropriate that Foucault should begin his explication of docile bodies with the disciplined body of the soldier (Foucault 1995: 135-37), it is not at all necessary that an ethnographic account should end there. After all, the moving, seeing being experiences a disciplined exterior space as much as,

if not more than, a disciplined feeling of its own body. Sophia shows us that soldierly vision alters the space soldiers see. And both techniques of training and more improvisational experiences of combat shape soldiers' practices of moving. These endure, becoming part of the sensibility of all spaces soldiers see and move through. For soldiers, this sensibility is not strictly experienced as a transformation of their own bodies, senses, and movements; it is also a transformation of space itself. When seen or moved through, a space may decompose into lines of sight, routes of escape, pockets of potential danger. These spatial effects become manifest to soldiers because of their particular modes of *attunement* (Stewart 2010), the particularities of their own 'tactile eye and ocular grasp' (Taussig 1991: 152), but they are manifest spatial effects nonetheless. They register transformations of the material world and its possibilities just as much as they evidence altered practices of inhabiting the world. The body on which disciplinary power acts cannot be separated from the seeing person who moves or from the space their movement makes sensible.

These experiences of movement are suffused with experiences of war zones; soldiers' experiences of being and moving in one place have changed their experience of being and moving anyplace. Movement here is part of a worlding, with all that entails: a becoming and a making (Manning 2007; Stewart 2007, 2010).

Since 9/11, Gavin had served in Iraq and Afghanistan and I met him through work I was doing with Iraq Veterans Against the War (IVAW). Since he had gotten out of the Marines his life had been ungrounded, maybe even unhinged. He had been homeless for a while and had tried to slit his wrists on the floor of a bus station, though without a sharp enough instrument; he did not get very far. His new involvement with IVAW and the focus and fellowship he found there was, I have no doubt, life saving.

After we had known each other for a few months, Gavin suggested I might like to come with him to the local Veterans Administration (VA) hospital, where he wanted to get tested for depleted uranium (DU) poisoning.¹³ The hospital was close to the house where he was staying in Washington, DC, about a 15-min walk, and our path took us along small side streets and across some stretches of industrial landscape, all of which was made innocuous, even pleasant, by the warm summer sun. As we walked, we talked about Gavin's frustrations about getting tested for DU poisoning and about how (and if) there was some way I could help. We chatted about a recent trip home and his distress at the casual and disinterested way his more or less estranged family had treated him. We both seemed to attend more to the conversation than to our route, Gavin angry and frustrated, me cautiously quizzical.

We come to a large thoroughfare that has no traffic lights or pedestrian crossings. This is the usual route Gavin takes to the VA and clearly he knows it well. He has crossed this road in this spot many times in the four months he has been living in DC. We stop at the curb. There are no cars coming but I wait for him to cross. Instead, we just stand there, waiting, for nothing. I step forward. He immediately holds me back, stopping me from moving. Then he looks both ways (still no traffic) and escorts me across.

Once we reach the other side, he jokes that people say he has a 'mom arm,' demonstrating by stretching his arm out in front of me across my body, stopping me in my tracks. He says he is so cautious with traffic that he hates anyone who drives. I ask him to elaborate: 'So, just then, I'm going to cross the street and you're gonna stop me. What does that bring up for you? What's in your head?' 'Well,' he explains, 'it's that you're going to get hit unless I'm there to provide, you know, extra security.' Since Afghanistan he needs to think about things like that, like 'extra security' to cross a city street. And not just streets, but crowds too – he looks at them differently than he did before. 'So things look different than they did before Afghanistan?' I ask. The answer is so obvious he is almost annoyed: 'Of course, everything is different.'

Gavin initially offered me an explanation of his actions which had been constructed by other people and made no reference to his experiences in the military or in Iraq or Afghanistan: people tell him he has a 'mom arm.' But when I asked him to articulate his own experience in that moment, when he touches me to make me still as we stand together on the verge of movement, he invokes his military experience in the need to 'provide extra security.' As he elaborates, it becomes clearer that it is not military training that has caused him to move this way, like an unconscious muscle memory, a disciplined body acting on its own. Rather, like Sophia, Gavin brings together seeing and being transformed by war in his explanation of movement. I ask him about appearances: 'things look different?' He answers with essence: 'everything *is different*.'

To him, crossing a road is no longer the relatively simple task that it is to most of us; it is a potentially fatal act requiring special tactical support. The road is not simply part of a city's infrastructure, not just a pathway; it is a site of extreme danger that he now knows requires special expertise to navigate. This is not the same as the regular appreciation of the danger of crossing a road inculcated in children by their mothers, as the 'mom arm' diagnosis implies. There is no such cuteness for Gavin. His actions are not born out of

cautionary tales; they born out of visceral experience. The road is dangerous. He is different. These are not separable facts. One does not precede or cause the other. Everything is different.

Later, sitting in the VA cafeteria, a worker changing the bag in the garbage can attached to our booth slams the lid. Gavin jumps in his seat, his eyes lose focus, and then he stares sharply at the table with his head down. For a second, his face displays an intense anger, both wild and concentrated. It takes a conscious and concerted effort for him to refocus and return to our interaction, to reengage with a shared present. The implications of that sound, of the reverberations of that slight impact through his seat are, to him, potentially grave. Because of his experiences, because of what he has seen and felt and done, Gavin knows that the material world is a tentative place. Similar to Sophia, he knows that bodies in motion can explode, that bodily integrity is not sacred. Gavin's experiences in Afghanistan have transformed his experience of space, altering the limits of what is possible in it. Given what Gavin knows and feels to be true, his response is not exaggerated at all.

Like Sophia, Gavin's lived, felt, experience of the world around him has been transformed. Though Gavin more clearly attributes this to a change in the world than to his coming to understand its true nature, his and Sophia's experiences are more similar than different. For both of them, a new experiential knowledge about the vulnerability of solid objects, like bodies, cars, and buildings, has transformed their experience of seeing, feeling, and moving in the world.¹⁴ Common tropes used to describe the unsettling and disturbed experiences of returned veterans – 'in his own head, he's still in the jungle' or 'she brought Iraq back with her' – might be seen as recognition of these kinds of transformations. But, whereas these interpretations attempt to reinforce a model of distinct spaces – a certain geographical mapping of the possible – the materiality of soldiers' experiences erodes that geography. Such comments also suggest an impenetrable boundary between the inside of a person and the outside of the world. But, sensing bodies in motion belie these boundaries. These spaces and their contents bleed into each other.

The (Dis)Placement of PTSD

In mobilizing an analytics movement to tell the stories above, I have attempted to describe soldiers' ontological transformations without dependence on the PTSD frame. The place I wish to give PTSD is a marginal one, within, but not central to, the experiences I have elaborated. Though soldiers engage with PTSD in a variety of clinical and intimate settings, if taken in

isolation the diagnosis is of limited use in understanding the ramifying transformations that are at the heart of the particular vertiginous state of life within which these soldiers find themselves.

The state and character of post-combat being – whether recognized as pathological or not – exceed the limits of the ever more encompassing PTSD frame and challenge the notion of a contained traumatic past that undergirds it. The analytics of movement shows us how post-combat being continually emerges through being in and moving through the world. It is the dangerous spaces through which soldiers move; the markedness that their bodies acquire in normative public space; the world that they can see with their new vision, feel with their new senses, which is simultaneously perceived, sensed, made, and responded to.

PTSD treats ways of being in the world as symptoms, sequestering certain behaviors, and assuming that their meaning can be understood apart from other, non-pathologized behaviors that are equally part of after-war living. It offers an explanation of being, which is increasingly limited to certain visible surfaces of the brain.¹⁵ It effects a nominalization, transforming ontogenetic selfhood from an action to an object, from ‘-ing’ to ‘thing’ (Taylor 2005: 745). From the broader perspective of the analytics of movement, we can see this transformation marking all aspects of soldiers’ lives, infusing their ordinary sense of being in the world and linking carnality, sociality, the material world, and one’s perception of it with a single, piercing thread.

For example, one afternoon while playing cards, the sound of a siren ringtone caused James to start and become panicked and angry. A PTSD frame would point to the observed fact of his disorderliness. His behavior would be pathologized as exaggerated, abnormal, an evident symptom of the disorder that made a past event pathologically present. But, thinking through the analytics of movement – considering James emplaced and embodied with his own ordinary modes of tactility, optical unconsciousness, ontogenesis, sensuous apprehension, and the worlds that his being makes sensible (Tausig 1991; Stoller 1997; Manning 2007) – it is on James’ *sense* of this sound that I focus, on his experience of what happens in that moment and the worlds that collide and echo in that sound.

At the time, his reaction led us to a conversation about what it sounded like in his quarters in Iraq; it was the computerized voice of a woman, *not* a wailing siren, which warned of incoming mortars. The big booms and pings and pops of various munitions became so normal, their effects so negligible, that these sounds stopped signaling danger. But the sounds of the shrapnel – a sound

like gravel raining on a tin roof – *that* was scary. He described the scariest sound of all; the unbearably loud screaming of a tiny little mortar that made a hole in the ground no bigger than an orange. Sound, size, and danger do not correlate anymore. Loud and scary and harmless is not better than quiet and negligible and potentially devastating. And all this remains true as he hears the siren ringtone while we sit playing cards. The sound does not bring to mind a past trauma; it makes well-known and unpredictable danger and fear sensuously present. James' reaction to the sound of the ringtone may be untenable; it is disturbing to him and those around him. But, it is also sensible, born not out of a particular traumatic event but out of his abiding tactile knowledge of the world.

Furthermore, I would cluster alongside this new way of hearing the variety of other sensuous transformations, which a PTSD frame does not include. Because of his experiences, James no longer eats outside. But again this is not because of a particular traumatic event or association, not because eating outside triggers PTSD's symptomatic states of arousal (though that is not to say it could not). James does not eat outside because he had to eat outside so much when he was in Iraq, and the experience of eating outside is no longer connected to the great American barbeque, romantic Italian *al fresco*, or any other pleasurable archetype. For James, the experience of eating outside has been sensuously colonized by the taste of MREs,¹⁶ the feel of the blazing heat of the Iraqi sun, the inescapable presence of desert bugs, and all the frustrations and hardships of daily life at war. Because of this, he told me, a peanut butter and jelly sandwich eaten indoors now tastes better than prime rib eaten outdoors. Anticipating my incredulity, he insisted that the sandwich actually *tastes* better, not that eating inside is a metaphorically sweeter or more delectable experience. This fact is part of his transformed self, a self that experiences a transformed world, a transformed world that is remade in the play of air on his tongue and skin and field of vision.

Within the PTSD frame, this aspect of James' transformation would likely be separate from others, such as the fact that the sound of a siren ringtone sends him into a state of panic and anger. The latter is behavior pathologized, the former sensibility is not.¹⁷ But, the full array of transformations encompasses his transformed body, his transformed experience of objectification in the eyes of various others, the many facets of his transformed experience of movement through space, his knowledge about the violability of human life and human bodies, his recognition of the 'unimaginable' as an imminent reality.

This is not to say PTSD is *irrelevant* to an account of soldiers' experiences that might enter at a less tightly circumscribed level of scale than the one

I have offered here. Indeed, given the record numbers of soldiers diagnosed with PTSD and its prevalence in public narratives about returning soldiers, it is a seminal part of the social and political moment in which US soldiers find themselves to be the kind of human they are understood to be (Hacking 1995).

Soldiers' encounters with PTSD deserve attention in their own right (Finley 2008), especially in light of recent anthropological explorations of the important effects of regimes of medical subjectivity (Petryna 2002; Povinelli 2006; Fassin & Rechtman 2009, see especially 46–93; Ticktin 2006). Such work has shown that diagnosis, illness, and injury are sites of complex articulations of belonging, not just exclusion, and can become necessary to transform oneself into a legible citizen worthy of rights and compensation.¹⁸ This is no less true for soldiers whose diagnoses of PTSD can be stigmatizing but can also entitle them to increased benefits and can offer them and their families a framework for understanding and dealing with dramatic changes (Marshall *et al.* 1999; Finley *et al.* 2010; MacLeish 2010; Finley 2011). It does, however, raise the important question of what is to become of those experiences and those soldiers that are not diagnostically legible and become disarticulated from those that are.

Conclusion

Michael Taussig has been sharply critical of anthropology's disciplinary attention to the body in what he calls an allegorical mode. He writes:

This is not merely to argue that such a mode of analysis is simple-minded in its search for “codes” and manipulative because it superimposes meaning on “the natives’ point of view.” Rather, as I now understand this practice of “reading,” its very understanding of meaning is uncongenial; its weakness lies in its assuming a contemplative individual when it should, instead, assume a distracted collective reading with what I call, by way of shorthand, a tactile eye. [Taussig 1991: 152]

Though the ontological transformations I have described here are clearly about bodies and about the way that the ground of meaning is produced as bodies move, see, and are seen, they are about many other things too. Rather than ask the allegorical questions of what these bodies mean, I have attempted to convey something of this distracted and collective experience of the tactile eye. I recall Sophia's eyes darting back and forth for my eyes to follow, and also my own inability to see and know the space like her. As I move and move with and am moved by, James, Gavin, and Sophia, I recall the feelings in my body, the feelings they recounted and displayed with me, and my own affective responses. I recall being touched and stilled, being on the verge of

movement, moving together, the feelings of anticipation and action in the pit of the stomach, the racing of the heart and pounding of the chest, the burning of the muscle, the tightness of panicked attention felt somewhere behind the ears. These things are literal and meaningful and, though I bring to their distractedness my own concentration, allegory does not get us very far.

Pointing to the dissembling effect of allegory recalls the history of PTSD. Young (1995) reminds us that *trauma*, a term originally reserved for physical wounds, was extended to psychological and emotional states not by analogy ('my psyche has been wounded as if it were my body') but by investigations into (and reifications of) the organic connections between bodily and cognitive or emotive responses to physically traumatic events.

As I have noted, this biological lineage is alive and well in current psychological understandings of PTSD. What I call for is not a reinstatement of analogy (trauma as an 'as if') but a thoroughgoing ontology that refuses the easy distinctions between the social, biological, affective, cultural, historical, or political. Such an ontology is analytically necessary here, as the description I wish to give of post-traumatic movement does not decompose along those lines. It is analytically necessary because it is ethnographically and existentially accurate; for the people I describe here, changes in the ways their bodies move though and experience space are not separate from changes in their experience of the material social and political worlds they encounter, nor are they separable from aspects of their selves normally cast as interior or relational.

My aim in bringing together stories that might seem to be of very different sorts is not to show their commensurability but rather their contiguity and to place them all under the rubric of ontological transformations wrought by the multiple violences of military action and American modes of war making. Perhaps it is because I am not a clinician or bureaucrat that I have the luxury of refusing the tightly diagnostic categories that give rise to discreet phenomena such as PTSD. But, given the ways that such clinical practices ramify, fragmenting experiences, carving limbs and lobes from whole and wholly en fleshed people, I wonder if this mode of analysis ought to be such a luxury.

As Butler reminds us, in laying out the foundations of a non-violent critique of war based on recognition and the possibilities of grief, frames of recognition and modes of apprehension matter; they are 'politically saturated. They are themselves operations of power' and they delimit 'the "being" of life itself (2009: 1). As Das notes of the importance of anthropological modes of addressing trauma in another context 'there is also the matter of too much being at stake in speaking carelessly or without tact on these matters' (2007: 210).¹⁹

The analytics of movement is an attempt to attend to the complex integrity of ontology, one that is made apparent when it is threatened by new awarenesses of the fragility of life. In a broader context, an analytics of movement offers an ethnographically rooted way of approaching, writing, and thinking about the bodily remainder that sometimes escapes our (occasionally allegorical) characterizations of life.²⁰ It allows us to focus now on the visceral, now on the visual, now on the social, now on the spatial.²¹ Furthermore, as the im/possibilities of linguistically communicating pain and suffering have long been of concern to those writing about experiences of violence (Scarry 1987; Daniel 1996; Das 1997; Kleinman *et al.* 1997: xiii–xiv), movement offers a peculiar point of entry into these experiences that need not begin with the impossibility of discourse. In the context of experiences of violence, an analytics of movement offers a way to plumb experiences of transformation without subjecting the corporeal to the symbolic and which, in the gesture of empathy fundamental to anthropology, leaves these subjective experiences more, rather than less, intact.

Notes

1. The term *combat* has a specific meaning in the context of the U.S. military: it refers to kinetic enemy contact. The specificity of this meaning is important bureaucratically, since it makes one eligible for certain commendations, badges, awards, and compensation but it is also made meaningful by those who distinguish experiences in Iraq and Afghanistan along this axis. I use the term here in the more general sense of military service in an active war zone or zone of occupation where killing and being killed are pervasive and realistic possibilities. My decision to use this term is essentially a compromise intended to facilitate my writing and your reading, but it is one with which I am not entirely satisfied. All names used here are pseudonyms and I have altered some biographical details to ensure anonymity.
2. The DSM is the diagnostic 'Bible' published by the American Psychological Association that codifies and defines officially recognized diagnoses of mental disorders and illnesses.
3. For some recent powerful examples, see Finley (2011).
4. This strategic description of PTSD, given here for the benefit of the reader, lends it much more coherence than it has in practice. For example, though the thrust of much current PTSD research focuses on the brain and its malfunctions, the proposed new definition of PTSD for the forthcoming DSM V includes (in addition to existing criteria A–G) a new H criteria: 'the disturbance is not due to the direct physiological effects of a substance (*e.g.* medication or alcohol) or a general medical condition (*e.g.* traumatic brain injury, coma)' (American Psychiatric Association 2010). For a masterful critique of trauma and its incoherence, see Leys (2000). For a specific and definitive genealogy of PTSD, see Young (1997).
5. Some examples: Of the 617 new articles in the New York Times, the Washington Post, the Wall Street Journal, and USA Today between the beginning of the invasion of Afghanistan and the end of my fieldwork that contain any mention post traumatic

- stress and/or PTSD, 68% are about soldiers. Many news articles that describe the enduring effects of deployment focus on what is often referred to as the 'psychological toll' and even when PTSD is not explicitly mentioned, the characteristics of this 'toll' are clearly informed by it, such as a front page Denver Post article from 2004, which talks about a soldiers' sleeplessness, intrusive images of dead Iraqis, and responses to loud noises, even though it never mentions PTSD explicitly. A long 2006 Washington Post cover story called 'Home but Still Haunted' seamlessly equated the generic 'post-traumatic stress' it mentions in the sub-headline with the diagnoses of PTSD it recounts in the lede (St. George 2006). This conflation is also evidenced in a number of newspaper articles about soldiers' homecoming struggles, which are archived in the Proquest database and tagged with the subject Post Traumatic Stress Disorder and which describe experiences characteristic of the disorder but talk about 'post-traumatic stress' generally, not using the term 'disorder' or the acronym PTSD (Colvin 2003; Spencer 2004, 2005; Krupa 2005; Carey 2006; Haberman 2007; Boudreau 2009). PTSD is included in five of the nine brief descriptions of mental health resources listed on the Iraq and Afghanistan Veterans of America, and one of the key recommendations of The President's Commission on Care for America's Returning Wounded Warriors (the official response to the Washington Post Scandal) was specifically about PTSD. Another particularly powerful and elaborated case of PTSD's dominance can be found in the New York Times's controversial 2008 series *War Torn* about OEF/OIF veterans who committed murders upon returning home. The stories linked the veterans' crimes to the lingering effects of deployment. PTSD figured prominently in all five feature stories and was also a central focus of the heated criticisms – both in print and online – that followed (e.g. 'The Killer-Vet Lie' *New York Daily News* 17 January 2008; 'Stories That Speak for Themselves' *New York Times* 27 January 2008).
6. This is part of what anthropologist Ken MacLeish has called PTSD's 'black hole' effect (MacLeish 2010) and related to the 'looping effect of human kinds' that Hacking has described in the case of other disorders (1995: 21).
 7. Significantly, Norris *et al.* (2001) use cross-cultural comparison to 'test' the universal validity of PTSD and determine that it *is* a 'meaningful construct' beyond its American homeland.
 8. Povinelli schematically defines carnality in this way: 'the socially built space between flesh and environment. I distinguish *corporeality* from *carnality* in terms of the difference between flesh as a juridical and political maneuver and flesh as a physical mattering forth of these maneuvers.' Her claim is that flesh and its 'uneven constitution' 'may be an effect of these [liberal biopolitical] discourses [and disciplinary techniques] but it is not reducible to them.' (Povinelli 2006: 7).
 9. For the significance of emergence, see Ahmed (2000).
 10. Soldiers at Walter Reed typically chose to expose their prostheses, though there was a tension between this exposure and ideals of passing that were also important. For an elaboration, see Messinger (2009).
 11. For a masterful analysis of the endemic quality of war's many violences in everyday American military life, see MacLeish (2013).
 12. Sophia seems to be almost quoting Lingis: 'My eye as a seeing power does not double up, and superimpose upon itself my eye as a visible thing, but the visible

- field doubles up to inscribe itself upon that one chunk of itself which is my eye, making itself a vision on that visible. The visible organizes itself into a view, inscribes all of the visible, or some synopsis of it, on one of the visibles – my eye' (1986: 92).
13. DU is used in some forms of heavy military armor and artillery. The use of DU is controversial internationally and a number of countries and NGOs have condemned its use. The issue of DU poisoning in the US military is also controversial, and it has been linked in some quarters to Gulf War Syndrome. For more details on the international debate, see the UN Secretary General's July 2008 report and its addendum (United Nations 2008a, 2008b).
 14. On other altered modes of seeing space, see Mitchell (2001).
 15. For examples, see Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury and the Department of Veterans Affairs (2010); Duke-UNC Brain Imaging and Analysis Center; Georgopoulos *et al.* (2010); NCIRE The Brain At War. The visibility of PTSD can be helpfully situated within analyses of the importance of visibility within western medical epistemology, see Dumit (2004) and Saunders (2008).
 16. Meals Ready to Eat, the highly engineered compressed and dehydrated food that has replaced the C-Rations of earlier military eras.
 17. It is entirely possible that James' eating inside could be pathologized (though he says it is not about avoiding a traumatic trigger), but even if it were, understanding this as 'avoidance behavior' offers no way of figuring the transformed experience of taste, which James is so insistent on.
 18. For a relevant historical context of injured soldiers' compensation and treatment, see Linker (2011).
 19. Keeping in mind the relevance of the visual, it is worth noting both Butler's critique and Das' articulation of the possibilities of living in mourning draw on Levinasian ethics based in the moment of recognition of the face of the other.
 20. For other important arguments about the necessity of various kinds of bodily attention, Scheper-Hughes and Lock (1987), Butler (1993, 2004: 24–7), Csordas (1994), Massumi (2002), Merleau-Ponty (2002), and Povinelli (2006, 2011).
 21. Allen (2008), Das (2007), Klima (2002), and Nordstrom (1997) each offer excellent examples of the significances and braiding of these aspects of life in the midst of violence.

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