



THE SOAPBOX

“I Don’t Have to Do That Anymore Because I Got Therapy”: Recuperated Veterans and the Complexity of Mental Health Discourse at the End of the Forever War

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Memorial Day 2023 was a significant moment in twenty-first-century U.S. military history. Although U.S. service members remained deployed around the world and Operation Inherent Resolve continues to target the Islamic State (in April 2023, the U.S. military and its partners executed thirty-five missions against ISIS in Iraq and Syria alone), this year’s celebrations came six weeks after the U.S. Senate repealed the two-decade-old Authorization for the Use of Military Force that had made possible the 2003 invasion of Iraq.¹ It was also only the second Memorial Day since U.S. troops left Afghanistan, abruptly and somewhat disastrously, in August 2021. As a result, the holiday was arguably the first in which the wars in Iraq and Afghanistan could be understood as having transitioned from “current events” to events whose legacies Americans were beginning to imagine and define.

It was thus surprising that alongside the expected parades and solemn ceremonies in cemeteries, Americans were also presented with accounts of veterans who had overcome the psychological trauma of war and were living happy, productive lives as recuperated citizens. CNN, for example, ran an essay by Kyle Prellberg, who had grown up idolizing his World War II veteran grandfather and joined the Army only to be injured in Afghanistan and subsequently have his life fall apart as he suffered from the symptoms of post-traumatic stress disorder (PTSD): unremitting irritation and bouts of rage, “anxiety that I couldn’t understand where it was coming from,” and insomnia that cost him his job.² His story, however, was one of recovery; he had recuperated by “no longer being in denial about my PTSD and reaching out to the communities that were able to help me on the path to becoming whole.” “I’m learning about all the support that is out there,” Prellberg concluded. “And the more I lean on it, the better I seem to do.”³ His story was not unique. Four days earlier, the network had aired a story about a veteran “formerly homeless and having suffered from PTSD for years” who

An earlier version of this paper was presented at “The Psychology of War in the 21st Century: The History and Politics of Trauma, from 9/11 to Ukraine,” Danish Institute for International Studies, Copenhagen, DK, October 12, 2022. I am grateful to the organizers and audience, especially Johannes Lang, for their initial feedback. I am also grateful to Darren Dochuk for his editorial advice.

¹“April 2023 Month in Review: The Defeat ISIS Mission in Iraq and Syria,” U.S. Central Command, May 5, 2023, <https://www.centcom.mil/MEDIA/PRESS-RELEASES/Press-Release-View/Article/3384314/april-2023-month-in-review-the-defeat-isis-mission-in-iraq-and-syria>.

²Kyle Prellberg, “Opinion: Here’s What Finally Allowed Me to Tackle My PTSD,” CNN Commentary, May 28, 2023, <https://www.cnn.com/2023/05/28/opinions/memorial-day-ptsd-military-therapy-treatment-prellberg/index.html>.

³Ibid.

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was now in college and “spreading the message to those who have survived combat, there is a way forward.”⁴ Around the country, newspapers ran stories of previously struggling veterans, some of whom were starting nonprofits premised on the idea that that recuperation is possible.⁵

These accounts, it turns out, are part of a much broader cultural narrative that is emerging as Americans grapple with the unsatisfactory conclusions of two lengthy wars. As I have discussed at length elsewhere, at the height of those wars, accounts of service members returning from war suffering from post-traumatic stress or traumatic brain injury or taking their lives after deployments offered powerful evidence that the wars were wrongheaded and immoral.⁶ At the end of these wars, however, the dominant narrative seems to be shifting. Conservative opponents of President Biden’s administration, following media coverage of veteran reactions to the 2021 U.S. withdrawal from Afghanistan, have argued that by leaving that country, Biden betrayed those who served there and thereby imperiled their mental health. At the same time, in media coverage and memoir, veterans are increasingly being portrayed, and portraying themselves, as having recovered from the psychological consequences of the Iraq and Afghanistan wars by availing themselves of the treatment available through the Veterans Administration (VA) and other entities. The first of these narratives invokes veteran mental health as an argument for continued U.S. military engagement. The second, however, suggests that although these wars may have ended ignominiously, those who served in them will not suffer long from their ill effects. Together, they reveal that veteran mental health remains a critical, if shifting, terrain on which Americans are making sense of the twenty-first-century wars. This shifting narrative of veteran mental health invites us to think about how historians should study the intersection of war, the military, and society and particularly war and U.S. political culture as old conflicts end and new threats emerge and as a new generation of veteran politicians emerges.

Perhaps because these wars were only recently current events, and thus topics that historians might be reluctant to engage in scholarship, historical analyses have been slow to emerge.⁷ However, some of the best work to appear so far has examined the impact of these wars on those who fought them and their families, how Americans have responded to that violence, and the tension between the impact of war and narratives of American exceptionalism. Zoë H. Wool, for example, writes of “the awkwardness and discomfort that arise when the soldiers’ quotidian efforts to live on in the afterwar collide with the myth-laden post-9/11 public imaginary of them.” Similarly, Kenneth T. MacLeish interrogates “the entailments of living in and with bodies that are instruments and objects of violence.”⁸ In a similar vein, Rebecca

⁴Jeremy Lee, “How Surf and Counseling Helped a Veteran Find His Way Home,” CNN Wire Service, May 24, 2023, <https://ktvz.com/cnn-regional/2023/05/24/how-surf-and-counseling-helped-a-veteran-find-his-way-home/>.

⁵Danae King, “These Heroes ‘Deserve To Be Remembered,’” *Marion Star*, May 29, 2023, A1; Emily K. Coleman, “Marine Reservist From Wauconda to Give Keynote at Crystal Lake,” *Daily Herald*, May 15, 2023, 3; O’Hara Shipe, “Veterans, First Responders in Phoenix Workout to Combat Mental Illness,” *Phoenix New Times*, May 28, 2023, <https://www.phoenixnewtimes.com/news/veterans-first-responders-in-phoenix-workout-to-combat-mental-illness-16311691>; James Halpin, “Back Mountain Vets Seek to Help Their Own,” *The Citizens’ Voice*, May 28, 2023, https://www.citizensvoice.com/news/back-mountain-vets-seek-to-help-their-own/article_39837a69-1fce-59da-9053-6db7395f03ae.html.

⁶David Kieran, *Signature Wounds: The Untold Story of the Military’s Mental Health Crisis* (New York, 2019).

⁷For general histories of the conflicts, see for instance Brian Glyn Williams, *Counter Jihad: America’s Military Experience in Afghanistan, Iraq, and Syria* (Philadelphia, 2016); Terry Anderson, *Bush’s Wars* (Oxford, UK, 2013); Andrew Bacevich, *America’s War for the Greater Middle East: A Military History* (New York, 2017); Joel D. Rayburn and Frank K. Sobchak, eds., *The U.S. Army in the Iraq War, Volume 1: Invasion, Insurgency, Civil War, 2003–2006* (Carlisle, PA, 2019); Rayburn and Sobchak, eds. *The U.S. Army in the Iraq War, Volume 2: Surge and Withdrawal, 2007–2011* (Carlisle, PA, 2019); Edmund J. Degen and Mark J. Reardon, *Modern War in an Ancient Land: The United States Army in Afghanistan, 2001–2014*, Vols. I & II (Washington, DC, 2021).

⁸Zoë H. Wool, *After War: The Weight of Life at Walter Reed* (Durham, NC, 2015), 3; Kenneth T. MacLeish, *Making War at Fort Hood: Life and Uncertainty in a Military Community* (Princeton, NJ, 2013), 13. For a summary of scholarly literature on veteran mental health, see Kieran, *Signature Wounds*, 5–6.

A. Adelman has sought to make sense of how Americans' feelings of "profound sympathy or righteous indignation" toward or on behalf of particular populations—including "children both civilian and military, military spouses, [and] veterans with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI)"—serve to "anchor contemporary American militarism."⁹ My own earlier work has argued that veteran memoirs have presented post-traumatic stress as easily overcome and has critiqued outdoor rehabilitation programs for veterans as "promising veterans' uncomplicated recuperation from the wounds of war" while "asserting that civilians bear no responsibility for facilitating that rehabilitation or engaging with the realities of the event that caused it."¹⁰

This work is a reminder that what happens during a war is one thing and that how people think about and make sense of what happened is another, and that how Americans think about previous wars has implications for how they imagine future ones. This conundrum is not unique to the United States' twenty-first-century wars. As John Kinder explains, if the visibility of disabled veterans in U.S. culture has at times served as "object lessons about the lingering legacies of military adventurism," narratives of easy recuperation hold "a tantalizing promise: that future generations of political leaders could remove the social consequences of veterans' disabilities from the calculus of American war-making."¹¹

As a historian who has written about both the processes through which Americans remember war and the debates that surrounded mental health during the twenty-first-century conflicts, Kinder's framing shapes my sense that recent accounts hold both promise and peril. On the one hand, a more open discussion of the benefits of mental health care is clearly beneficial; any narrative that helps veterans, or anyone suffering from a psychological ailment, get the care that they need is a social good. Yet there is danger, too. Stories of recovery may too easily consign the Iraq and Afghanistan wars to the past, rendering them events from which the nation has also recovered and with which it has no further need to reckon. Such a shift, I fear, may truncate our ability to grapple with and draw on the wars' lessons to avoid future ill-advised and poorly prosecuted conflicts. Recognizing the multiple ways that mental health discourses are functioning as these wars recede into history and memory, then, is a necessary step for historians interested in thinking about the wars' legacies and their implications for U.S. political culture and foreign policy.

How, then, have discourses of veteran mental health shifted at the end of the Iraq and Afghanistan Wars, and what are the implications of those shifts? Certainly, the psychological consequences for troops have been substantial. As MacLeish explains, "The length, scale, and distinct character of the Iraq War have subjected American soldiers and their families to longer and more frequent deployments, leading to unprecedented rates of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) and the overburdening of military institutional supports."¹² As I have argued elsewhere, awareness of these issues functioned in two ways in U.S. culture. On the one hand, "In media, popular culture, and political rhetoric, the increasing incidence of post-traumatic stress disorder, traumatic brain injury, and soldier and veteran suicide was evidence that the Iraq War was misbegotten and mismanaged by a callous administration"; on the other, "For researchers and clinicians, these issues were complicated but solvable medical problems."¹³ These two competing understandings did not always

⁹Rebecca A. Adelman, *Figuring Violence: Affective Investments in Perpetual War* (New York, 2019), 4–5.

¹⁰David Kieran, "'We Combat Veterans Have a Responsibility to Ourselves and Our Families': Domesticity and the Politics of PTSD in Memoirs of the Iraq and Afghanistan Wars," *American Studies* 53, no. 2 (2014): 95–117; David Kieran "'The First Step Toward Curing the Postwar Blues Is a Return to Nature': Veterans' Outdoor Rehabilitation Programs and the Normalization of Empire," in *Imperial Benevolence: U.S. Foreign Policy and American Popular Culture Since 9/11*, ed. Scott Laderman and Time Gruenewald (Berkeley, CA, 2018), 71–96.

¹¹John M. Kinder, *Paying with Their Bodies: American War and the Problem of the Disabled Veteran* (Chicago, 2015), 4.

¹²MacLeish, *Making War at Fort Hood*, 2–3. Quoted in Kieran, *Signature Wounds*, 3.

¹³Kieran, *Signature Wounds*, 3.

sit well with one another; quite often, there was significant “distance between popular and medical understandings of mental health,” and popular critiques were not always grounded in the best science.¹⁴

At the wars’ end, mental health remains a significant concern of Americans grappling with these wars’ legacy, but the narrative is different in important ways. Now, it is conservative critics of the Biden administration who argue that the 2021 withdrawal from Afghanistan has precipitated a mental health crisis among veterans who now question the meaning of their service and sacrifice, while a broader cultural narrative that includes the voices of a new generation of Iraq veterans cum progressive politicians argue that while their service was psychologically traumatizing, they have sought treatment and recuperated.

This evolution matters. While the former narrative illustrates how mental health remains a powerful avenue for critiquing foreign policy, the latter is more complicated, and more vexing. On the one hand it affirms what VA and military leaders, researchers, and health care providers have been arguing for years: “war-related stress was normal, temporary, and treatable,” and that most veterans who struggle recover and lead productive lives.¹⁵ This is a positive development; more frank discussion of the availability and benefits of mental health treatment can help reduce stigma and benefit veterans and their families by encouraging them to seek treatment. On the other hand, because an awareness of psychological trauma has long provided avenues for critique, narratives of recuperation might help create the conditions that inhibit a larger cultural reckoning with the wars and their impact on the nation; that is, they risk asserting that while the wars may have been horrible mistakes, they are travesties without any long-term consequences—ones that veterans and thus the nation can move past and from which no particularly profound lessons about the limits of American power must be learned. With Americans already turning their attention to potential new wars with China or Russia, we thus ought to cast a critical and somewhat skeptical eye on the emergence of these recuperative narratives, recognizing their potential to do both good and ill as the nation reckons with the consequences of, and tries to divine the lessons of, the nation’s embrace of perpetual war.¹⁶

In August 2021, the United States’ longest war came to an end. As the Taliban advanced across Afghanistan, media coverage portrayed a country descending into chaos. The *Washington Post* called the departure “a stark visual representation of the devastating human impact of the end of a U.S. military campaign that now appeared to be a failure.”¹⁷ Critics directed considerable blame for this ignominious end at the Biden administration, arguing that “this administration’s implementation of our departure has been nothing short of disastrous,” maintaining that Biden “has certainly been calamitously, tragically, wrong about Afghanistan,” and calling photographs coming out of Afghanistan “portraits of chaos, tragedy, and dishonor.”¹⁸ Alongside these political recriminations were fears that the withdrawal would occasion a veteran mental health crisis. *USA Today* reported that “the sudden, chaotic fall of the country has left veterans with a more complicated ending than some anticipated—and possibly more serious long-term mental health consequences,” and the VA, other veteran service organizations, and numerous elected officials

¹⁴Ibid., 50.

¹⁵Ibid., 57.

¹⁶On the fuzzy temporal boundaries of a “War on Terror” and the persistent nature of American war-making, see Mary L. Dudziak, *War Time: An Idea, Its History, Its Consequences* (New York, 2012), 95–132.

¹⁷Susannah George et al., “Scenes of Deadly Chaos Unfold at Kabul Airport After Taliban’s Return,” *Washington Post*, Aug. 16, 2021, <https://www.washingtonpost.com/world/2021/08/16/afghan-kabul-airport/>.

¹⁸Jennifer Rubin, “In the Afghanistan Debacle, So Many Errors and So Little Candor,” *Washington Post*, Aug. 16, 2021, <https://www.washingtonpost.com/opinions/2021/08/16/afghanistan-debacle-so-many-errors-so-little-candor/>; Max Boot, “Twenty Years of Afghanistan Mistakes, but This Preventable Disaster Is on Biden,” *Washington Post*, Aug. 15, 2021, <https://www.washingtonpost.com/opinions/2021/08/15/twenty-years-afghanistan-mistakes-this-preventable-disaster-is-biden/>; Representative Gallagher of Wisconsin, speaking on “General Leave,” *Congressional Record*, Aug/ 24, 2021, H4363.

encouraged struggling veterans to seek help and released a slew of resources.¹⁹ Many organizations did witness increased use during this period; the VA reported that “from August 13 to August 16—the days leading up to and after Kabul’s capitulation—the helpline received 531 calls more than it did during the same time frame last year.”²⁰

Alongside the medical reality was a surge in reporting that argued that it was the Biden administration’s policies and handling of the withdrawal, rather than the violence of the war itself, that was to blame for this suffering. Critically, much of this journalism cast the withdrawal as a betrayal—a term that is heavily freighted in histories of veteran mental health. The first sentence of Jonathan Shay’s seminal *Achilles in Vietnam: Combat Trauma and the Undoing of Character* argues, “We begin in the moral world of the soldier ... and the betrayal of that moral order by a commander.” Later, Shay argues, “When a leader destroys the legitimacy of the army’s moral order by betraying ‘what’s right,’ he inflicts manifold injuries on his men.”²¹ Betrayal, Shay argued in 1994, was a key source of veterans’ postwar mental health struggles.

More than a quarter-century later, critics of the Afghanistan War’s conclusion invoked a similar logic to condemn the Biden administration’s policy. A South Dakota newspaper noted, “Words like ‘betrayal’ and ‘disgust’ were uttered throughout the day as the Taliban continued its rapid takeover of the country amid the U.S. military withdrawal announced earlier this year by President Joe Biden,” and noted, “Many combat veterans deal with post-traumatic stress disorder after they return home, and seeing Afghanistan reclaimed by the Taliban is exacerbating that.”²² Even commentators who acknowledged that many veterans “want us to come out of Afghanistan” argued, “Frustration is just all around. A lot of veterans who have called me have placed the blame directly on the president ... they just don’t understand how this could have been the way it is.”²³ Articles routinely argued that veterans were struggling to find meaning in their service because of how the war had ended. On August 17, 2021, *USA Today* ran a headline that asked “Were All of Our Sacrifices Wasted?”²⁴ A Michigan veteran shared that sentiment: “It’s almost like the last 20 years was a waste ... of American lives. We left a lot of brothers and sisters there, and many that came home have (post-traumatic stress disorder) from what they have seen and gone through and may

¹⁹Donovan Slack, “Veterans Wanted Out of Afghanistan, but Sudden Collapse Brings Mental Health to Light,” *USA Today*, Aug/ 17, 2021; “Standing By and Ready to Help’: VA Encourages Afghanistan War Veterans to Seek Counseling,” TCA Regional News, Aug. 17, 2021. See, for example, Jim Provance, “Struggling Ohio Veterans Urged to Seek Help,” TCA Regional News, Aug. 30, 2021; Nicole Girten, “Montana VA Chief of Mental Health on Self-Care in News Consumption,” *Great Falls Tribune*, Aug. 20, 2021, U.1; Matt Spillane, “Counseling Available for Service Veterans: Van De Water’s Death Highlights Need for Mental Health Outreach,” *The Poughkeepsie Journal*, Sept. 10, 2021, A.1; and “Sen. Kaine Statement on Afghanistan Evacuations,” Targeted News Service, Aug. 20, 2021.

²⁰“US Veterans Suicide Hotlines Heat Up Amid Botched Afghan Pullout,” FARS News Agency, Aug. 29, 2021; Cheryl Teh, “The Crisis Hotline for Military Veterans Has Seen a Surge in Calls Since Kabul Fell to the Taliban,” *Business Insider*, Aug. 27, 2021, <https://www.businessinsider.com/crisis-hotline-military-veterans-call-surge-since-kabul-fell-taliban-2021-8>; Shannon Vavra, “Calls to Veterans’ Suicide Hotlines Are Up Since Fall of Kabul,” *The Daily Beast*, Aug. 28, 2021, <https://www.thedailybeast.com/afghanistan-calls-to-veterans-suicide-hotlines-are-up-since-fall-of-kabul>.

²¹Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York, 1994), 1, 6.

²²Alfonzo Galvan and Joe Sneve, “‘We’ve Lost Our Guys for No Reason’: SD Veterans, Former Government Employees Feel Betrayed By Afghanistan Exit,” *Sioux Falls Argus Leader*, Aug. 17, 2021, <https://www.argusleader.com/story/news/2021/08/17/afghanistan-news-taliban-south-dakota-veterans-former-government-employees-reflect-war-biden/8162862002/>.

²³Natasha Korecki, “Afghanistan Drawdown Leaves Biden at a Crisis Point with Veterans,” *Politico*, Sept. 4, 2021, <https://www.yahoo.com/news/afghanistan-drawdown-leaves-biden-crisis-060121558.html?>

²⁴Jorge L. Ortiz et. al., “‘Were All of Our Sacrifices Wasted?’: Afghanistan Veterans Reflect on Impact of War,” *USA Today*, Aug. 17, 2021, A.8.

never be the same.”²⁵ The *Daily Beast* reported that “these emotional days and desperate evacuation efforts are taking a heavy psychological toll on veterans” and quoted a therapist who explained, “The way the U.S. has conducted its withdrawal ... has only exacerbated those mental health issues” and that “as the situation on the ground deteriorates, more and more veterans will likely struggle with mental health crises, and possibly suicidal thoughts.”²⁶ Notably, it was “*these* emotional days”—not the period of the veteran’s service or any other period in the two-decade conflict—that were the source of the trauma.²⁷

Many other stories, particularly those about the abandonment of Afghan allies, emphasized the potential for the withdrawal to generate moral injury, which Nancy Sherman defines as “serious inner conflict arising from what one takes to be grievous moral transgressions that can overwhelm one’s sense of goodness and humanity.”²⁸ One retired Green Beret told CNN, “We had really given our youth, we’ve lost friends there. And now, having to leave our partners, our allies behind was just a moral injury that we couldn’t stomach.”²⁹ Matt Zeller, the co-founder of No One Left Behind, an organization that also sought to extricate interpreters who had worked with U.S. forces, argued “that 41 percent of the veterans involved now report some type of moral injury ... because the Afghans that they’re attempting to assist are still not making it to the United States.”³⁰ Even a year after the fall of Kabul, National Public Radio’s Quill Lawrence reported that the “exit [from Afghanistan] is what is haunting so many veterans, especially those who formed close ties with Afghan colleagues,” and that they were describing “something called moral injury.”³¹

Accusations that political betrayal was causing a veteran mental health crisis was also at the core of Republican critiques of the withdrawal. Representative Louie Gohmert (R-TX), for example, told colleagues of phone calls to his office in which “two veterans fighting in Afghanistan wept ... about the sacrifices that they made, the friends they had lost ... and the Afghan people.”³² Senator John Thune (R-ND) reflected, “As we marked the 20th anniversary of September 11 on Saturday, our soldiers and our veterans should have been able to reflect on their successes in the fight against terrorism ... but I know that today many of them are struggling with the recent events in Afghanistan.”³³ Iowa Senator Joni Ernst (R-IA) reflected, “As a combat veteran ... the events in Afghanistan have been extremely disheartening to watch. I have heard from so many veterans and servicemembers who served during this war, many of whom are distraught and disappointed at the haphazard way the war in Afghanistan came to a close” and who were now wondering “whether their family member’s sacrifice was worth it.”³⁴ Pennsylvania Congressman Mike Kelly (R-PA) told of a veteran who informed him, “I haven’t

²⁵Mike Martindale, “Anger, Resentment, Betrayal: Troops, Families React to U.S. Exit from Afghanistan,” TCA Regional News, Aug. 17, 2021.

²⁶Vavra, “Calls to Veterans’ Suicide Hotlines Are Up Since Fall of Kabul.”

²⁷Ibid.

²⁸Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (New York, 2015), 8.

²⁹Jim Sciotto et al., “Biden to Push for Assault Weapons Ban Today in Pennsylvania,” CNN Newsroom, Aug. 30, 2022, <https://transcripts.cnn.com/show/cnr/date/2022-08-30/segment/04>.

³⁰“PBS Newshour for August 17, 2022,” PBS, August 17, 2022, <https://www.pbs.org/video/august-17-2022-pbs-newshour-full-episode-1660708801/>.

³¹Quill Lawrence, “A Year after the Taliban Takeover, U.S. Veterans Worry about the Afghan People,” *National Public Radio*, Aug. 17, 2022, <https://www.npr.org/transcripts/1117835077>.

³²Representative Gohmert of Texas, speaking on “Atrocity in Afghanistan,” *Congressional Record*, Aug. 24, 2021, H4416.

³³Senator Thune of North Dakota, speaking on “Afghanistan,” *Congressional Record*, Sept. 14, 2021, S6467.

³⁴Senator Ernst of Iowa, speaking on “Unanimous Consent Request—S. 535,” *Congressional Record*, Sept. 20, 2021. See also Senator Ernst of Iowa, speaking on “Green Ribbon Campaign,” *Congressional Record*, Dec. 9, 2021, S9055; and Salena Zito, “Joni Ernst Reflects on 9/11 and Biden’s ‘Shameful’ Handling of Afghanistan,” *Washington Examiner*, Sept. 11, 2021, <https://www.washingtonexaminer.com/opinion/columnists/1401848/joni-ernst-reflects-on-9-11-and-bidens-shameful-handling-of-afghanistan/>.

slept for 5 days. I lost friends in Afghanistan.... And I just don't understand how we arrived at this type of withdrawal. I keep thinking to myself, was it worth it?"³⁵ Nebraska's Don Bacon called for veteran mental health resources by claiming that the withdrawal had caused "an increase in suicides," and "Many veterans are questioning the value of their service in Afghanistan."³⁶ Here again, it is not combat or deployment that Republicans cast as the cause of veterans' psychological challenges; it was Biden administration policy. The shift from earlier in the war is significant. In 2007, as George W. Bush called for a surge that would send more troops into Iraq, antiwar legislators had invoked service members' psychological suffering as an argument against continuing the war; in 2021, it was *ending* a war that critics argued had caused troops' trauma.³⁷ Supporting the troops in 2021, it seemed, required not simply supporting the war but acquiescing to it in perpetuity.

This shift highlights that while service member and veteran mental health remains a significant terrain upon which Americans will make sense of U.S. foreign policy, it is an evolving one that scholars must be attuned to as they examine the cultural history of these wars.

That conservatives have seized upon veteran mental health to condemn the Biden administration's withdrawal from Afghanistan represents only one way in which ideas about veteran mental health continue to shape Americans' unfolding sense of the legacies of these wars. Equally important, and perhaps more disquieting, is a narrative that has emerged in media coverage and has been championed by progressive veterans that highlights the successful resolution of deployment-related mental health issues. In contrast to portrayals of the struggling veteran hamstrung by an ineffective, uncaring bureaucracy and seemingly doomed to a lifetime of trauma that dominated media, memoir, and fiction in the first decade and a half of this century, the past few years have witnessed the emergence of a popular narrative in which veterans have acknowledged their need for treatment, sought help, and recovered. The emergence of this body of literature sits uneasily in American culture. On the one hand, any cultural product that destigmatizes mental health care and encourages struggling veterans—or anyone struggling, for that matter—to access care should be celebrated. On the other, we have to ask how these narratives of recuperation shape broader cultural narratives about the war and their impact. Accounts of recuperated Iraq and Afghanistan veterans may function similarly to the dichotomy that Kinder perceived in earlier moments, in which disabled veterans have historically emerged as both "object lessons about the lingering legacies of military adventurism" and evidence "that future generations of political leaders could remove the social consequences of veterans' disabilities from the calculus of American war-making."³⁸ Whereas earlier literature of the struggling veteran explicitly critiqued the Iraq war and condemned military adventurism, accounts of trauma overcome may allow Americans to too easily move beyond these wars without interrogating precisely why they were catastrophic and without extracting the appropriate lessons from this history.

The narrative of the successfully recuperated veteran emerged as Kabul fell. "I still go to therapy every week," Paul Reikhschoff, the executive director of Iraq and Afghanistan Veterans of America, told the *Daily Beast*, adding that "it's not always easy, you don't always find the best therapist the first time.... You've got to stick with it."³⁹ On the first anniversary of the withdrawal, Afghanistan veteran and Maryland House of Delegates candidate Nick Allen concluded an op-ed in *The Baltimore Sun* by telling readers, "I will be marking the solemn anniversary of the withdrawal from Afghanistan by prioritizing my mental health and by

³⁵Representative Kelly of Pennsylvania, speaking on "Honoring America's Beloved Veterans," *Congressional Record*, Nov. 2, 2021, H6117.

³⁶Representative Bacon of Nebraska, speaking on "Help for Our Returning Servicemen and Servicewomen," *Congressional Record*, Oct. 26, 2021, H5917.

³⁷Kieran, *Signature Wounds*, 72–3.

³⁸Kinder, *Paying with Their Bodies*, 4.

³⁹Vavra, "Calls to Veterans' Suicide Hotlines Are Up Since Fall of Kabul."

checking on my friends, former soldiers and fellow veterans, and their mental health.”⁴⁰ The message of these statements is clear: mental health issues are real, they require attention, and attending to them is both healthy and necessary.

Similar stories have abounded over the past few years. Jean-Marc Mavinga, a veteran from Clarksville, Tennessee, became a filmmaker on the advice of his therapist and made a movie in which “his story is front and center in dealing with PTSD.” The article explains, “Through movies, Mavinga saw a way of becoming whole, of escaping a life of PTSD-related issues. ‘I cope with it better, I just feel better,’ Mavinga said. ‘I found my missing piece.’”⁴¹ In Spokane, the story was of a Marine who had killed civilians in Iraq and for whom “the trauma of that encounter in 2005 persisted and worsened when he had twin daughters in 2015,” but who “started going to counseling through Veterans Affairs and, after processing and healing, went back to school.” He is now in Poland counseling refugees from the war in Ukraine.⁴² In Florida, it was Matthew Loeb, who did a fifteen-month tour on an Improvised Explosive Device (IED) demolition team in Iraq and whose “marriage fell apart because of undiagnosed post-traumatic stress disorder.” However, he “reached out for help and spent two weeks [hospitalized], where the therapy taught him about his triggers and gave him tools to address his anxiety,” to the point that he and his wife eventually reconciled.⁴³

And Nick Allen was not the only political figure to highlight how veterans have overcome deployment-related mental health challenges through therapy. Several Iraq and Afghanistan veterans, who, since leaving the service, have entered politics, have also presented themselves as having successfully recuperated from war-related trauma. Even more than the accounts noted above, these narratives offer a counterweight to criticisms that the war’s unsatisfying end would precipitate a renewed, and enduring, veteran mental health crisis and suggest that no significant reckoning with the wars and their consequences is required. In 2016, for example, Sean Barney, a Marine veteran who had served in Iraq and was running for Delaware’s at-large congressional seat, chose to “disclose his battle with PTSD at a campaign event to commemorate the day in 2006 when a sniper’s bullet in Fallujah left him partially paralyzed.”⁴⁴ The article cast his recuperation as occurring “only after he took anti-anxiety drugs and other medication for several years while regularly visiting Department of Veterans Affairs specialists,” and as the result of “his quick diagnoses, the sleep and anti-anxiety drugs he was prescribed, [and] his regular visits to the VA.”⁴⁵ This assertion emerges as a corrective to long-standing claims that those charged with caring for troubled veterans have done too little, either because of apathy, bureaucratic inefficiency, or lack of resources. As Erin Finley has argued, “PTSD represents one shining fragment of the wrongs that veterans have been done by the military, by the VA system of healthcare and benefits, or by American society as a whole.”⁴⁶ Ultimately, the article celebrated Barney’s openness and emphasized that recovery is possible; it pointed out that Barney “has decided to discuss his battles with PTSD to help increase understanding of the illness, how it is treatable and to convince others who need help to seek it,” casting him as a fully recuperated, contributing citizen because of the care that he received.⁴⁷

⁴⁰Nick Allen, “Channeling Emotions into Action on First Anniversary of Afghanistan Withdrawal,” *Baltimore Sun*, Aug. 22, 2022, <https://www.baltimoresun.com/2022/08/26/channeling-emotions-into-action-on-first-anniversary-of-afghanistan-withdrawal-guest-commentary/>.

⁴¹Craig Shoup, “Veteran with Ties to Fort Campbell Stars in PTSD Film,” *The Tennessean*, Mar. 30, 2022, A4.

⁴²Eli Francovich, “Combat Veteran Turned Counselor,” *Spokesman Review*, Mar. 22, 2022, A1.

⁴³Liz Freeman, “David Lawrence Centers Program Helps Veterans Facing PTSD,” *News Press*, Apr. 9, 2022, A1.

⁴⁴Austin Wright, “One Candidate’s Risky Bet: Talking about His PTSD,” *Politico*, May 11, 2016, <https://www.politico.com/story/2016/05/defense-ptsd-sean-barney-delaware-223098>.

⁴⁵Ibid.

⁴⁶Erin P. Finley, *Fields of Combat: Understanding PTSD among Veterans of Iraq and Afghanistan* (Ithaca, NY, 2011), 9.

⁴⁷Wright, “One Candidate’s Risky Bet.”

Barney lost the Democratic primary to Lisa Blount Rochester, but other Democrats have similarly presented themselves as successfully recovering from post-traumatic stress that emerged during deployments to Iraq and Afghanistan. Marine and Massachusetts congressman Seth Moulton told the Associated Press that there had been experiences “that haunted me every single day when I came home,” but that “he can’t put into words how much therapy has helped him.”⁴⁸ In other pieces, he has remarked, “My story is one of success because I got help for it,” and that “I don’t [have PTSD anymore], because I was able to go to therapy and get help.”⁴⁹ Here as well, postdeployment mental health issues are cast as normal, temporary, and treatable. More importantly, coverage of Moulton’s admission juxtaposed his openness with previous Presidential candidates having struggled after news of their having sought mental health care became public. Moulton himself went as far as to cast having gotten help as a unique benefit: “I think dealing with this has made me stronger, and I think it’s good to have a president who has had to make life-or-death decisions before and live with the consequences.”⁵⁰ Moulton’s admission thus contrasts sharply with portrayals of veterans whose trauma is exacerbated by the United States’s failures in Iraq and Afghanistan.

Indeed, the notion that an elected official will be *stronger* for having addressed their mental health issues is a common theme in Democratic politicians’ accounts. In the summer of 2022, Lafayette, Louisiana, mayor Josh Guillory took a leave of absence “for treatment of alcohol addiction related to post-traumatic stress disorder from his time as a combat soldier,” telling reporters that during his 2005 deployment to Iraq, “I have seen things that people are not meant to see.” He assured constituents that “After the 21-day treatment, without question or hesitation, I will be returning, stronger than ever.”⁵¹ Guillory’s decision was lauded throughout his community. The sheriff, also an Iraq veteran, told the local newspaper that the mayor “should serve as an encouraging example for anyone who is struggling to seek help” and that, “Having served with United States Military in Iraq alongside those on the front lines in active combat, and as an elected official myself... I commend Mayor-President Guillory for prioritizing his mental health.”⁵² Members of the City Council called his decision to seek help “a testament to his character” and proclaimed that “he will do great and come out of this stronger than ever.”⁵³

But perhaps the most well-publicized examples of democratic veteran politicians presenting themselves as having recuperated from wartime trauma have been Arizona Representative Reuben Gallegos and former Missouri Secretary of State Josh Kander, both of whom have received media attention for publishing memoirs after the United States’ withdrawal from Afghanistan that describe successful treatment and sharply contrast with narratives that posit the withdrawal as a source of renewed trauma for veterans.⁵⁴ Both present themselves as graduates of elite universities who joined the military to find a greater sense of purpose—

⁴⁸“Seth Moulton Reveals Struggling with PTSD After Iraq War,” *Boston.com*, May 28, 2019, <https://www.boston.com/news/politics/2019/05/28/seth-moulton-ptsd-mental-health-plan/>.

⁴⁹Orion Rummler, “Axios: 2020 Candidate Seth Moulton Opens Up About Living with PTSD After Serving in Iraq,” *Axios*, June 2, 2019; “Democrats Need Someone Tough Enough to Take on Donald Trump: Seth Moulton,” *USA Today*, July 12, 2019, <https://www.usatoday.com/story/opinion/2019/07/11/democrats-need-someone-tough-enough-trump-seth-moulton-editorials-debates/1709780001/>.

⁵⁰Alex Thompson, “Seth Moulton Discloses PTSD, Unveils Military Health Proposal,” *Politico*, May 28, 2019, <https://www.politico.com/story/2019/05/28/seth-moulton-ptsd-mental-health-1345848>.

⁵¹Gregg Hillburn and Andrew Capps, “Lafayette Mayor Josh Guillory Checks Himself into Rehab for Treatment,” *Lafayette Daily Advertiser*, July 25, 2022, <https://www.theadvertiser.com/story/news/2022/07/25/lafayette-louisiana-mayor-josh-guillory-admitted-into-rehab-treatment/10141857002/>.

⁵²Andrew Capps, “‘Pray for This Man’: Lafayette Leaders React to Josh Guillory’s Reha Decision,” *Lafayette Daily Advertiser*, July 26, 2022, <https://www.theadvertiser.com/story/news/local/2022/07/26/lafayette-mayor-rehab-leaders-react-decision/10144233002/>.

⁵³Ibid.

⁵⁴Kimberly Leonard, “Politicians Admit Mental Health Struggles,” *Washington Examiner*, June 13, 2019; Kevin Cullen, “A Veteran Steps Aside; No More May Step Forward,” *Boston Globe*, Oct. 21, 2018.

pronouncements that reclaim the notion of voluntary military service and patriotism from conservative critics of liberal policy.⁵⁵ However, both men present themselves as struggling with postdeployment readjustment issues. “Despite being in Congress, despite having a political career that I’m sure others would be envious of,” Gallegos writes, “I was still stuck emotionally in a darker space. It wasn’t a deep depression but more of a hollowness, as if something inside had gone missing or died.”⁵⁶ He admits to abusing alcohol, struggling with nightmares, and “freak[ing] when cars drew too close.”⁵⁷ Kander’s postwar experiences are substantially similar. He experiences “a weird little twitch” whenever “something stressful happened, like if I was in a crowded, noisy place,” and he writes, “I barely slept, in large part because of a new and unwelcome part of my life: nightmares.”⁵⁸ In a passage often remarked on in reviews of the book, he recounts that when he awakened from them, he would “get out of bed and stalk the house, armed with a Louisville Slugger, checking every door and window.”⁵⁹ Like many veterans, he describes being “mad as hell ... all the time” and uncomfortable if he “went out to eat” and “couldn’t see the door.”⁶⁰ Eventually, he ended up in a VA hospital because of suicidal ideation.⁶¹ In many ways, these are classic symptoms of post-traumatic stress, the sort that dominated American understandings of the Iraq and Afghanistan Wars’ impact on those who fought and animated calls for withdrawal during their early years.

Importantly, though, both Gallego and Kander frame their wartime trauma as a challenge that they have overcome through effective treatment and their political careers as hardly impinged and perhaps even having benefitted from their having sought care.⁶² Gallego, who initially sought counseling for marital issues, finds that “eventually I had to recognize and admit that, yes, his diagnosis of PTSD did fit,” and came to see post-traumatic stress disorder as a normal response to his deployment: “Given all the deaths we had witnessed ... I suppose he could have made an argument that *not* having PTSD would have been extreme.”⁶³ Similarly, Kander writes of “leaving [therapy sessions] feeling something akin to hope,” and he is effusive in his praise for the Veterans Administration: “I now knew I’d made the right call in going to the VA ... its staff had a thorough understanding of the challenges I was facing, and nothing I said could surprise them. Now that I was in the system, everyone I interacted with deeply impressed me.”⁶⁴ Eventually, he came to believe that “recovery ... is a very real possibility—even a likely one.”⁶⁵

And indeed, the recuperated veteran figures prominently in both Gallego’s and Kander’s memoirs, and in each author’s media appearances surrounding their publication.⁶⁶ “[M]aybe my example has helped some people get help,” Gallego writes. “And if it’s helped change the image of PTSD from people who are rage-aholic crazy men sitting alone in their home, so much the better. As for a reaction in Congress—nil.”⁶⁷ If Gallego is somewhat neutral about the potential benefits of his openness about his diagnosis, Kander is more emphatic, arguing, like Moulton, that his having sought treatment has not only has not disqualified

⁵⁵Ruben Gallego and Jim DeFelice, *They Called us “Lucky”: The Life and Afterlife of the Iraq Wars Hardest Hit Unit* (Boston, 2021), 21; Jason Kander, *Invisible Storm: A Soldier’s Memoir of Politics and PTSD* (Boston, 2022), 10, 24–5.

⁵⁶Gallego and DeFelice, *They Called Us “Lucky”*, 278.

⁵⁷*Ibid.*, 278.

⁵⁸Kander, *Invisible Storm*, 41, 46.

⁵⁹*Ibid.*, 46. See also 87, for descriptions of him using a pistol and a hammer during these searches.

⁶⁰*Ibid.*, 52, 46–7. See also 65, 134–5.

⁶¹*Ibid.*, xiii.

⁶²On memoirs critical of the VA, see Kieran, *Signature Wounds*, 256–8 and 271–7.

⁶³Gallego, *They Called Us “Lucky”*, 280–2.

⁶⁴Kander, *Invisible Storm*, 159–60.

⁶⁵*Ibid.*, 180.

⁶⁶Gallego and DeFelice, *They Called Us “Lucky”*, 293; Kander, *Invisible Storm*, 199.

⁶⁷Gallego and DeFelice, *They Called Us “Lucky”*, 288.

him from political office but makes him better suited to hold it. “If I ever do choose to run, I’ll be doing it as a person who has dealt with their shit. And maybe we need more of that,” he told *The Guardian*, adding that if he were criticized for having struggled with hypervigilance, “If I ever run, it will be on me to be like, ‘I don’t have to do that anymore because I got therapy.’”⁶⁸ Perhaps most significantly, Kander rejects the notion that the fall of Kabul will precipitate a renewed descent into intractable trauma. Although he acknowledges that it “was a brand-spanking-new trauma,” he discovers as well that he “had the tools to navigate it.”⁶⁹ In making these claims, Kander and others offer a counternarrative to a discourse that presents the United States’ failure to defeat the Taliban and the 2021 withdrawal as a source of renewed and enduring trauma for veterans. In their telling, veterans who have successfully navigated the inevitable psychological repercussions of combat deployments emerge as healthy, contributing citizens.

What sense should we make of these emerging narratives of mental health as Americans grapple with the unsettling conclusions of two lengthy wars? Both the conservative embrace of narratives of psychological struggle and liberal politicians’ articulation of veteran recuperation reveal that accounts of veteran mental health will likely continue to animate debates over the wars’ meanings and impacts for years to come. The degree to which current narratives differ in profound ways from those that dominated American understandings of the war a decade and a half ago reveal the necessity of being attuned to how malleable cultural narratives of mental health are, and the range of political positions on whose behalf they can be invoked. Beyond that, it strikes me that narratives of veteran recuperation will require that we do more complicated analytical work, because these accounts serve two distinct discourses: one that has a potentially encouraging impact on U.S. culture, and the other one that is potentially more unsettling—and potentially pernicious.

In the more positive vision, prominent veterans admitting that they needed help, sought it, and have recovered and thrived is precisely what many veterans—indeed, many Americans—need to hear. As concerns increase about a growing mental health crisis, particularly among young people, destigmatizing mental health issues and care-seeking is paramount.⁷⁰ Indeed, inside the Army, the willingness of senior leaders to speak about their own struggles and treatment was a critical component of reducing stigma among soldiers.⁷¹ Narratives like Kander’s thus have the potential to communicate to a wider audience what the Army had told veterans and the public throughout the wars: that readjustment issues are common, that most veterans recover, and that treatment is effective.

At the same time, narratives that emphasize an easy recovery or suggest that the wars will have no long-term ill effects on the nation may inhibit a wider interrogation of the wars’ prosecution and lessons. That is, if one of the primary arguments against the wars has been that they damage the mental health of those who serve, the growing predominance of media coverage and memoirs that posit veterans as no longer facing these challenges may allow Americans to too easily consign the wars to the past, and they may make it easier to accept future conflict. My concern regarding this point might be less had the twentieth anniversary of the United States invasion of Iraq not passed with barely any interrogation of the war’s

⁶⁸David Smith, “‘If I’d Not Got Help, I’d Probably Be Dead’: Jason Kander on PTSD, Politics, and Advice from Obama,” *The Guardian*, July 12, 2022, <https://www.theguardian.com/books/2022/jul/09/jason-kander-interview-invisible-storm-ptsd>.

⁶⁹Kander, *Invisible Storm*, 189.

⁷⁰See, for example, Marjolein E. A. Barendse et al., “Longitudinal Change in Adolescent Depression and Anxiety Symptoms from Before to During the COVID-19 Pandemic,” *Journal of Research Adolescence* 33, no. 1 (2023): 74–91; Ariela Safira, “The Mental Health Crisis Is Decimating America’s Workforce—But We Only Have Enough Therapists for 7% of the Population,” *Fortune*, June 2, 2023, <https://fortune.com/2023/06/02/mental-health-crisis-decimating-america-workforce-therapists-population/>.

⁷¹Kieran, *Signature Wounds*, 126.

conduct and lessons. Between March 19, the anniversary of the first airstrikes, and May 1, the anniversary of George W. Bush's "Mission Accomplished" speech aboard the *USS Abraham Lincoln*, the *New York Times* published only ten articles about the war; the *Washington Post* did slightly better, with fifteen. The anniversary also passed without any statement from the White House. Although admittedly a blunt metric, the lack of public attention to the twentieth anniversary suggests a nation eager to move beyond the war—one that, to use Philip Caputo's condemnation of the United States a decade after the Vietnam War, "wishes to forget and it has forgotten."⁷² In a cultural moment such as this, I fear that narratives of recovery may create the conditions in which Americans may no longer feel compelled to think about either the long-term costs of these wars or the dangers of the next one, even as military leaders are already imagining and preparing for future wars with China or Russia, and military clinicians are contemplating the psychological consequences of so-called "large scale combat operations."⁷³

More broadly, the emergence of mental health narratives in the public statements and memoirs of veterans cum elected officials invite scholars to pay close attention to how the next generation of ambitious politicians will embrace their veteran identity. Kander contemplated running for president, Moulton mounted a brief presidential campaign in 2020, and Gallego is currently running for a senate seat in Arizona.⁷⁴ It is likely that in coming election cycles we will see more veteran candidates (in 2024, Florida Governor Ron DeSantis became the first Iraq veteran to mount a credible presidential campaign), and thus more discussion of their military service. The narratives that I have analyzed here suggest that twenty-first-century veterans may mobilize their military service in ways more complex than earlier candidates, from Dwight D. Eisenhower and John F. Kennedy to George H. W. Bush, John Kerry, and John McCain, who traded primarily on stories of heroism and sacrifice. In short, these accounts encourage us to be attuned to the shifting ways in which veteran mental health will be made meaningful in U.S. politics even as the wars recede into cultural memory.

Ultimately, then, this is an incitement to historians to continue to attend to the ways in which discourses of mental health figure into Americans' understandings of war, and how the simultaneous existence of multiple narratives—in this case one medical and the other cultural—may serve multiple, and perhaps competing, narratives of what these wars meant and will continue to mean to the nation. In acknowledging, wrestling with, and weighing the implications of that complexity, we may contribute to a more nuanced understanding of the complicated ways in which Americans are making sense of the legacies of the nation's longest wars.

⁷²Philip Caputo, *A Rumor of War* (New York, 1996), 224.

⁷³Neta C. Crawford estimates the long-term cost of veteran care for these wars at \$1.1 trillion between now and 2050 ("Blood and Treasure: United States Budgetary Costs and Human Costs of 20 Years of War in Iraq and Syria, 2003–2023," Brown University Costs of War Project, Mar. 15, 2023, <https://watson.brown.edu/costsofwar/files/cow/imce/papers/2023/Costs%20of%2020%20Years%20of%20Iraq%20War%20Crawford%2015%20March%202023%20final%203.21.2023.pdf>). On planning for future wars, see, for example, Arianna N. Johnson, "Mental Health and Psychological Resiliency: Preparing Enablers for Large Scale Combat Operations," From the Green Notebook, Nov. 10, 2021, <https://fromthegreennotebook.com/2021/11/10/mental-health-and-psychological-resiliency-preparing-enablers-for-large-scale-combat-operations/>; Tim Hoyt and Christina L. Hein, "Combat and Operational Stress Control in the Prolonged Field Care Environment," *Military Review*, Sept.–Oct. 2021, 54–64; Ike M. Ukachi, *Unresolved Gaps in LSCO: Revisiting Psychological Injury in Combat* (Fort Leavenworth, KS, 2021).

⁷⁴John Hendrickson, "Does the Jason Kander Story Have a Third Act?" *The Atlantic*, June 19, 2022, <https://www.theatlantic.com/politics/archive/2022/06/jason-kander-democrat-invisible-storm-book/661314/>.