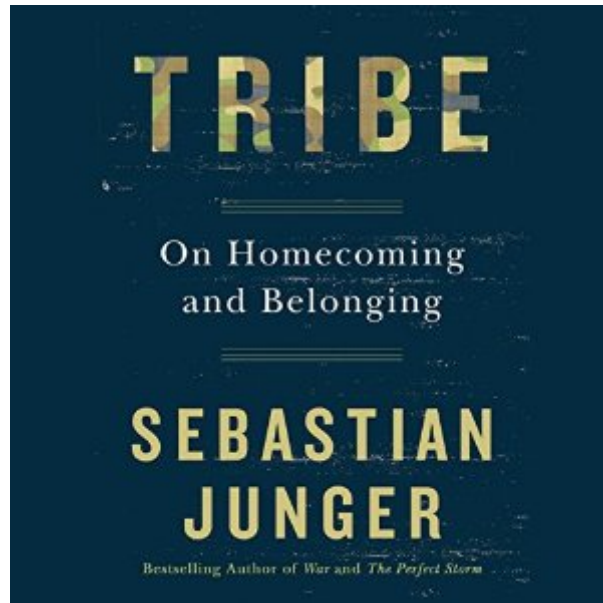


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# Tribe: On Homecoming And Belonging



## Synopsis

We have a strong instinct to belong to small groups defined by clear purpose and understanding - "tribes". This tribal connection has been largely lost in modern society, but regaining it may be the key to our psychological survival. Decades before the American Revolution, Benjamin Franklin lamented that English settlers were constantly fleeing over to the Indians - but Indians almost never did the same. Tribal society has been exerting an almost gravitational pull on Westerners for hundreds of years, and the reason lies deep in our evolutionary past as a communal species. The most recent example of that attraction is combat veterans who come home to find themselves missing the incredibly intimate bonds of platoon life. The loss of closeness that comes at the end of deployment may explain the high rates of post-traumatic stress disorder suffered by military veterans today. Combining history, psychology, and anthropology, *Tribe* explores what we can learn from tribal societies about loyalty, belonging, and the eternal human quest for meaning. It explains the irony that - for many veterans as well as civilians - war feels better than peace, adversity can turn out to be a blessing, and disasters are sometimes remembered more fondly than weddings or tropical vacations. *Tribe* explains why we are stronger when we come together and how that can be achieved even in today's divided world.

## Book Information

Audible Audio Edition

Listening Length: 2 hours and 59 minutes

Program Type: Audiobook

Version: Unabridged

Publisher: Hachette Audio

Audible.com Release Date: May 24, 2016

Language: English

ASIN: B01D57FNZG

Best Sellers Rank: #5 in Books > History > Military > Afghan War #8 in Books > Politics & Social Sciences > Social Sciences > Violence in Society #10 in Books > History > Military > Iraq War

## Customer Reviews

I'll be frank. I've not been a big fan of Junger's previous books, but in this book he puts his finger on one of the most important cultural realities of the twenty-first century, the loss of tight-knit communities. Certainly, Robert Putnam (in his important book *BOWLING ALONE*) and others have

documented similar realities, but Junger's work stands out for two reasons: 1) it is immensely accessible and 2) he arrives at this conclusion from a unique perspective, that of his observation of the military experience. One of his central themes is the idea that soldiers in combat situations have such an intense experience of interdependency, solidarity and community that they often struggle upon returning to civilian life in the US, in which there rarely is any similar sort of community to which they can belong. *TRIBE* is well-worth reading for pointed socio-political questions it asks about American civic life and for the keen observations it makes about the combat experience. Thankfully, Junger doesn't offer any easy fixes, but on the other hand, he doesn't do much to stir our imaginations about how to cultivate in American civilian life the sort of solidarity that combat engenders. At times, he does tend toward idealizing the Native American experience of tribal life, and that sort of idealism won't be particularly helpful for addressing the dissolution of community that we so intensely experience. Regardless, this is a timely book that should not only widely read, but also widely discussed.

“We have met the enemy and he is us.” Pogo, by Walt Kelly

(1912-1973) Sebastian Junger's central theme is the epidemic of Post-Traumatic Stress Disorder (PTSD) suffered by returning American war fighters that is exponentially higher than any previous conflict in world history. The root cause, according to Sebastian Junger, is not war, violence, death and destruction overseas. It is not the VA back home. It is us. Junger opens with a brilliant narrative footnote free and wonderfully informative of how primitive tribes, societies and communes through history waged wars and successfully dealt with the aftermath. Then he cuts to the chase. A quick sampling: “The vast majority of traumatized vets are not faking their symptoms, however. They return from wars that are safer than those their fathers and grandfathers fought, and yet far greater numbers of them wind up alienated and depressed. This is true even for people who didn't experience combat. In other words, the problem doesn't seem to be the trauma on the battlefield so much as reentry into society.” “Today's veterans often come home to find that although they're willing to die for their country, they're not sure how to live for it. It's hard to know how to live for a country that regularly tears itself apart along every possible ethnic and demographic boundary. The income gap between rich and poor continues to widen, many people live in racially segregated communities, the elderly are mostly sequestered from public life, and rampage shootings happen so regularly that they only remain in the news cycle for a day or two. To make matters worse, politicians occasionally accuse rivals of deliberately trying to harm their own

country's a charge so destructive to group unity that most past societies would probably have just punished it as a form of treason. It's complete madness, and the veterans know this. Before casting a vote November 8, 2016, I urge you to read *TRIBE: On Homecoming and Belonging*. And give it as a gift to everyone you care about. Denny Hatch  
Hatchdennyhatch@yahoo.com

The below is from a letter I sent to the NPR Ombudsman in response to Sebastian Junger's interview regarding the book and his claim that PTSD is an American cultural invention that does not pre-date the Vietnam generation: I just became aware of Sebastian Junger's interview with Scott Simon regarding Junger's new book. In the interview, as well as in the book and in other interviews, Junger makes assertions about Iraq and Afghanistan veterans, as well as about PTSD that are incorrect and that are easily checked. For example, Junger states that 40% of Afghan and Iraq veterans have claimed PTSD as a disability. That is incorrect. According to the VA 10-20% of Afghan and Iraq veterans have PTSD. Junger confuses and misreports the 40% stat. 40% is the number of veterans from the Afghan and Iraq wars who have claimed service related disabilities; some of those claims are PTSD, but the majority of claims are not PTSD. According to Junger's own source that he uses in the book, the number of Afghan and Iraq veterans who have filed disability claims of all kinds is 45%. Of that number, 35% have filed for PTSD. So, according to Junger's own source, the number of Afghan and Iraq veterans who have filed for PTSD is about 16%. Junger's source material then goes on to say that 8% of Afghan and Iraq veterans are receiving compensation for PTSD related disability. Junger's own source material discredits his entire thesis. You can view his error here: [...] Junger is wrong in his assertion that PTSD rates in Afghan and Iraq war veterans are higher than for Vietnam veterans. A VA study conducted in the 1980s found Vietnam veterans had a 30% rate of PTSD, while a VA study in 2003 found that the rate of PTSD had increased to 80% of Vietnam veterans (PTSD has a latency that is often oversimplified or misunderstood). Additionally, there is no empirical evidence, that I have found, of Vietnam veterans getting better from their PTSD because of 9/11. The evidence that is available, from the VA, universities, the CDC, Congressional Research Service, etc is that PTSD is a chronic condition in Vietnam veterans that has not improved since 9/11 due to the terrorist attacks. As for Junger's comments about only 1% of Israeli soldiers having PTSD, Junger fails to mention the study's authors cautioned that the real number was probably much higher due to the requirement of self-reporting for the study. What nearly all other Israeli studies have shown is that historical PTSD rates for combat soldiers and veterans in Israel have been comparable to those of American combat

soldiers and veterans. For example, the IDF Medical chief stated in 2013 that the PTSD rate for Israeli soldiers in the Yom Kippur War in 1973 was 35-40%. Most recently an Israeli army study of soldiers who fought in the Gaza War in 2014 and had been engaged in combat showed a PTSD rate of 70% for those soldiers. Additionally, the notion that Israelis as a whole have a society immune from PTSD doesn't seem to be backed by evidence, as the Israel Center for the Treatment of Psychotrauma reports a civilian PTSD rate higher in Israel than in the USA. Finally Junger's claim that PTSD wasn't a problem in World War II is absurd. Of the 1.4 million American ground combat troops in World War II, 37% of them were discharged for psychiatric reasons. As far as the number of WW2 veterans with PTSD the answer is unknowable, as the National Center for PTSD Research detailed in 1991: "The prevalence of PTSD in this group [WW2 veterans] is unknown because no study has used a sample representative of the larger population. The estimates of PTSD prevalence, which seem tragically high, have been derived from patient groups or POWs. However, as in Vietnam combat veterans, a significant number of older veterans have experienced PTSD. The notion that PTSD is a new thing, and not related to combat, but caused by American culture is demonstrably untrue, and is a dangerous idea. My sources for the above are below, however a simple Google search or a search of NCI's Pubmed.gov database will provide many, many studies that show the prevalence of PTSD in veterans, the link between combat and PTSD, and the fact that PTSD is not something culturally invented after Vietnam as Junger claims. One last thing, please take the time to understand the difference between a veteran and a soldier currently on active duty, and the difference between those who have been deployed as opposed to those who have actually seen combat. Very important nuance is lost when those distinctions are not understood. Update: I wanted to include some information regarding pre-WWII PTSD and the British, as there is an abundance of information and data. As late as 1934, 50,000 American veterans were still hospitalized for psychiatric conditions in US government hospitals, while the rate of PTSD, then of course known as "shell shock", for the British Army in WWI is estimated by Yale University at 20% (the British government deliberately under-reported the numbers), which is the high end estimation for the current generation of American Afghanistan and Iraq veterans (again there is no explosion in the rate of PTSD among veterans, it's constant). In 1939, 15% of British veterans of WWI were receiving pensions for shell shock or Efforts Syndrome as it was also known, again in line with the current generation of American veterans. Similarly, over the last 18 months, the UK government has drastically increased in its admission of British veterans with PTSD and other psychological troubles. One recent survey of British veterans from Iraq and Afghanistan found nearly 13% admitted that they have committed acts of violence since returning

home. Update 2: Please see the below comments for more information on how Junger's statement that only 10% of Iraq and Afghan veterans have seen combat is false, according to multiple sources, including some Junger cites himself, the actual rate of combat exposure for Iraq and Afghan veterans is higher than any other war of the past 100 years, various studies have found rates between 60 and 80%. Junger provides no source or evidence for his claim that it is only a 10% rate or exposure to combat for Iraq and Afghan war veterans. Also, in the below comments is information on veterans suicides, including that Junger's own source, a NY Times article he lists, on the link between combat and suicide contradicts him (again). A 2015 review of published studies done for the American Association of Suicidology by the Center for Veterans Studies at the University of Utah found that in 22 published studies reviewed on the connection between combat and suicide: "Across all suicide-related outcomes (i.e., suicide ideation, suicide attempt, and death by suicide), the relation of specific combat exposure with suicide-related outcomes was twice as large ( $r = .12$ ) as the relation of general deployment across all suicide-related outcomes" and when the one study of the 22 noted to be an outlier (a study Junger cites actually) was excluded: "the difference between the relation of combat-specific experience and general deployment history with suicide-related outcomes was significant". The report goes on to say that being involved in combat increases the likelihood of suicide in veterans by 43%. The reports, again a study of 22 published studies on the relationship between combat and suicide in veterans, also contradicts Junger's claim that the suicides by older veterans are not related to the trauma or horrors of war (p83). "The strength of the relationship between combat exposure and suicide-related outcomes has also been found to strengthen with age (Bryan et al., 2013), suggesting that risk is highest among those who first experienced combat in the more distant past. More recent data further indicate that risk for suicide death increases during service members' first deployment and remains elevated over time, even after they return from deployment (Schoenbaum et al., 2014). Combat exposure therefore seems to emerge as a risk factor for suicide-related outcomes over time and may remain in the background relative to other, more proximal triggers. From a clinical and prevention perspective, this suggests that for veterans exposed to combat, especially killing and atrocities, risk for suicide-related outcomes may persist for many years after military service." Of course ask someone who has lived through war and they will tell you that it never goes away. "Only the dead have seen the end of war" as Plato said. Junger's contention about the memories and effects of war diminishing with age is unsourced by him. Finally, there are several other errors that need to be addressed, although there is more than I have time to list or anyone cares to read: One such horrible error that Junger makes is on p88, in implying that many veterans are malingering,

that soldiers no longer have to cite a specific incident – a firefight, a roadside bomb – in order to be eligible for disability compensation. They simply had to claim a credible fear of being attacked during deployment. He then goes on to compare veterans' PTSD claims to welfare fraud. First, Junger confuses the term soldier and veteran, which he often does in both his book, magazine article and interviews, and which is incredibly misleading and confusing (for example on p83 he confuses the rate of suicide in the US Army with the rate of suicide for veterans. In 2008 the suicide rate in the US Army surpassed that of the civilian population, however Junger claims that this is the veteran suicide rate. I am unsure how he makes such a fundamental error - sort of like confusing college students with college graduates of all ages - but he does. In reality the veteran suicide rate is well above the rate for civilians. For example, by 2006 the suicide rate for veterans of the Iraq and Afghan war was already 2x their civilian peers, within a couple of years it had climbed to 4x that of their civilian peers.) Secondly, as the information above and below clearly shows many more Afghan and Iraq veterans are experiencing combat and trauma than are filing for PTSD disability. The army of veterans filing for PTSD disability without cause or in much greater numbers than experienced combat or trauma, as Junger is tragically informing America, is a phantom army, it doesn't exist. The reality is that many more Iraq and Afghanistan veterans saw combat (63%) than have filed for PTSD compensation (16%). Finally, I would urge you to actually look at what the VA requires of veterans to file for disability for PTSD. VA Form 21-0781 (August 2014) STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR POST-TRAUMATIC STRESS DISORDER (PTSD) is a separate and additional form that a veteran must submit with his claim for PTSD. This form requires the veteran to describe a specific incident or incidents for their PTSD disability claim. The veteran, despite what Junger says, is required to include date, location, a description of the incident, unit they belonged to, dates of assignment, medals or citations received because of the incident, and information on any service-members killed or wounded in the incident. This form is in addition to the standard claim information that veterans must provide describing their disability and impairment, which often includes witness statements from friends, families, co-workers, etc. If the veteran is claiming that he has employment restrictions or hardships due to PTSD he/she is required to fill out another form and his/her employer must fill out a form as well. The veteran's mental health care provider must provide a diagnosis of PTSD and treatment record, plus an up to date evaluation. Then the veteran is interviewed and examined by an unrelated mental health provider and that mental health care provider makes an evaluation. All that information, along with the notes from the veteran's mental health care provider and any other sources, including the

veteran's service and medical records from his/her time in the military, is then examined by a VA claims examiner. By no means is PTSD disability simply rubber-stamped and handed out as Junger claims, to the discredit of veterans. Again, referring to Junger's own source, 16% of Afghan and Iraq veterans have requested PTSD disability, but only 8% have received it. Junger's comment on p89 about a "recent" investigation by the VA Inspector General regarding PTSD fraud was actually not so recent. It was from 2005 and it examined 92 cases. Unlike what Junger asserts, without evidence, the VA does review PTSD disability ratings as many veterans receive a non-permanent disability rating and ratings can, and many times are, reduced as a veteran gets better through therapy. Additionally, if a veteran does not attend treatment, the VA will reduce the rating accordingly, whether the veteran is at 100% or lower. This is well known among veterans and just does not apply to veterans with PTSD. For example veterans with sleep apnea who do not use their breathing assistance device at night will have their compensation reduced or eliminated. Overall, more than half of veterans have a rating 30% or below, which means they receive less than \$500 a month. In 2011, a VA Inspector General audit of the 239,000 veterans receiving 100% disability found that 27,500 (11.5%) of the total were receiving 100% disability without current medical evidence (meaning that they may have once been 100% disabled, but had improved since the original rating). The Veterans Benefit Administration reported that it followed the Inspector General's recommendation to remedy those ratings and to prevent future occurrences. Other sections of the book and of Junger's interviews are equally false. One statement he makes on p116 and then continually states in interviews is the relationship of PTSD and 9/11. Junger claims that after 9/11 that there were no mass shootings in the US for two years; suicide, violent crime and psychiatric problems dropped in New York City; and veterans experienced a drop in their symptoms. The only evidence Junger provides for these statements is a link to a Mother Jones database on mass shootings in the US. However, the editors at Mother Jones are very upfront that their database is a subjective and selective listing of mass shootings. If you refer to the FBI and the Department of Justice statistics for mass shootings, and other sources, such as that reported by the Congressional Research Service in July 2015, you will see that there were dozens of mass shootings in the US in 2002 and 2003 and that there were more in 2002 and 2003 than in 2000 and 2001. However, if you were to use the data from Mother Jones, which, again, Mother Jones itself states is incomplete, nothing in the Mother Jones analysis suggests any connection to 9/11. Junger is confusing correlation with causation. Junger's claims about the other "beneficial" aspects of 9/11 are un-sourced, but easily disproved through Google:-Two studies in 2009 found no change in the suicide rate in NYC after

9/11, whether an increase or a decrease in the rate.-The Guardian reported, in 2002, a 200% increase in PTSD among people in Manhattan.-In 2004 the National Center for PTSD Studies looked at the studies of mental health done after 9/11 for New Yorkers and others. In all twelve studies examined rates of PTSD, depression, anxiety, substance abuse etc went up, significantly, after 9/11. One study noted a "significant increase" in psychiatric prescriptions filled for first-time patients in New York City as opposed to Junger's claim that this did not happen.-In that same examination by the National Center for PTSD Studies, two studies were examined concerning veterans. One reported no impact on veteran PTSD by the events of 9/11 and the other reported increased PTSD issues for veterans because of 9/11.-In 2011 the National Center for PTSD Studies did another review of published studies on PTSD and psychiatric effects. Its review found: "Overall, the reviews of the effects of 9/11 concluded that the burden of PTSD and other mental health problems was substantial in both the short- and long-term and strongly associated with direct exposure to the attacks."-The murder rate in NYC did go down after 9/11 relative to the previous month by 11%, and that was widely reported. I have found no evidence of the 40% drop Junger claims. However by the end of the year the rate was back up. I found no mention in any of the sources that the "positive" effects of 9/11 were to do with the drop in that rate. What was mentioned as a cause was the fact the crime rate began dropping in the mid-90s, the National Guard was on the streets of NYC, there was a massive police presence on the streets, people were more vigilant, on-guard and watchful, there were less visitors to the city, etc. So the crime rate in the immediate months after 9/11 did go down in New York City, but no one, except Junger, says it was because of "positive reasons", but rather it seems because everyone was afraid, more watchful and because there were soldiers and cops everywhere.

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