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The Trauma Risk Management approach to post-traumatic stress disorder in the British military: Masculinity, biopolitics, and
depoliticisation

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Abstract

This paper discusses the political implications of the British military's Trauma Risk Management (TRiM) approach to personnel suffering from combat-related mental debilities such as post-traumatic stress disorder (PTSD). Drawing on narratives which emerged from qualitative interviews with trained TRiM practitioners and military welfare workers, I tease out some of the assumptions and beliefs about mental health and mental illness which underpin this mental health intervention programme. I explore TRiM as a biopolitical strategy targeted towards the construction of a particular conceptualisation of mental wellness and militarised masculine personhood. As a biopolitical strategy, I argue that TRiM plays an important role in the construction of ideas around mental wellbeing and mental frailty that best enable the operation of military power in the contemporary British context. I discuss the narrative of transformation in militarised models of masculinity which emerge from discussions of TRiM, and highlight the important political function that this plays in enabling and legitimating militarism. Finally, I draw attention to the ways in which the focus on individual and cultural factors rather than war as the primary cause of difficulties for servicemen experiencing psychological distress functions to neutralise the potential trouble which could be instigated for the British military by the bodies of servicemen psychologically damaged by their experiences of conflict.

Keywords

Trauma risk management (TRiM), post-traumatic stress disorder (PTSD), military masculinity, biopolitics, individualisation, depoliticisation.

Introduction

Drawing upon original empirical research, this paper engages with one of the key initiatives which the British military has introduced to counteract one of the most significant problems it is currently facing – in terms of its public image, if not also operationally – the Trauma Risk Management Programme (TRiM) designed to manage the problem of combat-related psychological illnesses such as PTSD. The British military has a history of taking an active interest in the mental health of its personnel (Deahl *et al.*, 2000; Jones and Wessely, 2005; Kilshaw, 2008: 221-223), and the current government has continued this by investing £7.4 million in military mental health services (Howard, 2014). The TRiM programme was first introduced by the Royal Marines in 1996 and more widely adopted by the British forces in 2008. It is a mental health early-intervention programme, which aims to identify military members at risk of developing conditions such as PTSD and to enable them to access support. While other scholars have studied the effectiveness of TRiM as a mental health intervention and have found it to be effective, or at least, not to cause harm (see Frappell-Cooke *et al.*, 2010; Gould *et al.*, 2007; Greenberg *et al.*, 2010), in this paper I draw out some of the political implications of the narratives which surround the programme. I explore TRiM as part of a broader political project which aims to construct a particular notion of capable, mentally-well military masculine personhood; a process which I argue plays an important role in both enabling and legitimating militarism in contemporary Britain. This political project functions, I suggest, at multiple interconnected levels – from the biopolitical construction of military bodies around a particular notion of mental wellness, to the increasingly individualised framing of the public discourse surrounding combat related psychological trauma.

The original interview narratives presented herein are drawn from 45 in-depth interviews conducted for a research project into domestic abuse in the British armed forces[1]. Semi-structured interviews were conducted with victim-survivors and perpetrators of abuse with connections to the military and with professionals with experience of working with these groups in either military or civilian settings. For a discussion of the relationship between PTSD and military domestic abuse, see Author (date). While women make up a gradually increasing proportion of British military personnel – up to 10% of the regular forces in 2014 (Berman and Rutherford, 2014: 9) - within the confines of this paper I lack the space to engage with questions of militarised femininities, or of militarised female masculinities (Halberstam, 1998). As a result, it is with assumptions and beliefs around the mental frailty and capability of service*men* that I engage in this paper.

Militarisation, mental health and masculinity

In recent decades, the British military has fought in two difficult and costly wars, the legitimacy and worth of which has been subject to repeated questioning. Support for the war in Afghanistan, initially strong, declined dramatically as the war dragged on and casualties increased (Scotto et al, 2011). The invasion of Iraq, in contrast, was fiercely protested from the outset[i] and questions have been raised about its legal standing (MacAskill and Borger, 2004). Both missions are felt by significant portions of the British media and public to have largely failed to achieve their strategic objectives (Cockburn, 2011; Ledwidge, 2011; Brooker, 2009), and much of the public now considers British involvement in the conflicts to have been 'wrong'[ii]. Moreover, there is an ever-increasing public awareness of the physical and psychological injuries with which personnel may return from combat. The Ministry of Defence (MOD) has faced public criticism about the standard of equipment with which its forces have been sent to war, which has been blamed for injuries and deaths[iii]. Public

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[1] For a discussion of some of the ethical issues raised by using data provided by participants in ways which they may not foresee, see Davidson (2008) and Miller and Bell (2012).

concern about the mental health of the troops has also increased, largely focusing on post-traumatic stress disorder (PTSD), an anxiety disorder caused by very stressful, frightening, or distressing events[iv]. Multiple newspaper articles in the British press speak to a public interest in PTSD (e.g. Hickley, 2008; Howard, 2014; Rayment, 2014; Shute, 2014; Sorfleet, 2014), and academic attention has also increased. As scholar Neil Greenberg states, 'Not since the Vietnam War has there been so much research directed towards the mental health of service personnel[v]'. The rate of diagnosed PTSD among service members has risen every year since the financial year 2007/2008, with an overall increase of 155% between 2007/2008 and 2013/2014 (Ministry of Defence, 2014: 26). Studies estimate that around 21% of British troops experience symptoms of mental illness while deployed (Mulligan *et al.*, 2010: 406), and that 4 – 7% of those deployed to combat zones in Iraq and Afghanistan experience PTSD (Frappell-Cooke *et al*, 2010: 645). The psychological trauma experienced by personnel has been storied by media reports as a causal factor in the violence perpetrated by and criminalisation of veterans (Travis, 2009) and in their suicides[vi]. Once again the MOD has found itself the target of critique for failing to properly prepare and support its troops (McGeorge *et al.*, 2006). For McCartney, '[t]here is now an expectation that soldiers will be psychologically damaged by war' (McCartney, 2011, 46). Perhaps reflecting these multiple concerns, the institution is at present significantly behind on its recruitment targets for the additional reservists it requires under the FutureForce 2020 plan[vii].

Despite these shifting attitudes, the dominant view of security in Britain remains deeply militarised. Contemporary Western militaries are, in Howell's words, 'oriented towards a dark future, envisioned as one marked by persistent conflict' (Howell, forthcoming, 9). Military and political figures in positions of authority, including Prime Minister David Cameron and General Sir Richard Dannatt, have spoken publically about the need to increase public support for the armed forces (McCartney, 2010: 412). The British government has also been pursuing a conscious policy programme orientated towards increasing the visibility of the armed forces in order to foster greater public engagement and active support (Davis et al, 2008). The growing celebration of Armed Forces Day[viii] is one

example of such attempts, as is the increase military influence in schools through growing numbers of Cadet Forces (Davis et al, 2008: 11), the *Troops to Teachers* programme which encourages service leavers to become teachers[ix], and projects to benefit under-achieving pupils through encouraging a 'military ethos'[x]. Further, despite the scepticism about the recent conflicts to which the British military has been deployed, there seems to be a growth in the tendency – long prevalent in the US (Stahl, 2009) – towards high levels of support for soldiers, sailors and airmen themselves, regardless of their geopolitical role (McCartney, 2010: 423-424). A 2008 British Army poll suggested that while only 41% of the public supported British operations in Iraq and Afghanistan, 87% supported service members themselves (*ibid*,: 423). Surveys suggest that the British public hold military members in higher regard than those who work for the National Health Service, the BBC, and the police (Ashcroft, 2012: 13). Veterans' charities remain one of the most successful charities in the country (Gribble et al, 2014: 50). As a result, critics have warned that Britain is experiencing a renewed period of the 'creeping militarization of everyday life' (Ware, 2014; see also Walton, 2014). Clearly, the British military is in the midst of a politically charged time of change and of reinterpretation of the meaning of its operations and of its role.

In the sections which follow, I draw out some political implications of the approach to military mental health exemplified by the TRiM programme. Firstly, I explore TRiM in more detail and argue that it represents a biopolitical strategy which furthers the reach of disciplinary power, increasing surveillance within military populations and working towards the construction of a particular idea of mental wellness and capacity. Secondly, I reflect more on the narratives of masculinity which surround the programme and identify a notion of positive change which obscures consistencies in the contributions of the militarisation of masculinity towards the functioning of militarism. Finally, I suggest that the TRiM programme contributes to wider narratives whereby the experiences of British service personnel are increasingly understood not as part of a national or political project but as personal and individual. This, I argue, acts as a depoliticising force, which obscures critique of the politics whereby the British military is sent into potentially traumatic conflict situations. In this way, I

show that the TRiM programme should be understood as part of wider political strategies through which British militarism is working to adapt to the difficult and changing political context in which it is currently operating.

TRiM, surveillance and the 'docile bodies' of servicemen

In the insecure context of the ongoing War on Terror, Western militaries have been making increasing use of the 'psy disciplines' (psychiatry and psychology) to enable their personnel to withstand multiple deployments. Indeed, for Howell, '[t]he high tempo of deployments in the War on Terror have been made possible, in part, through the use of the psy disciplines' (2011: 4). Psychology and psychiatry provide a tool through which soldiers, sailors and airmen can 'relate to themselves as projects for self-improvement' (*ibid*.: 107), constructing themselves as productive military subjects 'in the service of the reproduction of the state' (*ibid*.: 106). In the U.S., the principles of 'positive psychology' are employed in training personnel to be more resilient. This reflects a biopolitics of resilience in which militarised subjects are '*enhanced* in order to be *resilient* so as to thrive' (Howell, forthcoming: 16) in circumstances of 'inevitable, enduring, and persistent' conflict (*ibid*.: 9).

The British military's TRiM programme aims to ease the pain of servicemen suffering from psychological trauma. In addition, it is also an example of military use of the 'psy disciplines' to produce a particular kind of militarised subjectivity – one which is better able to cope with the psychological strains of modern conflict. The importance of the programme to the military leadership was described by trained TRiM practitioner Eddie:

> [T]his is really important, because these guys will go wibble… we've invested a lot of money in training these guys, do you want to send them away and have to train someone else?… Even our basic grunt on the ground… is massively invested in.

TRiM is seen as a cost-effective (Greenberg *et al.*, 2010: 430) and efficient way to 'keep personnel functioning after traumatic events' (Frappell-Cooke *et al.*, 2010: 646); in Eddie's words, to get 'back on the bike quicker,' thus enabling the military to make the best possible use of its human resources. While TRiM's stated aims focus on responding to existing mental ill-health and not to the pre-emptive strengthening of servicemen's resilience, it remains a biopolitical strategy which relies on peer-surveillance, ensuring the production of appropriately militarised 'docile bodies' (Foucault, 1991: 138).

Foucault conceptualised disciplinary power as a productive rather than simply repressive force, functioning in large part through the surveillance, or at least the visibility, of the individuals subjected to it. Best exemplified by Jeremy Bentham's panopticon prison design, disciplinary power functions within the social body by producing subjects who, conscious of their own permanent visibility, shape themselves to conform to the norms of their societies (*ibid.*: 194; 202-203). Belkin claims that 'the [U.S.] military itself scrutinises each service member via a panoptic gaze, collecting and storing hundreds of pieces of data about each individual' (2012: 98). Similarly, TRiM relies on peer surveillance and the monitoring of military members on a day-to-day basis. TRiM is 'a peer-delivered psychological support process, which aims to ensure that those who develop psychological disorders as a result of being exposed to traumatic events, are assisted to seek help' (Greenberg *et al.* 2010: 430). As a 'peer-delivered' programme, TRiM relies on servicemen to monitor the mental health of their colleagues. Trained TRiM practitioner Warren explained:

> The reason [TRiM is] put at our level is because we know our guys…. [T]he best people
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> to TRiM are the people that are with them day in, day out. Because you will know if
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> there's a change in your blokes…. Squaddies in general are very good at hiding things.
>
> They're very good at keeping things under wraps.

For military support worker Veronica, close surveillance of the mental health of personnel is best done by their peers, because it is they who have the greatest stake in their colleagues' wellbeing:

> If there's nine of you in a barrack room and nine of you go out on a guard duty or whatever, if one of you is struggling, that one could get you all killed. So [TRiM is] a self protection thing. You need to make sure that one person is either removed or is managed.… rather than one person admitting that they're having a problem… [the] onus falls on the group identifying that.

As those with the highest personal stake in the mental wellbeing of their peers, and those best placed to monitor them on a day-to-day basis, TRiM makes use of the close-knit working conditions of deployed units to enable close-quarters surveillance.

Servicemen who volunteer as TRiM practitioners and are considered suitable receive three or five days training. After a potentially traumatising event occurs, they carry out structured risk assessments with those involved, the first after 72 hours, and again one month later, which identify those who might benefit from professional mental health support (Greenberg et al, 2010, 430). TRiM practitioners receive a list of indicators of psychological distress to look out for in their colleagues, which include alcohol misuse, feelings of shame, and difficulty coping with everyday life (Blake, 2009). As such, TRiM practitioners extend and formalise the mutual surveillance which already characterises the inward looking, gossipy nature of many British military communities – described by trained TRiM practitioner Warren as feeling 'like you're always under the looking glass… always being watched.' This everyday visibility forms the basis for a disciplinary power which forms subjects keen to police themselves according to military norms.

Masculinity, overcoming and change

One of primary logics which underpin the narratives which emerge from discussions of TRiM – as well as one of the organising aims of the biopolitical project outlined above – is the reformulation of

militarised masculinity. It is not the purpose of this discussion to map how effective TRiM has been as a biopolitical strategy or to describe who British military members *are* as masculine subjects in any sense of an innate gender identity. Rather, I focus on the *narratives about masculinity,* which emerge from discussions of TRiM. Such narratives are not, of course, irrelevant to the ways in which individuals perform their masculinities. They contribute in important ways towards the formulation of the hegemonic masculinities in conversation with which personnel perform their gendered identities (Connell and Messerschmidt, 2007; Higate, 2000). However, as Belkin shows, much of the scholarship on military masculinities which has described the *content* of how militarised masculinity has been performed has presented an oversimplified model. It is a model which appears to remain static over time and which is centred on the rejection of anything associated with the feminine (2012: 4). While not true of all scholarship – for example, that which treats militarised masculinities as performative (e.g. Higate, 2000) – for Belkin, academic work which provides a simplified narrative of the masculine identities of military men is itself implicated in the 'political and social processes that sanitize the operation of [military] power at home and abroad' (Belkin, 2012: 5). The focus of my analysis is not performances of militarised masculinities themselves, but the 'ideologies or fantasises of what men *should* be like' (MacInnes, 1998: 2, emphasis in original), and the political functions which these fulfil.

As Morgan illustrates, dominant ideas about the relationship between combat, the heroic, and masculinity are never unmediated but are always interpreted through the norms of wider society (1990: 14). As a result, narratives about the relationships between the three are constantly reformulated in the face of changing social and political contexts (*ibid*.: 27; 26). In his book, *Bring me Men,* which focuses on the U.S. military, Belkin shows that despite this fluidity and change (or, indeed, because of it), militarised masculinities play a consistent role in enabling and legitimating militarism. Militarised masculinities are complex and internally contradictory: 'the U.S. military has compelled the troops to embody masculinity and femininity, filth and cleanliness, penetrability and impenetrability, dominance and subordination, civilisation and barbarism' (Belkin, 2012: 173). This

compulsion to embody 'irresolvable contradictions associated with U.S. empire' (*ibid*.: 5) plays a vital role in legitimating this empire in the minds of the U.S. public:

> The expression of irreconcilable contradictions in, on, and through service members' bodies and identities has served to camouflage and contain them. Hence, military masculinity has become a site where irreconcilable political contradictions have been smoothed over, almost as if there were no contradictions at all. When they conflate virtuous depictions of the troops with unproblematic understandings of U.S. empire, Americans make any contradictions associated with the global deployment of American force seem unproblematic. Cleaning up the troops has, simultaneously, cleaned up empire. (*ibid*.: 5)

When military personnel themselves are portrayed as tough, masculine, dominant, and stoic, this 'can conjure up images of military strength, state legitimacy and imperial righteousness, while depictions of the soldier's flaws can implicate notions of military weakness and state and imperial illegitimacy' (*ibid*.: 58). That is, while the lived experiences of militarised masculinity has always been more complex, fluid and multiple than has been reflected in dominant stories that have been told about it – by scholars, the media, soldiers, and the wider public – these simplified stories themselves play a political role in enabling and legitimating militarism. Simplistic narratives which associate masculinity with a tough, stoic and heroic warrior identity, for example, have legitimated the sacrifice of young men in battle. These narratives encourage men to join the military and to tolerate the hardships of training and of war, making questioning of this status quo difficult (Kovitz, 2003, 3-6; Hockey, 2003, 15-17). Rather than engaging with the idealised narratives of military masculinity, which emerge from discussion of TRiM on their own terms and trying to assess whether they are *true*, I am interested in the political work that such narratives do.

The narratives which emerged from my interviews emphasised a change in contemporary militarised masculinity. The previous, pre-TRiM model of masculinity was clearly defined by participants.

Trained TRiM practitioner Eddie, for example, described previous reactions to disclosures of psychological distress,

> 'Just man up... dry your eyes princess'... Take them outside, give them this [gestures with fist], tell them, 'Man up, dry your eyes.'... When I first joined, would have been, right, sort yourself out, if you don't sort yourself out, we will sort you out. It was the old way of take you out the back, give you a slap.'

This narrative of 'warrior masculinity' (Atherton, 2009: 824) resonates with much of the scholarship on military masculinities which Belkin (2012) critiques. It revolves around traits such as 'courage, independence, [and] success' (Gould *et al.*, 2007: 511), as well as a reluctance to display emotional or physical distress (Hockey, 2003: 16-17). Serviceman are described as exhibiting a '"stiff upper lip" response to stress,' and reporting that there is '"an unwritten rule... you don't talk about what could be deemed as emotional weaknesses"' (Green *et al.*, 2010, 1484). Scholars have specifically identified the stigmatisation of mental illness as a factor deeply woven into 'traditional' military culture, which encourages military personnel to hide their psychological suffering from others (Cawkill, 2004: 92; Hoge *et al.*, 2004).

What is presented as innovative about TRiM – along with other contemporary projects such as the Army's *Don't Bottle it Up* campaign[xi] and Mental Health First Aid England's military specific work[xii] - is its focus on the *stigmatisation* of mental illness. This stigmatisation – assumed to be rooted in 'traditional' militarised masculinity – is identified as the most significant barrier to seeking support within the military community. The British Army's web page devoted to TRiM states that 'It is Army policy that mental health issues be properly recognised and treated, and that all efforts are made to reduce the stigma associated with them... We do not stigmatise those who are wounded in action and PTSD is simply a wound to the mind[xiii]'. The TRiM programme consciously seeks to challenge stigmatising beliefs about mental illness, both through education and through encouraging individuals to share their experiences of stress (Gould *et al.*, 2007, 506).

Participants in my research, whilst noting that the de-stigmatisation of mental health is an incomplete process and that stigma remains a significant barrier to help-seeking, were generally positive about the de-stigmatising impacts of TRiM. They pointed to a change in militarised constructions of masculinity, towards a greater emphasis on the ability to overcome adversity. Military support worker Veronica noted:

> I think the culture's changed massively…. [I]t's one of the… few benefits to come out of [Afghanistan] actually, is that the whole culture of talking about [mental health] is very, I was quite surprised at how open it was… I think the bonus is that now, with TRIM, it flipped it.

Similarly, for trained TRiM practitioner Eddie,

> It's not as bad as it used to be… Thankfully, those prehistoric and Neolithic kinds of things have gone now.

Finally, military support worker Diane talked about how the changing culture of the military has begun to recast recovery from PTSD specifically – as opposed to other problems that a serviceman might endure – as almost acceptably masculine. She claimed:

> It's almost the acceptable vulnerability. You know, I've got PTSD from a war environment... that makes me a... recognised and responsible member of the armed forces.

The above narratives suggest a positive evolution in the traits associated with militarised masculinities – from a masculinity centred on stoicism and imperviousness to trauma to one characterised by the ability to overcome emotional responses to traumatic events. This change is understood to function in the interests of servicemen themselves. The stark contrast described

between these two modes of masculinity is important. Echoing to some extent Foucault's (1990) discussion of the ways in which the notion of a historical 'repression' of sexuality plays an important role in the shaping of contemporary discourse on the topic, the narratives which surround TRiM require 'warrior masculinity' as the 'other' against which to define a particular version of hegemonic masculinity as innovative and desirable.

Woodward and Jenkings identify a similar narrative of 'overcoming' in the literary genre of contemporary military memoirs - a narrative which they suggest has been actively encouraged by the MOD through the selective nature of practices of giving publication clearance and public relations support (2013, 161-162). The memoirs that Woodward and Jenkings explore emphasise the ability of injured personnel to overcome their bodily injuries and to shape their lives 'according to conventional markers of happiness' such as heterosexual marriage (*ibid.*: 159). They emphasise that:

> These narratives are about fear, not of the failure of the body to function (most memoirs at some point or other recount how exhaustion or injury prevents action), but about the failure of the self to overcome the failure of the body. That fear of personal failure is frequently articulated around letting others down. But it is also a failure of the self to have control over the body, to overcome failure of the body. The condemnation of a failed soldier (which, in these books, is the worst thing to be) isn't of a failed body, but of the mental state that cannot transcend that failure, that pain, injury, or debilitation. (*ibid.*: 160)

Such narratives of redemption can also be clearly identified in the discourse surrounding the Invictus Games[xiv], an international sporting event for injured service members held in London in 2014. According to the Invictus Games website, the 'wounded warriors' who compete 'have been tested and challenged, but they have not been overcome. They have proven that they cannot be defeated.

They have the willpower to persevere and conquer new heights[xv].' The injured bodies of these servicemen are thus reinterpreted, and understood not as something which makes servicemen weak, but conversely as *something which makes them strong* through providing the opportunity for demonstration of their ability to overcome.

Woodward and Jenkings highlight the political implications of these narratives. They suggest that in the face of public discomfort over media reporting of the deaths and injuries of servicemen, narratives of rehabilitation help to ease this pressure by suggesting that 'even when [war] produces horror, this can be transcended' (2013: 162). That is, narratives which emphasise the ability to overcome hardship as the essential characteristic of militarised masculinity function to 'clean up' militarism in contemporary Britain (Belkin, 2012, 5). Moreover, I suggest that the foregrounding of positive *change* further strengthens this dispelling of public discomfort, because such narratives suggest that the military has effectively put its difficult recent past behind it. This notion of change serves to obscure the ongoing importance of the militarisation of masculinity to the enactment and legitimation of militarism itself. Whatever changes are currently being seen in individual performances of militarised masculinity, this does not represent a severing of the ties between combat, the heroic and masculinity, but rather a reshaping of this relationship in the face of the contemporary situation (Morgan, 1990). In highlighting change, the narratives which emerge from TRiM marginalise recognition of a more salient *continuity* – the political role that the militarisation of masculinity plays in militarism. As such, the discursive emphasis on the ability to overcome hardship and the notion of positive change helps to counter public criticism of British military action.

The individualisation of combat trauma

TRiM's role in easing public concern over contemporary British militarism can also be identified in moves towards the reframing of combat and its harms as individualised – and thus as *private*

experience, rather than an issue of national politics. For Foucault, power operates best when it is hidden from view: '[i]ts success is proportional to its ability to hide its own mechanisms' (Foucault, 1990, 86). The operations of power discussed in this section are indeed obscured – they do not work through the outright prohibition of particular narratives, but through a reframing of the public discourse on war, trauma, and mental illness. For Butler, the ways in which representations of war are framed function to 'delimit public discourse by establishing and disposing the sensuous parameters of reality itself – including what can be seen and what can be heard' (2010, xi). While there is always resistance and counter-discourse, dominant interpretive schemas – of which we are often not consciously aware – shape opinions of conflict in important ways (*ibid.*: 9; 41-42). This framing does not feel like an exercise of power. It is felt to be sensible and logical way of apprehending the experiences of servicemen who have fought in Britain's contemporary conflicts – one which draws on deeply held, 'common-sense' ideas such as the division between the public and private spheres. While the political impacts of such individualisation is not inevitable, and could in some ways be expected to produce a crisis of legitimacy for the MOD (King, 2010, 20-21), I suggest that in the main, this functions to depoliticise the wars in which the contemporary British military has been engaged, and thus to deflect public critique.

For Foucault (1987; 1989), the development of Western understandings of 'madness' should not be conceived as a scientific progress narrative but, rather, as shaped through social and political processes. Diagnoses are invented rather than discovered; they come into being at particular political moments and fade into disuse at others (Howell, 2012). This is not to say that the pain and suffering understood as PTSD is not 'real', but that the way we understand human pain and suffering is socially, politically, and historically constructed, and has social and political effects.

Following Foucault, scholars such as Edkins (2003) and Howell (2011; forthcoming; see also Author [date]) show how a medicalised approach to combat trauma can function to frame it as a private, individual issue and not as a matter for politics. For Edkins (2003), veterans and servicemen and

women who have experienced traumatic events in conflict are, potentially, a powerful political force. She states,

> Survivors of events that we now label as traumatic have something to tell us. Specifically, they have something to tell us about how we organise ourselves with respect to power and political community in the contemporary western world. It is the intersection of trauma and political power that makes it necessary for survivors to be disciplined. (p. 51)

In contemporary Western militaries, this 'disciplining' is largely conducted through the pathologisation of survivors' feelings of guilt, shame, fear and anger, transforming them from affective responses to political events, which can tell us something about how these events can be understood, to pathological symptoms to be overcome (ibid.: 50). Edkins goes on, 'the diagnosis and treatment of trauma survivors can serve to discipline their memories and render them politically powerless' (ibid.: 52). That is, while the serviceman who has been sent to do violence in the name of his nation may constitute a politically salient force when he speaks out against such violence and describes its horrors, the individual with mental ill health who expresses anguish at its cause is likely to be less so. With Howell, therefore, I argue that '[t]reating trauma as a medical problem has meant that it is approached as something to be cured, safely sequestering the experiences of, for example, war, in the private realm, and removing them from political scrutiny and action'(2012, 216).TRiM does not aim to eradicate combat-related mental illness, and it does not engage with the possibility of avoidance of the violent experiences which cause traumatic-stress reactions to occur. Instead, the TRiM programme aims to *manage* combat trauma, creating the conditions in which it can be promptly responded to when it occurs. It points not to combat itself but to the *individual's disordered response* to it as the primary target for intervention. TRiM practitioner Eddie, for example, described the use of TRiM with personnel who had been on a particularly dangerous deployment to Afghanistan:

> It was known [colloquially, by the servicemen] as... Op Tethered Goat, as in Jurassic
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> Park... They were being shot at and being shot regularly, so we looked to incorporate
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> them [into the TRiM programme]... The stigma is massive, and it's one of our biggest
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> issues, why am I not coping when my mate is coping?... probably what we're finding is
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> that his mate's not coping as well either but... because of the stigma, he's not gonna
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> come forward.

Nowhere in Eddie's narrative was there any engagement with the politics of sending people on missions such as 'Op Tethered Goat'. The dangerous mission was treated as background; a political point detached from private experiences of psychological pain. The problem of PTSD was framed in these narratives as one best targeted through encouraging and enabling individuals to seek the private relief of medical treatment.

The individualising assumptions which increasingly frame the discourse of combat-related mental ill-health do not exist in isolation, but are nested within wider individualising framings of war and its effects. McSorley, for example, charts the shift in the aesthetic regimes which have characterised the British public's engagement with the wars in which its military has fought. The First Gulf War was largely represented as disembodied, 'techno-fetishistic, detached, and surgically precise'; contemporary representations, by contrast, emphasise embodied experiences of conflict (2012: 48). Reporting on the war in Afghanistan has been largely 'lo-fi, intimate, and messy' and has relied increasingly on footage filmed on helmet-mounted cameras, allowing the viewer to feel engaged with the point-of-view of individual personnel (ibid.: 48). Contemporary war is portrayed 'predominantly as a visceral first-person experience, and as an emotional experience' in which the focus is on the 'personal emotional journeys of those involved' (McSorley, 52-54). The kind of politics to which this will lead is not inevitable, and indeed it is possible that the intimate exposure of hardships experienced by British soldiers may turn certain sectors of the population against the war. However, McSorley suggests that this mode of representation effectively expunges the wider

political underpinnings of the conflicts in Iraq and Afghanistan from the frame. Within these apparently individual journeys of self-discovery, geopolitics takes a backseat in the story and Afghanistan is rendered as 'simply the latest in a series of inhospitable backdrops against which timeless western experiential dramas – coming of age, heroic struggle – are played out' (McSorley, 2012, 55-56).

Similarly, King (2010) illustrates that while the deaths of service members in the line of duty were once understood as individual sacrifices to the national cause, they are now increasingly treated as the personal and familial loss of a professional whose military service was an expression of a personal vocation. The deaths of service personnel are, in this framing, not a national loss or a even pointless waste, but a 'manifestation of [a serviceman's] own personality', an exercise of his 'professional agency' (*ibid*.: 9-10; 14). Again, the political meaning of this is not inevitable – for King, it is possible that such a move suggests a decline in state authority which makes it increasingly difficult to send troops into dangerous situations (*ibid*.: 20-21). However, he also shows how the state and the armed forces benefit from this de-contextualised framing of soldier death:

> It is very difficult to be drawn into the now personalized process of mourning, valuing the individuality of each soldier, while simultaneously rejecting the strategic purpose of their deaths outright. To deny the sacrifice of British soldiers is to denigrate the personal memory of the soldier and disparage the grief of the family. (*ibid*., 21)

Importantly for the present discussion, through emphasising servicemen's individuality and through practices such as the publishing of 'death letters', written by personnel to their loved ones (ibid.: 15-16), what was once a *public grief* is redirected into a *public sharing in the private grief* of the family of the deceased. In this way, the death of a serviceman is increasingly positioned as a tragedy which unfolds in the private sphere of home and family – that which is beyond the realm of politics.

An increasingly individualised framing can thus be identified in numerous contemporary approaches to the conflicts in which the British forces have been engaged –in relation to their stories and experiences, to the impacts of these experiences upon their mental health, and to their deaths. The political outcome of this shift towards individualism is not inevitable. However, I suggest that the above examples all illustrate the ways in which this framing positions such experiences in the private sphere, separating them from debates about the wars in which men are sent to fight. This process of individualisation is thus a depoliticising process, one in which 'the space for critical engagement with the causes and consequences of war, and the military body as a political and geopolitical body, is reduced' (Woodward and Jenkings, 2013: 102).

Concluding remarks

This paper has drawn out some of the political implications of the British military's TRiM model of mental health intervention. Emphasising its reliance on peer-surveillance, I described TRiM as a biopolitical strategy which drives towards a particular conceptualisation of militarised mental well-being - that of the resilient subject capable of withstanding repeated conflict deployments in the context of contemporary militarised geopolitics. I showed that this model of mental wellbeing should be understood not as a breaking down of the connections between masculinity, the military and the heroic, but as a reconfiguring of the relationships between the three, in response to the changing, difficult conditions under which contemporary militarism must be performed. Frailty and debility can threaten to unravel idealised models of masculinity which are centred on toughness and stoicism. The narrative of a significant shift in militarised masculinities towards the ability overcome hardship, which characterises the discourses surrounding TRiM, helps to neutralise public unease about the mental debilities caused by combat, and the political critiques which such unease might otherwise engender. In addition, I argued that the focus of the TRiM programme on a serviceman's *individual response* to trauma and the difficulties he may have in seeking support has a depoliticising

impact on the way war is framed in contemporary Britain, as it relocates the experiences of PTSD to the private sphere, severing them from debates about conflict and its place in geopolitics.

Models of mental frailty and debility, and the notions of mental wellness and of personhood necessarily interlinked with them, are not apolitical entities, defined purely by objective, medical diagnoses. They are political constructions with political implications. The multiple political implications of the TRiM approach to mental health which I have identified in this paper do not, as I have demonstrated, stand alone. They are nested into the wider processes of change in the dominant discourses, which enable and legitimate militarism, and which are themselves shaped by the changing social and political context of contemporary Britain. In *Frames of War*, Butler argues that 'there are conditions under which war is waged, and we have to know them if we are to oppose war' (Butler, 2010, ix). Feminist work on the military – and, indeed, in other areas – has long emphasised the importance of taking seriously multiple forms of power which operate at multiple levels (e.g. Enloe, 1989). Following this tradition, this paper shows that the conditions under which war is waged extend much further and include more exercises of power than might be commonly assumed – and, as Butler suggests, these must be taken seriously if war is to be effectively opposed.

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