

Title: Research-Based Theatre, Military Trauma, and Mad Praxis

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Abstract:

This article, based on my study of military trauma, argues that research-based theatre is an appropriate and promising methodology for those interested in conducting and sharing mad research. Research-based-theatre is dialogic in nature (offering nuance to cut and dry psychiatric discourse); is centred around "embodiment" (which is often lost in conversations about "*mental illness*"); and is a form of story-sharing in community. It disrupts the individualized one-on-one dyadic therapeutic approach to helping those who are struggling within problematic systems, moving instead towards a social model that "interrupts public life"¹ This article highlights how mad theory, mad aesthetics, and mad activism can be creatively woven into each stage of a research-based theatre project intended to critique hegemonic conceptions of trauma—from the interview questions that are asked, to the decision as to whether the play should be "verbatim"/documentary in nature or consist instead of "composite" characters, stories, and extralinguistic elements to stay true to the data. This article also describes research-based theatre's relationship to critical pedagogy, and the author shares excerpts from the play to help demonstrate how pairing specific theatrical devices that are rooted in embodiment and estrangement can inspire both cognitive and affective responses and spark critical consciousness in ways that align with mad movement aspirations while avoiding objectivist inclinations.

Key Words: Military trauma; research-based theatre; phenomenology; PTSD; moral injury; embodiment; arts-based research

Setting the Stage

In 2015 I embarked on a two-part research project about military trauma. Guided by the question: *“What is military trauma, really?”* This research project was underscored by the assumption that hegemonic bio-medical framings of Post Traumatic Stress Disorder (PTSD) and resulting treatment approaches fall short and that military trauma is significantly more complex, gendered, morally injurious and community-based than popular culture and well-intentioned “de-stigmatizing” campaigns suggest.

Employing a feminist and mad-informed embodied phenomenological methodology, the initial stage of this research involved in-depth narrative interviews with nine veterans of the Canadian Armed Forces who had participated in the recent war in Afghanistan and with three health care workers who specialized in veteran care. The data from these interviews was rich and informative, but because phenomenology is not always applied as a critical or political methodology, a second stage of the research was needed. I then (with input from 3 willing interview participants) transformed the data into a research-based play that could be shared within community. The playwriting process brought about a secondary research question: *How might the creation of a ‘mad aesthetic’ in research-based theatre disrupt both biomedical ways of conceptualizing military trauma and objectivist attempts at representing mad stories?* It is important to me to have excerpts from the play itself figure prominently in this article, and so I will open by sharing one short scene, before further unpacking some of its key elements and how they relate methodologically to this work.

SCENE: FEELING

INTERVIEWER

What feelings do you associate with Afghanistan?

VET 1

Shame, confusion, betrayal, regret, love, anger *(Pause)*

Oh, maybe you don't mean like emotion feelings, but what things
felt like? Like to touch?

VET 2

Heat. Stifling heat. Just being drenched in sweat. But it's such
a weird thing, it's almost like... it's just like, like I'll
always remember the feeling of walking through the wheat fields,
because for some reason the wheat fields retain the humidity. So
you would go from like a corn field or an opium field and you
could breathe and then you'd hit the wheat field and it was like
walking into a sauna, you'd just kind of like... stomp your
breath. And things would just become burning hot. Like your
weapons, you don't realize it but in the sun it's just like 40-
50 degrees and it's just like touching a hot pan. So everything
was like that and it could be belt buckles, vehicle doors, and
all these things you don't expect that just become too hot to
touch.

VET 3

Moon Dust. Yeah. They've got this thing I dunno what it is, it's
like a fine, fine talcum powder sand and that's probably why
I've got these fucked up respiratory problems now but it's this,

like, we called it moon dust. You'd walk in it and it's the weirdest thing, because your feet just sink down like up to your calves. It was really extraordinary... But we, yeah... the guys and I called it moon dust because it looked like stuff from the Appollo missions on the moon.

Vet 4

You ever heard the expression going postal? Yeah, that's how I felt in Afghanistan. Now, too. It's bred into you in the military. There's no such thing as fight or flight. There's just one option. You get used to not flinching.

VET 5

Confused. I mean, for 3 years I was over there, selling freedom. Freedom this, freedom that. That's what I told everyone, because that's what they made me say... Now I'm home in a free country, whatever that means, and I feel like total shit. This place feels like total shit. People spending fucking hundreds of thousands of dollars on, like...purses, or boats. My military buddy got this lump sum pay out from VAC for losing a leg. Bought a fucking jet ski. Now he has no money. Is *this* freedom?

VET 6

Ha! I don't feel much, anymore. All the meds. I do feel like I am sucking on metal every night. When I lay down to try to sleep. It's been a rollercoaster from hell trying to figure out what and how much drugs to give me and what I am supposed to feel now, about what happened there, then.

VET 7

The feeling that I might explode. From the things I'm not allowed to talk about. Even now, to you. Even if you change the story and my name and everything. So much is classified and the consequences would be huge if the truth leaked out somehow. I've been forced to lie in statements. Those are the most earth shattering moments of my career. There you go; earth shattering. Is that a feeling?

As noted, this excerpt is but a single short scene from a much longer 90-minute research-based play. Before describing the background of this project and its associated methods further, I would like first to draw attention to some key details in this scene that will inform the discussion to come.

- 1) Most of the main scenes in the play show veterans in their everyday lives during military training, at war, and after (in sleeping quarters in Kandahar; at a party or at home with their wife and baby post-deployment; being honored at a Blue Jays baseball game etc.) I opted, though, to intersperse these more traditionally dramatic scenes with excerpts from my interviews for this project. I thought it was important to expose these paths (i.e.

certain questions asked during interviews) to demonstrate how I sought both to bring what is often considered a “*mental* illness” back into the body and also crafted questions that were open enough that they could be interpreted in different ways by participants. The poetic responses from veterans to this question in the above excerpt illustrate how varied their experiences, memories, and feelings are.

- 2) You will notice I placed myself (“INTERVIEWER”) as a character in this play to help the audience peek behind the curtain and remind them that what they are seeing on stage has been curated. Though much of the dialogue is verbatim, it has been edited and “massaged.” When writing and re-writing the play, I had to leave out certain parts and amalgamate others. My own subjectivity is present behind the scenes and on stage.
- 3) Having an Interviewer or Narrator character present in the script and on stage is also a Brechtian estrangement device to help “break up” the central storylines and “jolt” the audience out of the emotional catharsis they are feeling— this distance from dramatic unfolding of events is intended to remind audience members that the goal is for them to be moved emotionally *and* intellectually towards action, not simply to relate to the characters on stage and feel a sort of vicarious catharsis as they go about their journeys.

PTSD is a common diagnosis amongst veterans, but what these folks are living is much more nuanced than what DSM symptom lists lay out. The feelings of shame and betrayal they are facing align in more complex ways with the concept of “moral injury” than PTSD (which has feelings of fear and helplessness at its core), and it is my belief that philosophical and artistic explorations that go beyond what psychiatry can offer are needed to truly understand the layers of military trauma. One can observe in this scene how many veterans are aware of this—how

their experiences have led them to perceive this nuance and try to navigate living in this space in between.

Hegemonic and Critical Approaches to Understanding Military Trauma

Just as warfare has changed considerably over time, different understandings of military trauma date back as far as recorded human history. For thousands of years, both those with direct military experience as well as society at large have struggled to find ways to frame, reflect, and comprehend military trauma and to support those suffering from it. In Athens in 5th century BC, Sophocles put the feelings of betrayal and suicide of a combat veteran at the front and centre of the drama in the tragedy of *Ajax*.² Virginia Woolf's character Septimus Warren Smith (the "shell-shocked" WWI soldier who meets a brutal fate in *Mrs. Dalloway*) is described as being "pale faced... with hazel eyes which had that look of apprehension in them which makes complete strangers apprehensive too. The world has raised its whip; where will it descend?"³

A similar sense of tense foreboding is also very much in evidence in the magic-realist paintings of Canadian artist Alex Colville who worked as an official war artist during WWII. Colville himself admitted that his experience overseas—especially bearing witness to the pits of dead bodies in Bergen Belsen concentration camp—marked him and his brushstrokes for the rest of his days. Around the time of my interviews, North American society had been inundated with media reports of "troubled" Afghan veterans and calls for de-stigmatization campaigns that sought to raise awareness about soldiers' "invisible wounds" and PTSD.

Despite its consistent presence across history and geography, and even society's recent fixation on the psychological state of the veteran-warrior, certain aspects of military trauma remain unexplored. Whether due to general public misconception, attitudinal barriers amongst soldiers themselves, the unwillingness of states to acknowledge their role in contributing to this

trauma, or the failings of our current medical system, the complex political, social, psychological, philosophical and gendered aspects of military trauma are only beginning to come to light. Military trauma's current incarnation captured by the category of PTSD in the Diagnostic and Statistical Manual (DSM) has become ubiquitous. Largely embraced by the media and the military, PTSD is often interpreted as a positive step by service members, veterans and health care providers, too.

In many ways, it is understandable why many service members, veterans, family members of veterans, and health care professionals continue to embrace the diagnosis. Not only does an official diagnosis put a label on complex feelings and behaviors, and may help validate suffering and sacrifice, but it also has “pave(d) the way for therapeutic services” and financial compensation for veterans.⁴ Receiving a DSM diagnosis of PTSD today makes a Canadian veteran eligible to apply for financial compensations, either as a lump sum under the New Veterans Charter [NVC], or, in the form of a Permanent Impairment Allowance. To receive a Permanent Impairment Allowance, a veteran must be considered “severely disabled as a result of PTSD.”⁵ To qualify for this, veterans typically must be reassessed by a psychiatrist on a semi-regular basis to confirm that they are still disabled by their PTSD and qualify to continue receiving benefits.

If one adopts a critical-psychiatry and/or mad studies perspective, however, it becomes clear that contemporary conceptualizations of military trauma pathologize individuals' “normal” human reactions to the horrors of war and military life, while overlooking sources of suffering that are cultural, moral, philosophical, and gender-based in nature. Psychiatric and biomedical framings of this phenomenon often result in dangerous and irreversible pharmacologic

interventions that risk further isolating traumatized veterans from their own coping strategies and acquired knowledge and from civilians who have not been to war.

There seems to be an over-arching storyline today that pervades the media and military and veteran circles that *if only* PTSD could be destigmatized, and public acceptance of “mental illnesses” was more wide-spread, military members and veterans would be encouraged to seek the professional treatment they so desperately need and personal and professional crises could be averted. It is largely for this reason that “mental health” has become a priority for the military over the past decade. Mad theory reminds us that it is not, in fact, “stigma” we ought to be fighting, but “sanism.” Gorman and Le Francois put it this way: “While ‘stigma’ flags the ideological realm of psychiatric hospitals and service organizations, concepts like ‘sanism’ that emerge from mad studies may provide more robust explanatory power than ‘stigma.’ ‘Sanism’ has the potential to account for both discrimination against those perceived as mad and for psychiatric violence, while ‘stigma’ only accounts for the former.”⁶ Put another way, well-meaning attempts to “destigmatize PTSD” that encourage service members and veterans to accept this (culturally and historically contingent) “disorder” as medical pathology are misguided. Not only are such campaigns sanist in the ways they pathologize typical human reactions to war and trauma, but also because they fail to consider the violence at the core of many psychiatric treatments and the complex morally injurious features of military trauma that also need addressing.

Moral Injury

Initially coined by Jonathan Shay (who worked for 20 years as the sole psychiatrist at the *Veteran’s Improvement Program*—a clinic in Boston run by the U.S. Department of Veteran’s

Affairs), “moral injury” was initially defined as: “betrayal of what’s right by someone who holds legitimate authority in a high stakes situation.”⁷ Shay believed moral injury was at the core of the “lifelong psychological trauma” he saw with certain patients for whom PTSD diagnoses seemed inappropriate.⁸ He noted that PTSD is often understood to be about a loss of safety. Moral injury, by comparison, is instead about a loss of trust. Many other scholars who work with traumatized service members and veterans have adopted and expanded this definition over the years.

Today, “moral injury” has become associated with general ethical decision-making in war (i.e. the element of an authority figure need not always be present). Adams says: “Moral injury occurs when an action (or lack of action) violates deeply held moral beliefs about such things as fairness, the value of life or honour... Causes include witnessing or participating in atrocities (such as murdering a surrendering or wounded enemy), unintentionally causing the death of a civilian or comrade, or being unable to act due to orders (not intervening to prevent a massacre or rape, orders not to share rations with starving children), or feeling betrayed (an officer behaves unethically).”⁹ My research project sought to uncover and present aspects of morally injurious military trauma that the PTSD frame omits, while also critiquing the dominance of the PTSD diagnosis.

Mad Aesthetics

As noted above, the second phase of this research project, the writing and editing of the play, was guided by the question: *How might the creation of a “mad aesthetic” in research-based theatre disrupt both biomedical ways of conceptualizing military trauma and objectivist attempts at representing mad stories?* Mad-identified artist and scholar Jenna Reid has written about what a “mad aesthetic” entails in the visual arts and her views had a profound influence on choices I

made about the play, *The Space in Between*.¹⁰ Reid takes the stance that mad art need not have a “curative or healing imperative.”¹¹ She also stresses that mad art should transcend “personal experiences of madness... into a critique of systems, institutions, and dominant practices and beliefs.”¹² She argues that though personal stories may not be “inherently political,” if they stress the social context of suffering instead of individual pathology, they can help avoid the voyeurism and co-opting of narratives so often associated with mad storytelling. One key question that Reid suggests guide those interested in creating mad art and/or exploring a mad aesthetic, is: “How might we use art not to answer questions but to render things problematic?”¹³ I took Reid’s research and advice to heart when crafting this play. Not only did the key themes and stories that emerged from the research and that were front and centre in the play itself seek to upend and “render problematic” the status quo, the play also offered a counterpoint to popular naturalistic and documentary approaches to creating research-based theatre that lay claim to an “aesthetics of objectivity.”¹⁴ The “view from nowhere” such approaches assume, is both impossible and undesirable (and aligned with positivist ways of representing research findings).¹⁵ Drawing instead on mad approaches to storytelling and Brechtian theatrical estrangement devices, the play I wrote for the second phase of my research embraces embodiment and subjectivity and encourages both emotional and intellectual engagement.¹⁶ The titles of each major scene in the play (Family, Betrayal, Brotherhood/Mothering, Public Honour, Sickness/Coping) represent the primary themes that emerged during the narrative phenomenological interviews with participants. The sub-themes (Heroism, the Body, Militarized Masculinity, the Role of Women) became smaller or transition scenes in the play. Below, I will discuss how mad theory, aesthetics, and activism inspired the interviewing and playwriting process. The excerpts from the play that I

share in the coming pages will also help illustrate how and why these ideas and devices were woven in.

The Body

Embodiment is central to theatre, of course. Performers embody their characters, and even at the playwriting stage, it is necessary to consider what the stage directions will be; how the dialogue being written will be inhabited—and what goes on beyond the written word. As noted above, one of the objectives of this project was to explore how the body holds military trauma (upending the Cartesian mind/ body separation and complicating current treatment approaches that focus on the “mental” health of those who are struggling). In approaching the interviews with this in mind, I developed questions that would both help remind participants that what they are experiencing is a phenomenon rooted in body memory (and that need not be pathologized).

- What was the experience of basic training?
- Is there any music you associate with your deployment(s) to Afghanistan? Why?
- Where in your body do you feel trauma most?
- What was the experience of calling home from Afghanistan?
- What does brotherhood mean to you?
- What is your strongest memory from the military?
- What did Afghanistan smell like? Sound like? Taste like?

This approach to questioning was very much inspired by existential phenomenologist Maurice Merleau Ponty’s ideas of embodiment, and Zoe Wool’s more contemporary feminist application of these ideas that she refers to as an “analytics of movement.”¹⁷ In her work with US military veterans, Wool came to critique the diagnostic category of PTSD and propose

alternative ways of conceptualizing the posttraumatic “extra/ordinary” state that bring soldier’s bodies back into the equation. She argues: “...the axis along which soldiers identify the transformations in their lives is sensuous, tactile, material, and effective rather than strictly behavioral or biomedical, and it may go beyond or not register within such a frame.”¹⁸ Wool argues that if there is an increased understanding that both military training and trauma have a profound and long-lasting impact on the *bodies* of soldiers and veterans, then certain actions or behaviors service members exhibit as they transition to civilian life would be seen as sensible instead of disturbing. Wool makes the case that “...an analytics of movement [offers] a more encompassing way of thinking about post-combat transformations, homecoming trouble, and the state of being posttraumatic. It is one that does not begin with pathology or diagnosis but rather the experience of being disoriented and the vertiginous and not always successful process of becoming reoriented that is occasioned by transformations residing in a sensate moving soldier acting in a here and now that is itself transformed by a violence of a there and then.”¹⁹ Wool speaks about how the layers of past experience linger just beneath the surface. To capture this, Wool uses the term “extra/ordinary” to describe, among other things, how the fragmentary and “enfleshed” presence of war colors every day “ordinary” interactions after returning from deployment.²⁰ I attempted to weave this idea into the play in various ways. One example is from the Family scene. In this scene, JAKE (a recent veteran of the CAF) and his wife ADELE are at home with their 4-month-old daughter ALICE—who is fussing in the other room. JAKE and ADELE are mid-argument when the following interaction occurs:

ADELE

(Pause. She smells something funny)

Jake. You're not in Afghanistan anymore. You don't need to wear the same socks for 3 weeks straight.

(JAKE doesn't respond. His attention is focused on his video game).

Do you know that when you were deployed, I slept with your socks under my pillow. Not always socks. Your underwear sometimes. Or your gym shirt. A good luck silly superstition, I guess. Like I just wanted to remind the universe that you'd be back home and in bed with me soon, in case it had anything else in mind.

JAKE

I just want to finish this level. I'll keep the volume low.

ADELE

I'll feed Alice.

(Without realizing it, as she stands up ADELE knocks Alice's bottle to the ground. When it hits the floor an explosive sound effect is heard. JAKE jumps up, screams-triggered).

JAKE

(Petrified).

What the Hell?! Who did that? What was that?

ADELE

(Approaching him tentatively)

Shhh... It was just Alice's bottle. I accidentally knocked
it to the ground.

JAKE

Fuck!

ADELE

I'm so sorry. Everything's ok. It's just Alice's bottle. I
didn't mean to. I really didn't mean to, Jake. *(ADELE walks
over to the couch. She reaches out and gently touches his
arm. JAKE is breathing very quickly; his pulse is racing).*

Let's do the breathing Dr Singh told us to try, okay? In
for 4... 1,2,3—Try it, Jake. Do it with me. 1,2,3,4...

(After a few deep breaths, he slowly calms down. They sit

carefully on the couch, ADELE on the couch. JAKE starts to sob. He lays his head in ADELE'S lap as ALICE cries louder in the next room).

The excerpt above helps illustrate how the simultaneity of the there/then impacting the here/now can be a key element of an aesthetics of trauma. Though we see JAKE safe in his living room with his family, the sound of the bottle dropping also transports him in an instant to an unexpected IED explosion in Kandahar. When embodiment is considered, his reaction/“hypervigilance” makes a lot of sense and serves as an indication of successful military training.

Sometimes, in the play, the tension between there/then and the here/now exists in a more poetic/less literal fashion. In one of the Betrayal scenes in the play, we learn that JEFF's cousin is killed by friendly fire and his PETTY OFFICER in the Navy denies him the right to leave to attend the funeral. I made specific aesthetic choices to illustrate how the power dynamics, lack of compassion, and betrayal exhibited by this officer was morally injurious, and haunted JEFF for years to come—having a direct impact when he had to face superiors in firefighting school post-military. Interestingly, the story upon which this scene is centred was inspired by the question shared above: “Is there any music you associate with your deployment(s) to Afghanistan? Why?”

JEFF:

Do you remember those 4 Canadians killed by friendly fire?

INTERVIEWER:

I do. Vaguely. At the start of the mission, right?

JEFF:

April 17th 2002. My cousin was one of them. Killed in Afghanistan. I was in the navy then. Um, we were on our way home from the tour when he got killed.

(As the following NEWSCAST about the incident plays in the background. JEFF approaches his superior PETTY OFFICER. JEFF is clearly nervous about the meeting).

NEWSCAST

And now, some very sad breaking news to share with you tonight.

Canada has lost it's first four casualties in the war in Afghanistan. 4 troops, all from Princess Patricia's Canadian Light Infantry, were killed by a bomb during a training exercise. 8 others have been injured. There are reports that this was likely a case of friendly fire. It seems an American pilot mistook them for hostile forces. We will update the story on our website as more news becomes available.

JEFF

Petty Officer Dennis, I am wondering if you received my memo?

PETTY OFFICER

I did.

(long pause)

JEFF

I really need to get back to Halifax. Please?

PETTY OFFICER:

You're scheduled to be there in ten days.

JEFF:

Right. But my cousin's funeral is tomorrow.

PETTY OFFICER

And you're working duty crew tomorrow. We need you in port.

JEFF:

I know, I know that, but I am-- please... listen--I am asking you
to make an exception. My family needs me, and we're out of
danger now. We're on our way home anyways.

PETTY OFFICER

That's not how it works, Master Seaman.

JEFF:

I can't be here. I can't be here off this fucking island when my family needs me. Nathan shouldn't have died. I need to be there.

PETTY OFFICER

We already sent a plane of men home for 3 weeks on HLTA a few days ago. The next one's not scheduled until Friday.

JEFF:

So put me in a helicopter!

PETTY OFFICER

That's out of the question, Master Seaman. Do you have any idea how much that would cost? It's impossible.

JEFF:

I bet if I were a high ranking officer I'd be on a helicopter on my way home to my family already.

PETTY OFFICER

You're not a high ranking officer.

JEFF

I know that! I'm sorry... I know that. I'm begging you.

PETTY OFFICER

You're needed here, Master Seaman. Duty to protect the ship.

JEFF

Yes, sir.

(JEFF puts his hand on his head in a salute. He stands tall as the song Flowers of the Forest starts to play. He stands rocking slightly as if on a ship, looking out at the audience. Slowly in front of him, 3 other soldiers carry a 4th soldier's stiff body).

JEFF

(to INTERVIEWER as the music plays)

I don't think I ever forgave myself for that. For missing Nathan's funeral. That was pretty hard on me. I probably went back to Afghanistan again in '08 because I was trying to die.

Hoped I'd get killed too.

(The rest of the song plays out as the 3 soldiers carry the body to JEFF. As they approach, JEFF falls to his knees and holds his dead cousin in his arms. JEFF rocks slightly as if with the waves while embracing his cousin. Once the song ends, the lighting shifts again. The actor playing the cousin stays laying on the floor during the next scene. The actor who played PETTY

OFFICER in the previous scene also plays INSTRUCTOR in the next one—he is still wearing his petty officer neckerchief in the following scene, but adds a firefighter coat on top of his outfit).

JEFF

(To INTERVIEWER)

From that point on in my life, authoritative figures, right?

INTERVIEWER

What about authoritative figures?

JEFF

I just can't. Can't take 'em. Like after things didn't work out in the military, I started applying for fire departments and then I got the call. I got hired. *(The body remains laying on the floor during the entire next scene)*. And I was out, I got out of the army within 30 days, I got, I'm lucky. I mean I had my ducks lined up and everything, but they got me out so quick. I mean I left the army on a Friday and I started with the fire department on the Monday. Uh, yeah. And uh... I wasn't even in the fire department for 2 weeks and people were getting to me already.

INTERVIEWER

Authority figures?

JEFF

Yeah. Just like silly things. For example, you know, one instructor wouldn't let us drink water.

INTERVIEWER

Really?

JEFF

Like in class, you know cause, well. This one fucking guy

(The scene shifts and 3 desks are brought on stage. JEFF is sitting at the front of the class. The BODY is lying beside his desk at his feet. No one else notices it is there. INSTRUCTOR stands at the front of the room. Everyone else is seated at desks. JEFF goes to take a sip of water from a hard stainless steel water bottle).

INSTRUCTOR

No water bottles allowed.

JEFF

What?

INSTRUCTOR

You can't have water bottles in here.

JEFF

We're here for 6 hours today.

INSTRUCTOR

That's right.

JEFF

Okaaaaayyyy... well that's kinda weird you know? Can I know why?

INSTRUCTOR

They are a distraction.

JEFF

A distraction?

INSTRUCTOR

Yes.

JEFF

To who? To you? Why?

INSTRUCTOR

We've had issues with noisy bottles.

JEFF

I assure you I can drink quietly. (*JEFF takes another sip*)

INSTRUCTOR

There are no water bottles allowed.

JEFF

I'm not makin' noise. I don't see what your problem is.

INSTTRUCTOR

As I said, we have had issues in the past with noisy plastic
bottles.

JEFF

Plastic? Mine's not plastic. So... cheers! (*JEFF lifts his bottle
and then takes another big sip*).

INSTRUCTOR

I am asking you for a third time to put that water away.

JEFF

Sir, I'm thirsty. I'm not making noise, and even if I were, I don't see why we should all be made to suffer just because you're easily distracted.

INSTRUCTOR

Would you like to leave?

JEFF

Nope. Just standing up for myself—and all the other guys in this room who are too young and too scared to ruffle any feathers here. Last time I checked water is like a fucking human right!

INSTRUCTOR

You are all welcome to pre-hydrate before class starts.

JEFF

This is ridiculous, I'm fucking 30 years old and you're telling me I can't drink water when I'm thirsty ...

JEFF

(To INTERVIEWER)

This is my soldier mind and I'm like this is fucking stupid.

I've had enough of dealing with assholes, right?

So, what drew the—basically the straw that broke my back in that situation was that the next day the instructor walked in to teach us with kind of, I call it a frosty mug, you know? Like you know like a pint glass that's been in the freezer and so it's nice and frosty full of water and he's drinking that so fucking slowly in front of all of us.

(We see the INSTRUCTOR do this)

JEFF

You know what? This is fucking stupid. I don't care if I'm brand new. This is not right.

INSTRUCTOR

Sit down.

JEFF

No, I am not going to fucking sit down. Last I checked, we're part of a union and I have a feeling that if I tell them we're being denied water...

INSTRUCTOR

You want to run to the union? Be my guest... You know how many closed door sessions it's gonna take for you cry babies to get your little sippy cups?

JEFF

(Back to INTERVIEWER again)

So yeah, that didn't last long. Which is too bad because up until... when I went to the fire department you know I felt great, and I stopped, I didn't go get help. Cause you know just becoming a fire fighter gave me enough, you know, power and.. goodness, to, you know, carry on. I was enjoying the firefighting and the public service part of it and a new adrenaline rush and you know, I mean, but then I realized quickly 'fuck, this shit's not going away' *(Flowers of the forest starts to play again under his speaking)* and then, you know, you get a call and it's a veteran *(JEFF looks down at BODY on the ground)*, guy jumped from the fifth floor. Right behind our fire station. I wish I'd never found out he was a veteran. *(He kneels beside BODY)* I can't listen to that bagpipe song, that one they play at soldier funerals? Flowers of the Forest? It just destroys me.

(The song Flowers of the Forest plays louder and louder, JEFF slowly picks up the BODY in a "fireman carry" position—the BODY

*draped across his shoulders, and slowly, slowly walks off stage
as the music fades).*

Extra Linguistic Authenticity and Estrangement

The excerpt above where the “body” front and centre on stage transforms from representing JEFF’s cousin Nathan to the Veteran Jeff was called to assist as a firefighter demonstrates through movement/lighting etc. a weight that cannot be expressed in ordinary language. So too was the decision to have the PETTY OFFICER and INSTRUCTOR played by the same actor and bear some resemblance to one another a deliberate choice to help illustrate what Merleau-Ponty said about other people who enter into our lives: “...not merely as congeners, as the zoologist says, but others who haunt me and whom I haunt...”²¹ One of my primary pedagogical goals with this play was to spark critical reflection by revealing “provocative questions, paradoxes, contrasts, and contradictions...(to) trouble one’s vision and assumptions by making ‘natural’ relationships appear unusual or even bizarre and by forcing one to look on them anew.”²² Drawing on the methods of Brecht who deliberately sought to “make strange” depictions of everyday life, Kumajai & Wear state: “...the ability of the arts to ‘make strange’ does something else in addition to prompting critical inquiry and action. By forcing us to reconsider familiar ideas, situations, and relationships in new and different ways, this process of alienation and estrangement frees thought and reaction to pursue entirely new avenues of questioning and discovery. It stimulates us to fully appreciate the wonder and mystery that lie at the core of human interactions during times of struggle.”²³ Two other scenes in the play “make strange” the post-deployment realities of veterans in very different ways. One particularly clear example can be found throughout the “Sickness/Coping” scene, where we see a prolonged

interaction between VETERAN and WOMAN AT PARTY. As becomes clear to the audience, VETERAN has been encouraged to come to the party by his sister who evidently thought he might benefit from some social interaction. He has shown up wearing large yellow tractor headphones to help block out the noise he finds overwhelming. He does not seem to be enjoying his conversation with WOMAN (she talks to him at length about the Kardashian sisters and other popular culture references he has trouble relating to). While the dialogue is occurring, the moment is routinely interrupted by words projected onto his body and the white screen behind him such as *“difficulty experiencing positive affect”* and *“difficulty concentrating.”*

The projected words come directly from the DSM and all are classified as “symptoms” of PTSD. By choosing to incorporate these diagnostic criteria into the scene, it is my hope that their intrusions jolt audiences away from the conversation occurring between characters and towards an interrogation of the diagnostic criteria. Does the VETERAN character really have “difficulty concentrating” or do conversations about popular television shows or wine regions simply seem trivial and uninteresting to him? Is he “mentally ill” because he fixates on a guest who leaves and unexpectedly returns to the party, or is this his years of military training manifesting in a new environment? Would even those of us who have not experienced military trauma perhaps exhibit similar “symptoms” in this scenario? Is his wearing of the large tractor headphones a symptom that he is not able to participate “normally” in everyday society? Or an example of successful and creative coping within his new reality?

In the scene titled “Public Honor,” a “veteran’s salute” at a Blue Jays game at Roger’s Centre in Toronto suddenly turns into a surreal fever-dream of uncomfortable questions he believes the public really want to ask him.

SCENE: PUBLIC HONOR

(Rogers Centre, an imagined 30,000 people are in the stands)

SPORTS ANNOUNCER

Ladies and Gentlemen, before the game continues here, and as part of our Canada Day celebrations, the Toronto Blue Jays are going to take a moment to honor one of our proud men in uniform as part of our VETERAN'S SALUTE.

(A huge graphic saying VETERAN'S SALUTE with a maple leaf backdrop is projected on to the jumbo-tron screen, the song Highway of Heroes by the Trews plays in the background. A veteran, LCOL WILLIAM BRAND, is wheeled out to the middle of the stadium. He is dressed in his military uniform and it is clear that he is missing one leg)

Born in Dundas, Ontario LCOL William Brand chose to enlist in the Canadian Army at age 23 and served as a reservist for 5 years before completing two operational deployments to Afghanistan. It was on LCOL Brand's second deployment to the region that he received a bronze star for meritorious effort in conflict or combat. Let us all stand and welcome Lt. Col. Brand to the field and let him know how much we appreciate his sacrifice and service to our great nation. LCOL Brand, Jays fans

everywhere and all Canadians thank you for your service. We
salute you!

(The music gets louder as the crowds cheer, Lt. Col Brand waves his hand. This goes on for slightly longer than is comfortable for everyone. Suddenly, just as it's expected Lt. Col. Brand should leave the stage, he stays seated in his wheelchair there. Everything goes uncomfortably quiet. A female "handler" whispers and motions at the corner of the stage for him to leave).

FEMALE HANDLER

Lt. Col. Brand, your part is done now. You can follow me off
this way. LCOL Brand? Do you need a hand?

LCOL BRAND

Sorry. Sorry everyone. It's just. Um... This isn't the right story

FEMALE HANDLER

LCOL. What are you doing? You can't give a speech. You don't have a microphone. No one can hear you. The players are ready to come back on the field. We need to start the 7th inning. Mr. Brand, please. Let me wheel you back to the special box of honour like we rehearsed. Your family is there.

LCOL BRAND

I am sorry. It's just while I have this platform... Hello? Can you
all hear me?

CROWD 1

One more round of applause for this hero!
(Some people clap again unenthusiastically)

LCOL BRAND

No, no. Thank you, but no. I want to say, I am not. I am not a
hero.

CROWD 2

Of course you are! You fought for Queen and country! For Freedom
and liberation for all! You put yourself in harm's way so we can
enjoy the very carefree lifestyle we have today.
(The crowd starts cheering wildly again).

LCOL BRAND

I didn't, though. I was just doing my job. Like you, you all
have jobs, too. You show up to work each day to get paid—No need
for accolades.

CROWD 3

Yeah, but your job makes you killable. You signed up to be killable! We don't all expect to be killed at work each day!

CROWD 4

Oh come on! He's paid to kill! How many Taliban did you kill, Brand?

LCOL

I, um.. It's not—

CROWD 1

How about innocent civilians? Collateral damage? Children? How many children did you kill? Did you enjoy it? Were their gunshot wounds treated at a military level hospital or were they left to die on the side of the road?

LCOL

(He starts to break out in a sweat, rolls up his uniform sleeves, tries to steady his breathing)

I, um...

CROWD 3

Do you have your own kids at home? What's it like to look them in the eye? To hear them laugh? To see them shove fistfuls of

popcorn in their faces at a Canada Day baseball game? Drinking coke in a VIP box seat? Do the faces of the ones you killed visit you in your dreams sometimes? What do they say? Do you even understand their language?

CROWD 2

How much did you get paid for losing that leg, huh? How much tax payer money do you get each month for having no leg?

CROWD 3

And therapy costs on top of that too, I bet! Because you probably have bad dreams sometimes? Mama can't just sing you a lullaby, so we're all on the hook to pay for you to get massages and smoke pot while the rest of us work our asses off and pay half of it in taxes so you can go horseback riding every Wednesday afternoon?

(SFX the crowd starts to boo as they would during a sports game)

CROWD 4

What happened? How'd you lose your leg? Did you run into a firefight? Guns blazing? Red maple leaf on the flag waving high above your head? Did you kill the bad guys taking advantage of

poor farmers, standing in the way of young girls' education?

Fighting to bring democracy to a backward nation!

(O Canada starts playing very loudly in the background)

LCOL BRAND

No. No. It was an IED. Our Jeep. I was driving. We, um, ran over
it. I had no idea it was there.

CROWD 3

Sorry, we can't hear you!

LCOL BRAND

I said I wasn't brave! I didn't run into danger! I was driving,
okay? I didn't mean to— It's my fault 3 of my buddies died.

CROWD 1

We can't hear you!

CROWD 3

Did you always want to save the world?

LCOL BRAND

No! No. I wanted out of my parent's basement. Two years into college and I couldn't afford it anymore. My brother said the military would pay for school if I joined up.

CROWD

What was the best part? Killing Taliban leaders?

LCOL BRAND

Getting shitfaced with my buddies in Germany during 5 days of decompression on the way home the first time. We were falling into the pool so drunk, the hotel lifeguards didn't know what to do with us.

CROWD

Germany! How many Nazis did you kill?

LCOL BRAND

No. None. That was a very different---

CROWD

You know what they say? We won in Germany! The last time our boys won was 1945! We tied Vietnam, we could say. Lost Korea. We need another win now. In Iraq/Afghanistan. Come on, fellas! You boys gonna bring us a big win?

(LCOL BRAND has a hard time breathing. A montage of heroic men from Hollywood war movies plays on the jumbo-tron behind him.

Suddenly all sorts of ads and sounds start to bombard LCOL BRAND. We hear the following overlapping as he tries to steady his breath and keep from having a panic attack. The Canadian anthem continues to play very loudly, but starts to get discordant. The ads start one at a time, but then aspects of each repeat and overlap with others).

EXCITED MORNING RADIO SHOW ANNOUNCER VOICE

The first Sunday of every month is military appreciation day at Canada's wonderland! As a small token of our gratitude for your heroic sacrifices, service members, veterans and their families can enter the park for free starting at 11 a.m. Just be sure to bring valid ID.

LOUD TV COMMERCIAL VOICE

The home of the sizzle! Karl's steakhouse offers a 5% discount to active military, veterans, retirees, and Reservists who show valid ID and at least one 5inch scar or amputated limb at checkout

GENTLE AIR TRAVEL COMMERCIAL VOICE

Did you once deploy to Afghanistan? If so, we know you may be carrying extra baggage. In recognition of this fact, Swoop airline is waiving extra baggage fees for active duty military and veterans of the Canadian Armed Forces. In addition to your carryon bag, you may bring up to 350 other suitcases full of regrets and difficult stories for no additional charge.

GENERIC PSA AD VOICE

Are you in distress? Considering suicide? Speak to a mental health professional right now. A confidential and free service available 24/7 to Veterans, their family members, and caregivers. Call 1-800-268-9944 and you will be immediately connected to an automated menu in French that asks you to type in your ID number and VAC298 third party consent form password. Sorry that number isn't valid. Desolée, ce numero n'est pas valide. If you'd like to try again, press number sign. Sorry that number isn't valid. Desolée, cette numero n'est pas valide. To return to the main menu press star of courage. To wait 30 years to be put on a waiting list that's 5 years long in order to see a professional a 2hour drive away from where you live press 7. If your applicant statement was deemed incomplete press 17 U-N-F-I-T-F-O-R-D-U-T-Y. If your wife is about to leave you and take the kids for real this time, press number 4, numero quatre. If you can't afford a lawyer and you know you'd need to

stop drinking so much before you could ask for custody rights anyways, press 158 Canadian Armed Forces Members lost their lives in Afghanistan. Are you having trouble breathing? Tightness in your chest? Erectile dysfunction? Press a gun to your head. Did you know that our new mindfulness app is available on itunes and from the Google play store? Simply download, print, sign and submit your CF98 form via mail, email and fax before 9 p.m. three Fridays ago and then we will issue you a 7 digit access key. If your matter is urgent, call 1800 Canadian soldiers have been wounded in Afghanistan. We're sorry, but we are experiencing higher than normal call volumes and all of our representatives are busy helping other killers. Please hang yourself and try again later.

When reviewing drafts of the play, the three veterans who were taking part in this process noted that this scene about public honor hit particularly hard and felt especially authentic and raw. Though an actual interaction like this would never take place, the essence of the feelings underneath needed to be communicated in this theatrical way—with overwhelming, overlapping messaging about masculinity and disability and bravery that culminates in an offer for “help” that misses the mark. The *essence* of what many veterans are facing can be more authentically depicted using powerful extra-linguistic elements than any documentary-style approach could offer.

Concluding Thoughts

This article has illustrated how mad praxis, activism, and aesthetics informed the methods I used when transforming phenomenological interview data into a research-based play about military trauma. By being upfront about my own positionality and critical approach, and allowing embodiment and estrangement to guide all stages of the work, my hope is that this play results in the asking of complex questions rather than providing “right answers” about how we might conceptualize the phenomenon that is military trauma.²⁴ Poole and Ward remind us that storytelling has been essential to mad activism since its inception.²⁵ The media and other entities frequently twist stories about military trauma to fit into tidy “recovery” or “resilience” narratives, but “resistance” narratives are, I would argue, much more interesting and important.²⁶ I believe that veterans who are returning to civilian life changed and grappling with the realization that dichotomies they once held so tightly to (weak/strong; right/ wrong; good/evil; mind//body) were only smoke and mirrors have been thrust into an “achieved standpoint” or a place of “epistemic privilege” that was previously unavailable to them and those in their circles. Rather than pathologize their moments of disorientation, this project sought to put these perspectives and feelings front and centre so that a wider audience might learn from them too.

¹ Norman Denzin, *Performance Ethnography: Critical Pedagogy and the Politics of Culture* (Sage, 2003), 11. <https://doi.org/10.4135/9781412985390>

² Sophocles, “Frontmatter,” in *Sophocles: Ajax*, ed. P. Finglass (Cambridge University Press, 2011).

³ Virginia Woolf, *Mrs. Dalloway* (Hogarth Press, 1925), 14.

⁴ Bonnie Burstow, “A Critique of Post Traumatic Stress Disorder and the DSM,” *Journal of Humanistic Psychology* 45, no. 4 (2005): 429–445; 430.

<https://doi.org/10.1177/0022167805280265>

⁵ Personal communication, April 22, 2015

⁶ Rachel Gorman and B.A. LeFrançois, “Mad Studies,” in *Routledge International Handbook of Critical Mental Health* ed. Bruce Z. Cohen (Routledge, 2017), 110.

<https://doi.org/10.4324/9781315399584-14>

⁷ Jonathan Shay, “Moral Injury,” *Psychoanalytic Psychology* 31, no. 2 (2014): 182–191.

<https://doi.org/10.1037/a0036090>

⁸ Jonathan Shay, *Achilles in Vietnam* (Scribner, 1994), 20.

⁹ S. Adams, “Treating Moral Injuries,” *Legion Magazine*, March 22, 2018. <https://legionmagazine.com/en/2018/03/treating-moral-injuries/>.

¹⁰ Jenna A. Reid, “Materializing a Mad Aesthetic through the Making of Politicized Fibre Art” (PhD diss., York University, 2019a). <http://hdl.handle.net/10315/36289>

¹¹ Reid, “Mad Aesthetic,” 119.

¹² Reid, “Mad Aesthetic,” 64.

¹³ Jenna Reid, “Introducing Jenna Reid: DST’s New Limited Term Faculty,” RADSSite, October 21, 2019. <https://radssite.wordpress.com/2019/10/21/introducing-jenna-reid-dsts-new-limited-term-faculty/>.

¹⁴ D. Snyder-Young, “Beyond ‘An Aesthetic of Objectivity’: Performance Ethnography, Performance Texts, and Theatricality,” *Qualitative Inquiry* 16, no. 10 (2010): 883–893.

<https://doi.org/10.1177/1077800410383119>

¹⁵ Snyder-Young encourages artist-academics to create “project and audience-specific aesthetic forms to actualize (their) desires for progressive and radical performance” (p.884) She argues that adhering to strict documentary-style verbatim theatre risks a) minimizing the events and feelings that are being explored b) veering closely to positivist epistemologies—assuming that. Snyder-Young encourages research-based theatre creators to look for the essence of what is being shared in interviews by beyond the actual words spoken. She suggests using “visual metaphor” and expressive and/or abstract movement in order to rupture an “aesthetics of objectivity” (p.888).

¹⁶ P. Thomson, and G. Sacks, *The Cambridge Companion to Brecht*. (Cambridge University Press, 1994), <https://doi.org/10.1017/CCOL0521414466>; A key component of Brecht’s “dialectic” theatre was his theory of *Verfremdungseffekt* (also translated as the “alienation”, “distancing”, or “estrangement” effect). This effect was founded on the concern that dramatic or naturalistic theatre tended to be emotionally manipulative. He developed certain devices in order to help break down the fourth wall⁴ that traditionally existed between performers and audience members in order to “jolt” the latter group out of their role as passive observers and to encourage them to think critically about the stories and issues being presented (p.191)

¹⁷ Maurice Merleau-Ponty, *La phénoménologie de la perception* (Gallimard, 1945); Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Colin Smith (Routledge, 1962); Maurice Merleau-Ponty, *The Primacy of Perception: And Other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics* (Northwestern University Press, 1964); Zoë Wool, *After War: The Weight of Life at Walter Reed* (Duke University Press, 2015), 134. <https://doi.org/10.2307/j.ctv1198xs6>. Between 2007-2008, Wool (2015) immersed herself amongst injured Afghan soldiers living at the Walter Reed Army Medical Centre in Maryland.

Wool's keen analyses related to heroism, masculinity, and public and familial responses to returning veterans were outlined in her book *After War: The Weight of Life at Walter Reed*.

¹⁸ Wool, *After War*, 151.

¹⁹ Wool, *After War*, 132.

²⁰ Wool, *After War*, 53.

²¹ Merleau-Ponty, *The Primacy of Perception: And Other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics* (Northwestern University Press, 1964), 160-161.

²² A. Kumagai and D. Wear, "'Making Strange': A Role for the Humanities in Medical Education," *Academic Medicine* 89, no. 7 (2014): 973–977; 974.

<https://doi.org/10.1097/ACM.0000000000000269>

²³ Kumagai & Wear, "Making Strange," 276.

²⁴ D. Snyder-Young, "Beyond 'An Aesthetic of Objectivity': Performance Ethnography, Performance Texts, and Theatricality," *Qualitative Inquiry* 16, no. 10 (2010): 883–893; 891.

<https://doi.org/10.1177/1077800410383119>

²⁵ Jennifer Poole and Jennifer Ward, "'Breaking Open the Bone': Storytelling, Sanism and Mad Grief" in *Mad Matters: A Critical Reader in Mad Studies*, eds. B. A. LeFrançois, R. Menzies, and G. Reaume (Canadian Scholars Press, 2013), 94–104.

²⁶ L. Costa, J. Voronka, D. Landry, J. Reid, B. McFarlane, D. Reville, and K. Church, "Recovering Our Stories: A Small Act of Resistance," *Studies in Social Justice* 6, no. 1 (2012).

<https://doi.org/10.26522/ssj.v6i1.1070>