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# Unveiling Chaim Shatan: An Analyst Unveiling War Wounds

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UNVEILING CHAIM SHATAN  
AN ANALYST UNVEILING WAR WOUNDS

by

ANDREA RECARTE

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2018

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An analyst unveiling war wounds

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Andrea Recarte

This manuscript has been read and accepted for the Graduate Faculty in Psychology Doctoral Program in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## ABSTRACT

### Unveiling Chaim Shatan: An Analyst Unveiling War Wounds

by

Andrea Recarte

Advisor: Elliot Jurist

Historically, the psychological wounds of war have been subject to a ritual of emergence and burial. This cycle is multilayered and paralleled in various levels of experience; society, governmental administrations, institutions, families, and individuals. Furthermore, the collective failure to witness the wounds of survivors adds to the cumulative trauma of the soldier. The field of psychoanalysis, originally preoccupied with that which is hidden, also takes part in the massive disavowal of combat stress. Analysts who have revealed war casualties tend to be forgotten, left to suffer the same fate of the grieving soldier. This project focuses on rescuing, contextualizing, critically reviewing, and illustrating the contemporary relevance of Chaim Shatan, one of these hidden voices. A Vietnam-Era psychoanalyst, Shatan's work was paramount in the psychiatric recognition of Post-Traumatic Stress Disorder, published in the Third Edition of the Diagnostic Statistical Manual of The American Psychiatric Association in 1980. Shatan worked closely with Vietnam veterans as a psychotherapist, a rap group member, an advocate, and an anti-war colleague. Furthermore, he developed a theory of Vietnam trauma, weaving military madness, personality transfiguration, stoicism, and slaughter. In 1972, he published an Op-Ed titled "The Post-Vietnam Syndrome" in *The New York Times*, where he outlined several post-war features, such as hyper-alertness, terrors, mistrust, bloodthirstiness, and challenges with intimacy. Scholar, clinician, and activist Shatan not only unveiled military malady, but also permanently changed the way society conceives trauma. Despite his crucial role, Shatan's name remains unheard of in psychoanalytic circles.

*Keywords: Chaim Shatan, psychoanalysis, PTSD, combat trauma, Vietnam veterans, war psychiatry.*

DEDICATION

*For Vicente, Beltran, and Flora*

*In Memory of Angelina Tavalara*

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In February 2015, Lew Aron and I met at his office to discuss prospective projects. With his characteristic generosity, Lew asked if I would be interested in studying Chaim Shatan's archives, donated by his family to The NYU's Postdoctoral Program in Psychotherapy and Psychoanalysis. Since then, several people have contributed to this project with their knowledge, clinical experience, and support. Without the individuals mentioned here, none of this would have been possible.

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## CHAPTER 1. CHAIM SHATAN, WAR TRAUMA AND PSYCHOANALYSIS

To make peace is to forget. To reconcile, it is necessary that memory be faulty and limited.

–Susan Sontag, *Regarding the Pain of Others*, 2004

Through centuries humanity has socially constructed its history, retrospectively interpreting collective happenings through a perpetual dance of remembering and forgetting. At moments, we intentionally or unintentionally abandon experiences, left to fade with the passage of time (Nguyen, 2016). When it comes to the remembrance of war and human-destructiveness, our collective construction is contingent upon a swinging pendulum of omnipresence and oblivion. In states of stupor, we render war survivors invisible; their stories cast aside, unattended, and timeless.

Our neglect of memory happens in multiple experiential layers; societies, governmental administrations, professions, communities, families, and individuals. Furthermore, collective amnesia is tied to a refusal to witness the pain of others, hence inflicting a wound to those already wounded. Stauffer (2015) described this phenomenon as *Ethical Loneliness*, “the experience of being abandoned by humanity compounded by the experience of not being heard” (p. 9).

Expelled from the enclaves of memory, these repudiated fragments of experience do not completely disappear, they rather linger and seize us in raw circumstance. Freud’s notion of *Nachträglichkeit* (English: afterwardsness; French: *Après Coup*) sheds light upon this phenomenon. The concept was initially translated by Strachey (1898) as *deferred action*, an intrusion, at times retraumatizing, of the past in the present without invitation or effort. But

Freud's notion carries the additional connotation of *retrospective attribution*, an effort to assign meaning and remember past happenings (Laplanche, 1999). These processes are intimately interwoven; the neglect of the latter leads to harmful reenactments, the most traumatizing, catastrophic, and destructive of which is war.

In his book *The Survivor: An Anatomy of Life in the Death Camps*, De Pres, asserted that surviving and witnessing traumatic events are reciprocal acts (1976). He suggested that trauma survivors are living memories of our repudiated collective destructiveness. Thus, he highlighted our social efforts to veil and bury them and what they represent, and pointed out that our failure to witness impairs healing of human catastrophes both at the individual and collective levels. He wrote,

As a witness the survivor is both sought and shunned: the desire to hear his truth is countered by the need to ignore him... We tend to deny the survivor's voice.

Communities join in a "conspiracy of silence," and undermine the survivor's authority by pointing to his guilt (De Pres, 1976, p. 41).

Gaudilliere (2010) highlighted the collective disavowal of military dread, where periods of awareness, led by the unavoidable debris of warzones, are followed by oblivion, with the erosion of such remains. He claimed that the psychoanalytic approach to war trauma has also oscillated between retroaction and retroactive attribution. In his co-authored work with Davoine (Davoine & Gaudilliere, 2004), they claimed, "Each time, history must be inscribed in the actualization of blood and tears. And the lessons of history remain buried, in effect, in large tomes, because the same knowledge is not being mobilized" (pp. 109-110). Similarly, they revealed that characters who echoed survivors' suffering, are often rendered unassimilable, suffering the same fate of the traumatized soldier.

This project unveils a specific kind of survivor. It is an archival account of our refusal to recognize veterans' trauma, particularly, Vietnam trauma, and those who voiced it. It summarizes the efforts and accomplishments of a progressive group of veterans and professionals invested in witnessing and being witnessed. Because of the devastating effects of collective disavowal, these bearers of atrocities were valuable in a context where the mental health field was colluded against the awareness of combat stress, obscuring the contributions addressing it.

The witness I bring to light is Chaim Shatan (1924-2001). Shatan was a psychiatrist and psychoanalyst whose work was paramount in the cultural validation of massive psychic trauma during the Vietnam Era. In 1972, he published an Op-Ed titled "The Post-Vietnam Syndrome" in *The New York Times*, where he revealed the stress symptoms of homecoming soldiers to the public. Later, he gathered a group of veterans and professionals to collect evidence of combat trauma, efforts that led to the publication of the Post-Traumatic Stress Disorder (PTSD) diagnosis, which came out in the 3rd Edition of the DSM (APA, 1980). Shatan also applied psychoanalysis in survivors' psychotherapy and Vietnam Veterans' rap groups, the latter of which he joined with Robert J. Lifton, the renown psychiatrist and psychohistorian.

The son of a veteran, Shatan was born in Poland, but soon after, his family moved to Montreal, where he grew-up and got a degree in psychiatry at McGill University. In New York, he graduated from The William Alanson White Institute and started a private practice as an analyst. During the 60s and 70s he was a Clinical Professor and Training Supervisor at NYU Post-Doctoral Program in Psychotherapy and Psychoanalysis (NYU PostDoc), where he was also appointed as Clinic Co-Director (1965-1974). Drawn to veterans' experiences, Shatan worked

with Vietnam survivors in New York, where he witnessed first-hand the stress and grief of soldiers, as well as the devastating consequences of unattainable ideals of manhood and honor (Shatan, 1972; 1973; 1975; 1977a; 1977b; 1981; 1985; 1986; 1989). Although Shatan wrote extensively about these experiences, only one of his papers was published in a psychoanalytic journal in English<sup>1</sup>.

The diagnosis of PTSD, put forth by Shatan in collaboration with the Vietnam Veterans Working Group, had significant political and clinical implications for trauma survivors and their surroundings, marking a permanent change in the way society thinks about trauma today. Although Shatan's name is often mentioned in historical accounts of war trauma (Lifton, 1973; Davoine & Gaudilliere, 2004; Morris, 2015; Van der Kolk, 2015), it is shocking that his outstanding contributions have remained for the most part unexplored in analytic literature and presentations.

After his death, Shatan's family donated his archives, packed in 9 boxes, to NYU PostDoc. As a psychology graduate student I was offered the project of unpacking the work in these boxes by Lewis Aron, Program Director at NYU. This was the start of a long journey I embarked early in 2015. The process was overwhelming. I first encountered countless folders with correspondence, postcards, and multiple manuscripts. Initially, the organization of these boxes did not make much sense, but slowly I gathered the logic, which was the documentation of rejected articles, case studies, letters and evaluations, all proof of an oppressive institutional alienation of veterans and of the efforts of a progressive organization fighting that alienation. The action of opening these heavy boxes entailed the digging of buried historical records; the

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<sup>1</sup> Bogus Manhood, Bogus Honor: Personality and Transfiguration in the U.S. Marine Corps. (1977a).

digging of a hidden identity; and the digging of disavowed veterans' narratives.

From the beginning, it was evident that Shatan was a prolific writer dedicated to the study of war trauma and the advocacy of survivors. Furthermore, his writing evidenced a struggle to empathically understand the range of contradictory experiences in the mind of combat survivors; simultaneously embracing their grief and ruthless killing through strength-based lens. It was also noticeable that Shatan wrote multiple drafts of his papers, tailoring his ideas to diverse audiences, groups that he aimed to raise awareness about the wounds of war.

The rescuing that I undertake in this study is twofold. On the one hand, I rescue the content of Shatan's ideas to psychoanalysis because of their historical value and contemporary relevance. Second, I unveil his trajectory, that is, the process whereby he has gone to oblivion in psychoanalysis. Although his work is relevant to war trauma theory in general, I focus primarily on psychoanalysis as Shatan proposes a psychodynamic framework for combat trauma that has no counterpart in the field. As Boulanger (2007) asserted, psychoanalysis has "the tools, but not the theory" (p. 3) to work with adult-onset trauma.

Shatan's work is relevant in various ways. First, he theoretically established a link between the implantation of a psychotic military reality principle, blocked mourning, masculinity and killing that continues to illuminate the dynamics of soldiers and the harm of military institutions. Second, his trajectory is important because he is yet another example of a disappeared advocate of the speechless (Caruth, 1996). Third, his success in expanding psychoanalysis outside of the consulting room is relevant to the understanding of the analyst as an agent of social change, placing the mutative action of psychoanalysis in the social roots of veterans' suffering.

To understand Shatan's legacy, it is important to bear in mind that he was a scholar, a

clinician and an activist. These roles are intimately intertwined and cannot be separate in a character like Shatan, who strongly believed that psychoanalysis could foster political change. In so doing, Shatan, highlighted our tendency to seal and our responsibility to unravel human-made catastrophes. I quote him here,

We have a professional obligation to pick up the threads of Einstein and Freud's correspondence on war. We need to develop a psychodynamic understanding of the interplay between psychic and social structures that prepares men to be robbed of their individuality and their emotionality (Shatan 1977a, p. 606).

I return to this exchange between Einstein and Freud (1932) later in this chapter.

The present is a process of peeling the multiple layers of inclusion and severance of war wounds, happening in the individual and the culture. It is an act of retrospective meaning-making; the unearthing of our inflammatory relationship with war trauma and one of its prominent voices. My goal is to make a case for the historical, political and clinical relevance of an analyst's trajectory and contributions, a character who unveiled combat stress and whose fate mimics the oscillating path of his very object of study. The endeavor is like the carving of a marbled figure, yearning to be discovered.

I start this dissertation with a review of war trauma literature. My review is not meant to be exhaustive, rather, I chose psychoanalytic and psychoanalytically-informed theories that have some relationship, direct or indirect, with war trauma. These theories were either forgotten altogether or sanitized from their war trauma origins. However, all of them were instrumental to the development of psychoanalytic technique and trauma treatment.

In the next chapter I delineate Shatan's history and critically examine his contributions. In so doing, I demonstrate his key role in the development of PTSD and focus on his ideas about

soldier's suffering, especially those that address military madness. Next, I review some of the contemporary war trauma theories, signaling the gap where Shatan's contributions would be illuminating. To conclude I review each chapter to highlight that the clinical, theoretical and political implications of Shatan's work are relevant and worth studying in the present.

### **Organization of Chapter**

In this introductory section, I analyze the history of war trauma through the 20th century with the purpose of contextualizing Shatan's work and trajectory, focus of the next chapter. Here I outline some of the psychoanalytic and psycho-dynamically-oriented theories from Freud to Krystal. Based on my theoretical review, I propose the following: (1) That although the contributions on war trauma were buried, they still had a cumulative and significant impact in our current understanding of the phenomenon; (2) That the relationship between psychoanalysis and war trauma is more complicated than simply a rift. One of the reasons why this holds true is that Freud's approach to trauma was significantly gendered. That is, he dissociated from incest, mostly associated to female patients, but returned to the neuroses of male soldiers throughout his career. Thus, the presence of war trauma in Freud's theory, mirrors the collective ritual of burial and reemergence of combat wounds; (3) That, in their departure from a purely intrapsychical viewpoint, most of the tenets I review below, overlap with those of the relational psychoanalytic school, especially the notion of the analyst's subjectivity (Aron, 1993). This suggests that veterans' trauma taught something about the therapist's authentic involvement in the patient's treatment. In other words, although obscured, war trauma had a significant impact in the development of contemporary psychoanalysis.

### **The Trajectory of War Trauma**

For over a century, two interacting themes have survived the cyclone of repudiation and

reemergence of soldiers' trauma. These common features are: (1) That the surrounding society pays attention to their trauma and then forgets it; (2) That the combat survivor carries irreconcilable personalities, such as the injured sufferer and the perpetrator of atrocities (Davoine & Gaudilliere, 2004; Grinker & Spiegel, 1945; Kardiner, 1941; Lifton, 1973; Leed, 1979). These two phenomena, happening in the culture and in the soldier, are intimately intertwined and significantly traumatizing.

Our tendency to unlearn (Gaudilliere, 2010) is palpable in the nonlinear and fragmented development of war neuroses and trauma theory. This nonlinearity resulted in the identity diffusion of combat exposure syndromes, which adopted multiple identities throughout the 20<sup>th</sup> century. Among these were: *Wind contusions; nostalgia; disordered action of the heart (DAH); railway spine; traumatic neurasthenia; shell shock; battle fatigue or exhaustion* (Jones & Wessely, 2005; Morris, 2015).

As I stressed, the voices who have unraveled war trauma have been subject to the same cycle of appearance and disappearance. Gaudilliere (2010) characterized the revolutionary analysts treating war trauma, as firefighters whose usefulness ends with the cease of fire. He claimed,

During wars, therapists were obliged to invent new tools in order to intervene almost under fire. But soon after the treaties were signed, these old geniuses are often considered to be monuments: better if they remain in their statues in the museum of history. After the end of combat, their number decreases, their teaching is forgotten; eventually they are treated as embarrassing veterans, often diagnosed politely as bizarre or even psychotic (pp. 16-17).

Like Shatan, many of these buried clinicians combined scholar work with activism

forming political and progressive mental health movements to advocate for survivors. In 1939 for example, the British Society of Welfare launched a campaign to promote compensations and rights of the soldiers presenting data to the public (Jones and Wessely, 2005). The members fiercely fought against collective and institutional efforts to forget, as well as against those who mistakenly believed that the acceptance of psychological injuries would increase the claims of soldiers.

Later, during the Cold War years, several groups emerged across the globe to advocate for peace, for soldiers against the war, as well as for the tortured and the disappeared in dictatorships, such as Pinochet's in Chile (Herzog, 2017). This advocacy included the unveiling, witnessing and bearing of psychical wounds.

Below I delineate the psychoanalytically informed voices relevant to the study of war trauma theory and psychoanalysis. Paralleling the trajectories of trauma scholars and traumatic events, my historical account is not organized in a linear fashion. I start with revolutionary clinicians of WWI and WWII who were inspired by psychoanalysis albeit not necessarily analysts. These characters carried a progressive spirit, de-emphasized the intrapsychical, were client-centered and strength-based. Next I unravel the relationship between war trauma and psychoanalysis, through a review of theorists, lineages and contributions that were linked to war trauma directly or implicitly. I start with Freud and a psychoanalytic symposium on war neuroses held in 1918, and end with a reference to Bion and Fairbairn. Finally, I outline the theories that emerged after the 60s addressing the traumas of genocide and torture.

**Revolutionary voices of WWI: Rivers and Salmon.** Wessely and Jones (2005) assert that in the midst of the first World War, the professionals who adhered to psychoanalytic principles were few, yet well-known. Their work, putting forward catastrophic roots at the core

of these syndromes, was evidently problematic to military administrations, which were avoiding veterans' compensations.

In this section, I introduce Rivers and Salmon, psychodynamically-oriented thinkers, and influential clinicians who struggled to define and treat war trauma in WWI. These two personalities shared several characteristics. First, although they were not formally trained as analysts, they applied psychoanalytic principles to the technique and understanding of trauma. Second, they focused on resilience, and actively engaged in the advocacy of soldiers beyond the consulting room. Furthermore, like many progressive psychiatrists, Rivers and Salmon were haunted by the realization of the deeply troubling effects of combat in soldiers. This awareness put them in an unresolvable bind. On the one hand, they were hired by military hospitals to “fix” warriors and send them back to the battlefield. On the other, they were too aware of the devastating consequences of having a traumatized soldier returning to duty. Hence, they approached their work with great ambivalence, as they wanted the soldier to heal, but not to fight.

Rivers (1864-1922) was an English psychiatrist and anthropologist. He worked at Maghull Military Hospital, where some of his colleagues were applying psychoanalytic techniques, such as hypnosis and dream interpretation, to the treatment of soldiers. He quickly gained experience in severe cases of shell-shock, and mentored Myers, known to be the first to write about shell-shock in 1915. Although sympathetic with psychoanalysis, Rivers rejected the theory of sexuality (Jones & Wessely, 2005), and took a different approach to the instinct of self-preservation, understanding the symptoms of trauma as a survival strategy (Barker, 1991).

During 1916 and 1917 Rivers worked at Craiglockhart where he met his patient Siegfried Sassoon (1886-1967). Sassoon was a decorated English soldier also known for his poetry; their

heartfelt relationship is portrayed in the novel *Regeneration* (Barker, 1991). With his anti-war spirit, Sassoon wrote an open letter, "Finished with the war: A soldier's declaration" (1917), in *The Times Newspaper*, where he denounced the negative consequences of war in its warriors. He claimed,

I have seen and endured the sufferings of the troops and I can no longer be a party to prolong these sufferings for ends which I believe to be evil and unjust. I am not protesting against the conduct of the war, but against the political errors and insincerities for which the fighting men are being sacrificed.

Sassoon was indeed a precursor of the protesting Vietnam Veterans throwing their medals at the Capitol. He threw his military cross into a river, in an attempt to process the grief of his beloved war companion who died on active duty. Sassoon's honest actions and words had a high cost, and he was labeled as "insane" by the pro-war authorities and hospitalized as a shell-shocked soldier unfit for war. In this oppressive context Sassoon met Rivers, who was compassionate and sympathetic with Sassoon's claims (Barker, 1991). In fact, Sassoon (1930) described him as an authentic and empathic clinician.

Another physician whose work I briefly review here is Salmon (1876-1927), who stressed the psychological suffering of American soldiers and strongly advocated for them. Salmon proposed the replacement of shock treatment with occupational therapy. At a time when soldiers were treated through torturous methods (Simmel, 1918), Salmon created the more human modality of PIE, which stood for Proximity, Immediacy, Expectancy (Davoine & Gaudilliere, 2004).

Proximity was conceived as interpersonal closeness, priming the mutuality of the clinical encounter to restore interpersonal trust; Immediacy emphasized the here-and-now of the

encounter; and Expectancy entailed the experience of co-constructing a homecoming situation and social reinsertion of the soldier (Davoine and Gaudilliere, 2004). Unfortunately, the validity and efficacy of PIE were soon questioned (Jones & Wessely, 2005), as evidence suggested that traumatized soldiers did not return to active duty, regardless of the treatment.

Salmon was an activist who wrote plenty of articles unveiling the responsibility of the American Army in creating war casualties. After WWI, he actively fought for the creation of the U.S. Veterans' Administration (VA), which was approved by Congress in 1930. Although this was a great achievement, Salmon's voice was soon marginalized along with the suffering veterans.

Seen retrospectively, both Salmon and Rivers linked to contemporary paradigms. Rivers' clinical technique of *autognosis* (Rivers, 1923), included some elements of catharsis, recovery of repressed memories, psychoeducation, validation, recognition, and normalization of soldiers' pain. His approach can be associated with the Rogerian client-centered tradition which includes the cathartic method, as well as a reflective, empathic and authentic stance.

Meanwhile, Salmon's principles overlap with those of interpersonal psychoanalysis, emphasizing the relationship, the present and the social surrounding. His postulates also hold striking resemblance with the American relational school, with its emphasis on the therapeutic relationship, the here-and-now of the session, and interpersonal relationships. More recently, Davoine and Gaudilliere (2004) rescued Salmon's PIE principles and applied them to their clinical work. Assigning great value to Salmon's work, Davoine and Gaudilliere (2004) also argued that trauma treatment was born in the battlefields, carrying the implication of authentic involvement of therapist and patient. I will provide more detail about their clinical model in Chapter 3.

**Voices of WWII.** During WWII, the notion of war trauma was peripheral and criticized (Jones & Wessely, 2000, 2005). The treatment modality shifted from abreaction to sedation to send soldiers back to battle as quickly as possible. Despite this hopeless scenario, the second World War brought to the front the outstanding contributions of psychiatrists such as Kardiner (1941) and Grinker and Spiegel (1945).

There were common grounds between these authors. First, both Grinker and Kardiner were Freud's analysands and thus directly influenced by him. Both departed from the intrapsychical model understanding combat as a crucial factor determining the course of the neurosis. Moreover, they highlighted the conflict that the soldier experienced between disparate civilian and the war personalities. Finally, apart from few exceptions (Aron & Starr, 2013; Boulanger, 2007), their work has also been hidden behind a veil of under-exploration in the field of psychoanalysis.

Kardiner (1891-1981) was an American psychoanalyst and anthropologist. He worked extensively with WWI veterans at the Bronx's Veterans' Bureau Hospital and then became affiliated with Cornell and Columbia Universities. Published in 1941, his book *Traumatic Neuroses of War*, is a groundbreaking contribution to the topic, in which he presented vignettes, identified symptoms, rule/out criteria, and therapeutic techniques.

Kardiner argued that war neuroses were "the commonest disturbance of war" (p.3), and questioned the idea of predisposition asserting that no military selection process would be effective. In other words, there were no predictors of soldier breakdown, because combat alone was a precipitating event. This was empirically supported decades later in a study published by Boulanger, in her co-edited volume, *The Vietnam Veteran Re-Defined: Fact and Fiction* (Boulanger & Kadushin, 1986). In addition, Kardiner argued against the popular ideas of

veteran-compensation and malingering as factors at the core of the neuroses.

In terms of the internal conflicts of soldiers, Kardiner suggested that they carried goal of annihilating others, while preserving themselves, something insane if seen through their peacetime worldviews. For him, this is the hallmark of war trauma, shared by no other form of human-made catastrophe. Furthermore, understanding the important role of the social construction of masculinity in the military, Kardiner portrayed a warrior trying to survive with deeply implanted ideals of heroism, glory, manhood and patriotism. As I will describe in Chapter 2, the role of gender in soldier's trauma would be later placed by Shatan (1977a) at the core of his analysis of the Vietnam experience.

Kardiner relied heavily on his clinical work and was an outstandingly progressive thinker. He was one of the pioneers holistically integrating psychological and physiological aspects of war trauma, for until then most psychiatrists and neurologists primed either one or the other. In this realm, he quoted Ferenczi's notion of *pathoneurosis* (Ferenczi, 1917); a syndrome with undifferentiated psycho-somatic features. It is remarkable that Kardiner had access to Ferenczi's work as it began to spread in the U.S. in the late 80s, following the English translation of his *Clinical Diaries* (Ferenczi, 1988).

Kardiner was ahead of his time in the identification of other stress-related phenomena. First, he distinguished between acute and chronic symptoms of traumatic stress, distinction that is nowadays still unclear and undertheorized. Second, he integrated the mechanisms of repression and splitting—which in a retrospective reading of his work overlaps with the definition of dissociation. Briefly explained, the former is understood as the burial of the event, while the latter is the severance of the affect. These operations are rarely held in tension in psychoanalytic literature, as contemporary theorists tend to rely on dissociation—the action of

severing connections—as the primary mechanism underlying traumatic phenomena (Davies & Frawley, 1994). Repression is linked to traditional psychoanalysis and has been for the most part set aside from trauma theory.

Kardiner was also a precursor of the notion of delayed manifestation, arguing that most of the manifest symptoms emerged once the battle was over. He argued that trauma is an altered form of adaptation, emphasizing the function of survival, and asserting that amid war, the soldier spends all his psychological and physical energy in living. This is yet another assertion normalizing the experience of the warrior, as anyone would resort to the implementation of stress-related mechanisms for the sake of survival. These ideas will be later rediscovered by scholars such as Niederland (1961) and Shatan.

Kardiner's strength-based approach also allowed him to reframe repetition compulsions, as *ceremonials*, that is the warrior's best efforts to ward-off and work through his overwhelming fear. This notion overlaps with the contemporary work of Atlas & Aron (2015), particularly their concept of *generative enactment*, which de-emphasized the notion of enactments as an intrusion of the past, conceiving them as agentic and healing actions projected towards the future.

Grinker Sr. (1900-1993) and Spiegel (1911-1991) extensively studied the trauma of war pilots in *Men Under Stress* (1945). They also unraveled the conflict of horror, grief and killing, normalizing the stress reaction of combat. Though they identified factors weighing into the traumatic reaction (e.g. individual characteristics, unit's morale), they stressed that none of these alone could predict an emotional collapse in the face of combat.

Referring to the hallmark conflict of annihilation and preservation, Grinker and Spiegel defined emotional stress as a “complex network of unusual strains inherent in the combat situation” (1945, p. 12). These strains were fear of loss, death or injury. Grinker and Spiegel also

asserted that characteristic of combat trauma was the inextricability of anger-hostility and fear, expanding in intensity and frequency with the unfolding of the soldier's experience. They added, "The stress of war tries men as no other test that they have encountered in civilized life" (1945, p. ix). Furthermore, these authors divided war stressors in four categories; The imminence of personal death, the threat of a comrade's death, the need to embrace destructiveness, and the lack of motivation to remain in combat.

The voices of Kardiner, Grinker and Spiegel carry contemporary relevance, as they unraveled the exposure and intensity of annihilation in warfare, in a context that primed the honor of glorious WWII soldiers, undermining the reality of their horror. The emphasis on survival present in their theories, reflects an effort to de-pathologize survivors, characteristic of many of the theorists and clinicians who have strived to witness their suffering and to understand stress-related phenomena.

**Psychoanalysts and War Trauma.** Most of the psychiatrists, neurologists and anthropologists who worked with war trauma had some exposure to psychoanalysis, as students, practitioners and analysands. These clinicians were forward-thinking and marginal in many ways (Davoine and Gaudilliere, 2004), for until the late 1990s, war trauma studies and traditional psychoanalysis were for most considered incompatible (Boulanger, 2007). This notion of incompatibility became apparent with Freud's (1905) abandonment of the seduction theory with the case of Dora (Aron & Starr, 2013; Ferenczi, 1933; Des Pres, 1976). Published in 1905, the case study marks Freud's shift in symptom-etiology, from reminiscences of overwhelming external events (Freud & Breuer, 1983), to repressed internal fantasies (Freud, 1905). Aron and Starr (2013) asserted that war neuroses did not fit the traditional intrapsychical model, as their etiology questioned the primacy of drives and the centrality of the Oedipal conflict.

As aforementioned, in 1931, before the advent of WWII, Einstein wrote a letter to Freud. *Why war?* was sponsored by the League of Nations' International Institute of Intellectual Cooperation. Einstein chose to exchange his correspondence with Freud (1932) in the hopes that the founder of psychoanalysis would elucidate the dilemma of massive human destructiveness. In his attempt to shed light upon this issue, Freud (1932) battled with his own intrapsychical lens. He entertained the idea of the conflict between self-preservation and death drive, but recognized that although he had a developed theory of aggression, his scope cut short in the understanding of such brutal blood-shed.

When asked *why men engaged in the menace of war?* (Einstein, 1932), Freud had to face the inescapable, that is, the crucial role of the social dimension in war. In so doing, he highlighted “primitive” groups as a site for aggressive impulses to be enacted, and relied upon the advances of culture (i.e. civilization) to amend—instinctual—destructive behaviors (Freud, 1932).

Although instincts are given priority in Freud's letter to Einstein, group dynamics prevail both as trigger and antidote to the atrocities of war. Freud was certain that, except for his contributions to group psychology (Freud, 1921), his theory could not explain these issues. He demonstrated a remarkable ability to criticize his own view, recognize its limitations, and engage in emerging questions. Freud ends his reply to Einstein with the following remarks: “With kindest regards and, should this expose prove a disappointment to you, my sincere regrets” (Freud, 1932).

This compelling dialogue also exemplifies how difficult the experience of war is for us, to the point that its understanding was left open by two of the greatest minds of the 20<sup>th</sup> century.

As I have stressed, Freud was not completely dissociated from war trauma (De Fazio,

1978; Herzog, 2017). In fact, his views on war neuroses are multiple (Freud 1915; 1917; 1919; 1920; 1921; 1933; 1937). He also held lengthy correspondence discussions with some of his colleagues, such as Ferenczi, Andreas-Salome and Abraham. De Fazio (1978), who integrated psychoanalytic premises to the study of Vietnam trauma, argued that trauma in general is “highly significant” in the development of Freud’s topographic model. Indeed, war trauma informed the Freudian notion of *repetition compulsion* (Freud, 1920), and his studies on anxiety (Freud, 1926; 1936). In 1921, Freud even revised his idea of wish-fulfillment, cornerstone of his theory, based on his war neuroses’ observations (Kardiner, 1941).

Gender plays a crucial role in the relationship between trauma and psychoanalysis. Although the association has generally been dismissed, the theory and experience of madness have been subject to gender norms. While sexual abuse has been socially constructed as the trauma of women, war neurosis has been linked to men, and Freud neglected femininity through most of his career (Aron & Starr, 2013). Furthermore, Freud’s repudiation of this experience is mirrored by the ostracism of Ferenczi, who was expelled from the Vienna Psychoanalytic Society the moment he decided to present his sexual abuse paper, “The confusion of tongues” (1933).

The trauma of incest has been hidden behind closed doors, as a unidirectional and private experience where there is only one female victim, and one male perpetrator. In other words, seduction has been socially constructed, and so enacted, through the oppression of misogyny and patriarchy. On the other hand, the construction of combat trauma has been characterized as masculine and public (K. Gentile, personal communication, July 26, 2018), intrinsically challenging the intrapsychical viewpoint. It is conceived as bidirectional in the sense that warriors can be both victims and perpetrators. In addition, while war trauma has been associated

with heroism and honor, sexual abuse has been linked to shame and insanity. As I will explain in the following chapters, Shatan and others have challenged these assumptions, as war trauma is far more complex, and involves hierarchy (rank), shame, and private realms.

Tracing the origins of psychoanalysis to trauma, Showalter (1985) outlined the relationship between gender and suffering, arguing that war trauma shaped the evolution of psychoanalysis. In her view, the shaping was related to gender, but was also a matter of urgency, for soldiers had to return to war. She stated,

It was in dealing with hysterical women, after all, that Freud first developed his theories of the sexual origin of neurosis, and his techniques of dream analysis and free association. Yet the transition to psychiatric modernism occurred, not during the heyday of the famous female hysterics, but rather during the First World War, when the urgent necessity of treating thousands of shell-shocked soldiers—male hysterics—made the therapeutic bankruptcy of Darwinian approaches way too clear. In coping with shell shock, psychiatrists were forced to experiment with a variety of new therapies, including psychoanalytic methods that exposed unconscious conflicts and repressions. It was male illnesses rather than women's that made this transition possible (1987, p. 18).

***The symposium on war neuroses.*** In September 1918, exactly a hundred years ago, Ferenczi, Simmel, Abraham and Jones presented at the symposium, *Psychoanalysis and the War Neurosis*, in Budapest at the 5<sup>th</sup> International Psycho Analytic Congress. Published in 1921, some of these papers address the topic through Freud's theory of sexuality, that is, the instinct of self-preservation (Eros). The symposium, happening in the twilight of the First World War, documents the efforts made by some psychoanalysts to address the topic of war trauma.

In his introduction to the symposium, Freud (1921) differentiated war neuroses from

peacetime neuroses. Noting that both were reactive to overwhelming fear, yet he made a crucial distinction; while the stressors of peacetime neuroses were intrapsychical, those in war neuroses were external. With this, Freud validated the experience of many combat veterans. Furthermore, Freud (1921) sustained that in war, the soldier had to adopt a new personality, different from the peacetime personality, as combat entailed a unique relationship to death that has no correlate in peacetime. He wrote,

The conflict is between the old ego of peacetime and the new war-ego of the soldier, and it becomes acute as soon as the peace-ego is faced with the danger of being killed through risky undertakings of his newly-formed parasitic double. Or as one might put it, the old ego protects itself from the danger to life by flight into the traumatic neurosis, thus defending itself against the new ego which it recognizes as threatening its life (1921, p. 1-2).

The conflict between the wartime ego and the peacetime ego, highlighted by Freud and others in this symposium, would be present in many psychoanalytic theories moving forward (Egendorf, 1985). In this brief introduction to his mentees' presentations, Freud held in tension this internal conflict of the soldier and the external trauma of combat, a dialectic that has been historically hard for psychoanalysts to sustain, for traditions tend to place emphasis on either psychodynamics or the stressor (L. Aron, personal communication, May 25, 2018). Below I briefly summarize the ideas that emerged in this symposium.

A Berlin-based psychoanalyst and activist, Simmel (1882—1947), is in my view the most radical voice in this symposium. In fact, his colleagues invited him to speak mesmerized by his clinical success. In WWI, Simmel led a hospital for the injured soldiers in Poland, where he used self-taught psychoanalytic techniques in the treatment of war neuroses. Simmel is another

analyst whose social commitment cannot be separate from his clinical work. He was a leading member of the Socialist Physicians Society, which promoted awareness of the impact of socio-economic issues on health, as well as the implementation of socio-economic strategies for change. Having underscored the pattern of burying significant figures in the study of war trauma, it is no surprise that Simmel is the least known of the four symposium analysts.

Simmel (1921) challenged the social construction of war trauma. He voiced the interpersonal paradox of the soldier, ripped apart from his agency and depending on a threatening figure. He highlighted the constant experience of terror, the cruelty of the drill instructor, and the de-individuation of the soldier. He wrote,

... a man after being wounded several times has to return to the front, or is separated from important events in his family for an indefinite time, or finds himself exposed irretrievably to that murderous monster, the tank, or to an enemy gas attack which is rolling towards him; again, shot and wounded by shrapnel he has often to lie for hours or days among the gory and mutilated bodies of his comrades, and, not least of all, his self-respect is sorely tried by unjust and cruel superiors who are themselves dominated by complexes, yet he has to remain calm and mutely allow himself to be overwhelmed by the fact that he has no individual value, but is merely one unimportant unit of the whole (1921, p. 32).

In his writing, Simmel left a crude testimony of torturous methods practiced by doctors who were invested in sending the warrior back to duty. These techniques included food deprivation, dark rooms, forced isolation from loved ones, and shock treatment. This was known as *rest cure* (K. Gentile, personal communication, July 19, 2018), a standard treatment for hysteria and neurasthenia which included “seclusion, massage, electricity, immobility and diet”

(Showalter, 1985, p. 138). Appalled by these practices, Simmel gravitated towards psychoanalysis in the hopes that it would be a benign and effective clinical device, to channel painful unconscious experiences in the service of healing.

Nonetheless, there is a crucial distinction between Simmel and his symposium colleagues as he de-emphasized the dynamics of the soldier to focus on the *experience* of the soldier. For Simmel, manifest traumatic symptoms constitute the beginning of a healing process in the survivor. With this, he shifted the emphasis from drive (i.e. survival instinct) to function (i.e. action of surviving) in the understanding of stressor-related syndromes. Simmel's insights would inspire Kardiner (1941), who would later arrive at similar conclusions.

In his symposium address Ferenczi (1873-1933) furthered the study of the traumatic wounds of war based on his own experience working with soldiers. Among the three other analysts addressing war neuroses, Ferenczi is the one whose ideas are closest to Simmel's. He highlighted the ever-presence of terror, heightened sensitivity, and vivid nightmares. He also cited the work of Bonhoeffer who understood the centrality of the survivor's splitting of ideas and affects in the face of overwhelming fear (in Ferenczi, 1921). As I hitherto highlighted, this mechanism would become the cornerstone of trauma theory and the relational psychoanalytic paradigm, which primes dissociation between memories, self-states and ideas and affects.

As in the case of his colleagues, Rivers, Salmon, and Simmel, Ferenczi was a liberal and strength-based clinician, who built upon Freud's contributions to understand that the survivor's re-experiencing of horror, was a *spontaneous attempt* to master the trauma of war. This holds resemblance to Kardiner's (1941) notion of ceremonials. It is no surprise then that Ferenczi's constitutes another set of contributions on war trauma that were strikingly overlooked through the decades. Adrienne Harris (2010) regrets that his progressive ideas on war neuroses also fell

in the realm of collective amnesia. In his case, Harris argued, the unfortunate fate of his ideas was not directly linked to his remarkable clinical intuitions on combat trauma, but rather to his ideas on incest, trauma that his colleagues repudiated. It was the latter that led to his ostracism and the burial of his work after his death in 1933.

Ferenczi was also analyzed by Freud, but both held an affect-laden and heated relationship, palpable in their approximately 25 years of correspondence, held between 1908 and 1933. Ferenczi and Freud's bond parallels the ambivalent relationship of psychoanalysis and war trauma, between recognition and exile. Professionally and personally, Ferenczi deeply longed for Freud's acceptance, but there were conflicts about Ferenczi's notion of trauma and his technique, which relied heavily on mutuality. It was not until 1932 that Freud and Ferenczi started to break apart, when Ferenczi decided to present his seminal paper on child abuse, "The confusion of tongues" (1933), and Freud refused to shake hands with him (A. Harris, personal communication, June 2018). This resulted in Ferenczi's expulsion from The Vienna Psychoanalytic Society, which meetings took place at Freud's apartment. Ferenczi died soon after. Thus, in his attempt to recognize child abuse, Ferenczi was confined to his own metaphoric dark room, punished with sedation, concealment and marginalization.

In his 1933 paper, Ferenczi referred to the phenomenon of *identification with the aggressor* to understand the child's survival strategy dealing with the confusion of being seduced and simultaneously taken care of by the same adult. Ferenczi argued that the child deployed this mechanism in the face of annihilation threat. In Ferenczi's view, the gain of burying horror through an identification with the horrifying, is twofold: On the one hand, it allows the child to survive; on the other, it preserves his attachment (1933).

Although Ferenczi was referring to a dynamic of incest, which greatly differs from the

military, his view enlightens the understanding of the military experience. Ferenczi recognized the great impact that his early work with war survivors had in his ideas and noted that psychoanalysis was shaped by war trauma (1921). His notion of identification with the aggressor would make its way to the U.S' post WWII psychoanalytic scene through Anna Freud's work (1937), inspiring many theories of human-made trauma, including Shatan's (1989).

In short, Ferenczi worked with survivors of war and incest. He made outstanding contributions to the technique of psychoanalysis and his emphasis in the social realm is clear through his clinical work, including his failed attempt of mutual analysis with his patient RN—Elizabeth Severn (Ferenczi, 1988). In the U.S., his figure re-emerged from the catacombs of repudiation during the 1980s and 1990s, and his ideas greatly influenced the relational paradigm shift.

The symposium also included the presentations of Karl Abraham (1857—1925) and Ernest Jones (1879—1958), which I briefly summarize here. Karl Abraham was a German psychoanalyst whose legacy was passed through his students Melanie Klein, Karen Horney and Helen Deutsch. Jones was an influential neurologist and psychoanalyst from Wales and president of The International and The British Psychoanalytical Associations during the 1920s and 1930s. Both Jones and Abraham were greatly favored by Freud and among the most loyal of his disciples—loyalty inherited by Melanie Klein—. Perhaps because of their devotion, their symposium ideas were the least reformist in comparison to Simmel's and Ferenczi's.

In his struggle to understand war neuroses through psychoanalytic lens, Abraham proposed that the readiness to act and to kill was significantly traumatizing for the soldier (1921). Jones (1921), on the other hand, cited Rivers' ideas on the shame of the soldier, highlighting that it is inescapable for the warrior. First, he argued, the experience of fear and horror leads to the

shame of being unmanly in the context of military values (Jones, 1921). Second, the soldier grows ashamed of having killed, once immersed in the context of peacetime values. From Jones' point of view, this is the double bind of the soldier (E. Jurist, personal communication, June 2018): He has been instructed to think that fear is shameful, so he performs fearless actions that will cause him shame upon return, under his civilian worldview.

Abraham (1921) and Jones (1921) stretched psychoanalytic theory, particularly the idea of self-preservation (Eros) to enlighten the phenomena of catastrophic trauma. Like Freud (1921), they differentiated war from peace neuroses, for although they share similar symptomatology, the former is reactive to real danger. Apart from Abraham's mentee, Karen Horney, who wrote about the *masculinity complex* in 1926, Jones (1921) is probably one of the first analysts to link combat trauma to unattainable ideals of masculinity. I will return to this point in Chapter 3. In a less progressive note, Jones also considers the role of malingering in ill soldiers aiming for compensations (Jones, 1921).

**War survivors.** Bion (1897-1979) and Fairbairn (1889-1954), both WWI veterans who worked clinically with soldiers, proposed outstanding paradigm shifts to the field of psychoanalysis. While Bion dedicated much of his work to the function of thinking and the interpersonal roots of experiential meaning-making (Bion, 1962), Fairbairn focused on the internal imprints of interpersonal relationships (Fairbairn, 1952). Although the Bionian and Fairbarian traditions have paramount impact in contemporary psychoanalysis, the link with combat trauma has also been overlooked.

Bion's professional and personal experiences were marked by war. He was as a decorated tank officer in France during WWI, yet he was permanently changed and haunted by the memory of holding his friend's dismembered corpse in his arms. As Grinker and Spiegel stated, "The

death of a buddy is felt as keenly as the loss of a brother. The men suffer not only from the sense of bereavement, but from having seen the anguish of a bloody and painful death” (1945, p. 35). Bion referred to this event as the start of his *emotional* death. He stated, “I died on the Amiens–Roye Road on August 8, 1918” (cited in Grotstein, 2007). In *A Memoir of the Future* (1991), Bion represented his personal experience with a compilation of three poetic essays written in the 1970s.

Bion first worked at the Tavistock Clinic, where his military reputation helped him introduce his psychoanalytic leanings (Jones & Wessely, 2005). In 1942, he started a leaderless group at Northfield hospital (Jones & Wessely, 2005; Davoine & Gaudilliere, 2004). With Rickman, Bion’s first analyst, and Foulkes, he ran these to maximize resources, given the demand to treat many veterans with few clinicians. Bion’s group modality placed interpersonal and social relationships at the core of the treatment with survivors (Bion, 1961; Jones & Wessely, 2005). Bion’s groups consisted of a large number of members, indefinite session duration and a de-emphasis of professional authority. Likewise, these groups are a precursor of the Vietnam Veterans’ Rap Groups, described in detail in the next chapter.

Bion and Rickman stressed the importance of group therapy to bridge the social and individual realms severed in battle. In practice however, with roughly 200 members, their groups became chaotic and unmanageable. Confronted with failure, Bion started his private practice, while his groups at the hospital were soon replaced with occupational therapy and sedation (Jones & Wessely, 2005).

Bion proposed several revolutionary premises such as the primacy assigned to primary process, as opposed to secondary process, and the emphasis on function, as opposed to objects (1962). Rather than making the unconscious conscious, as in Freud’s theory, Bion’s goal for

treatment was dreaming, that is a state of non-exhaustiveness of knowledge where raw impressions can be contained and processed<sup>2</sup>. Bion was the analysand of Melanie Klein and built his theory of thinking based on her ideas on the mechanism of projective identification, with the key distinction that he conceived this operation as normative (Bion, 1962). His ideas on projective identification, allowed Bion to inter-personalize the process of thinking and meaning-making, as well as the roots of psychosis. His early work includes a developmental model whereby the child expels raw elements to the caregiver who symbolizes them in a state of reverie. He referred to this interaction as *alpha function* (1962). Bion also developed the notion of *attacks on linking* (1959), whereby the psychotic aspect of the personality disrupts the associative function that ties experience and meaning.

Furthermore, Bion made outstanding contributions to the treatment of psychosis and the group therapy modality, both marginalized themes at the time. Because of the denial of trauma in his historical context, it is likely that many of Bion's psychotic patients, who inspired his theory, were survivors of trauma. His theory is highly applicable to trauma work, stressing the failure of meaning-making, association and dreaming. One can speculate that Bion's personal experience of collectively disavowed grief, led him to understand the interpersonal (i.e. social) roots of madness, that is, when the environment abandons its container role (i.e. alpha function). With his theory of thinking (Bion, 1962), Bion interpersonalized the healing of trauma, implying that the role of linking raw affects to meaning is paramount in trauma treatment.

Bion is nowadays widely recognized as an innovative, valuable and relevant contributor in South America, the U.S., and Europe. In Italy, contemporary field theorists, such as Ferro and

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<sup>2</sup> Bion revised his theory of dreaming throughout his work (1957, 1959, 1962, 1967, 1970), thereby this is a condensed description of a more complex evolution of his thinking.

Civitarese, are greatly inspired by his work.

In Scotland, Fairbairn was also greatly inspired by Klein, but he proposed a shift de-emphasizing drives, arguing that the infant is primarily *object seeking*—as opposed to pleasure seeking (Fairbairn, 1952). This premise would become the cornerstone of object relations theory, which proposes that the psyche is constituted of dynamic internal representations of significant others, that interact with one another to different degrees (Fairbairn, 1952; Greenberg & Mitchell, 1983).

Also a WWI survivor, Fairbairn has been criticized by some contemporary theorists for neglecting adult-onset trauma (Boulanger, 2007). Although it is true that Fairbairn’s theory focuses on the experiences of childhood (Fairbairn, 1952), two of his seminal papers are directly linked to his work with soldiers. These are: “The war neuroses, their nature and significance” (1943); and “The repression and return of bad objects: with special reference to war neuroses” (1947). Likewise, it can be argued that his pivotal theory was significantly inspired by war trauma.

In simplified form, Fairbairn’s (1952) model suggests that infants go through a phase of undifferentiation between self and other, where internal and external realities are experienced as one. Early in life, children introject caregivers temporarily to transition from full dependence to mature dependence, at which point they no longer need an internal representation. When caregivers are aggressive and neglectful, the child internalizes them as a bad object. The toxicity of the representation impedes mature dependence leaving the child unable to relinquish it. In extreme cases, individuals seek solace in their internal bad object world, while the hostility and ruthlessness of the object grows at the core the child’s personality.

To further explain these dynamics, Fairbairn developed the construct of *moral defense*

(1952), which he understood as an internalization of badness and insanity to maintain the connection to a hostile caregiver. Fairbairn argued that the child embraces a mad state to preserve the goodness of the bad object; to assure survival in a world ruled by an annihilating other. He claimed, “It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (Fairbairn, 1952, p.66).

Fairbairn applied his theory to military experience, arguing that the moral and collective context of war, with its constant threat of annihilation and destructiveness, reawakened the soldier’s bad objects. Adding complexity to the idea of conflict between peacetime and war egos, Fairbairn’s theory is multilayered, including the intrapsychical (in the form of object relations), the real nature of the introjected interpersonal relationship, and the damaging value system of combat. Finally, Fairbairn added clinical implications arguing that the spontaneous release of such objects is paramount in the treatment of combat survivors (1943, 1947).

Fairbairn’s work is not only applicable to war trauma, but also based on it. Today, his theory is considered one of the cornerstones of the American relational tradition (Greenberg & Mitchell, 1983), influencing a generation of clinicians. In fact, Fairbairn’s work had laid the foundation for an alternative metapsychology (1952); a model of multiplicity of mind that replaced Freud’s structural paradigm (Greenberg & Mitchell, 1983).

Despite this legacy, Fairbairn’s Object Relations theory constitutes another sanitized contribution, decontaminated from war trauma. Although Fairbairn departed from the traditional intrapsychical drive-model, relational analysts have extrapolated his postulates to further emphasize the external world, and his framework has been applied to the psychoanalysis of childhood sexual abuse (Davies & Frawley, 1994).

**Post WWII.** The seminal works and trajectories outlined previously in this chapter emerged for the most part in the first half of the 20<sup>th</sup> century. Following WWII, the Cold War years were also marked by the torturous silencing of hidden hostages and political prisoners (Herzog, 2017). Some scholars and clinicians, such as those in South American totalitarian regimes, were equally censored and persecuted, yet many of them still managed to witness and contain their patients' stories (Herzog, 2017; Lira & Guzman, 1984). These clinicians understood that collective and individual mending were intimately intertwined, so that the treatment of an individual contributed to sociopolitical healing, while social healing fostered the recovery of survivors (Lira & Guzman, 1984).

In the United States, the mainstream psychoanalysts in Post-WW America were often colluded with the silence and claim-rejecting mission of the military. As some European analysts reasonably left their haunting horrors behind in the warzone (Aron & Starr, 2013), the emphasis on the intrapsychical proper of WWII American Ego Psychology, came handy for the military to blame breakdown on individuals' internal flaws (i.e. ego weaknesses) instead of their own institutions. Nonetheless, as I illustrate below, there were a handful of survivors voicing their terrors with personal, political and clinical purposes.

The 1960s brought paramount contributions on holocaust trauma following the Eichmann trial in Israel in 1961. Although these theories undeniably shed light upon war trauma, survivors of the holocaust and torture do not necessarily carry the same quality and intensity of the victim/perpetrator conflict of the warrior, whose dynamics are unique in great part because of the irreconcilability of these self-aspects. Nevertheless, these are still precursors of the post-Vietnam syndrome (Shatan, 1972), particularly the notion of *concentration camp syndrome*, coined by Kollie in 1958 (Herzog, 2017).

There are certain commonalities among these authors. First, they de-emphasized the intrapsychical placing the roots of madness in the sociopolitical environment, so that the survivors' psychotic-like states were a product of their external context. Furthermore, although they were all psychoanalysts, their direct exposure to trauma and genocide demanded a departure from the ideal of neutrality. Thus, they underscored the importance of the therapist's subjectivity and involvement in the treatment counteracting the temptation to not immerse herself in her patients' stories, for they were painful and horrifying. Although these authors did not have the contemporary framework to conceptualize their insights, a retrospective analysis of their contributions throws overlaps with constructs known to us today—PTSD, therapeutic enactments, flashbacks, compassion fatigue, and vicarious trauma.

One of the major post-WWII contributors bridging trauma studies with psychoanalytic thinking is Henry Krystal (1925—2015). Krystal was a psychiatrist and holocaust survivor from Poland. He later became a professor of psychiatry in Michigan, where he studied that traumatic experiences of holocaust and Hiroshima trauma (Roberts, 2015). Krystal wrote multiple papers and books on the topic through his own survivor lens. One of his major contributions is *Massive Psychic Trauma*, a book he edited in 1968 compiling the work of progressive authors highlighting survivors' guilt, hypermnesia (today known as flashbacks) and other hallmark features of the—as of then—unpublished Post-Traumatic Stress Disorder.

Krystal collaborated with his colleague William Niederland (1904—1993), a WWII refugee in New York, who coined the term *survivor syndrome*. In 1961, he wrote, "The Problem of the Survivor," an article where he outlined the post-concentration-camp syndrome, identifying symptoms of depression, living corpse appearance, guilt, somatization, anxiety, insomnia, fear, paranoia, avoidance, personality changes, and psychotic-like disturbances (Saxon, 1993).

Furthermore, Niederland questioned the rule of causal connection which determined a specific time frame between symptom onset and the experience of Nazi persecution—a major argument for claim rejections (1961). Thus, Niederland’s work is another precursor of the idea of delayed manifestation, for he understood that the psychological aftermath of trauma could emerge at any point proposing the existence of a relatively symptom free period.

In 1968, Krystal and Niederland conducted a qualitative study based on thorough anamnesis of 149 patients, identifying common symptoms—some of which overlap with Niederland’s syndrome—and their incidence. Among these were extreme anxiety and fear, survivor’s guilt, identification with the aggressor and personality changes, insomnia, nightmares as reruns of traumatic events, hypermnesic memories, amnesia, dreams merging into hallucinations, and daydreams (Krystal & Niederland, 1968).

Furthermore, these authors unveiled the survivor’s significant impairment in interpersonal functioning. They stated, “Many of our patients exhibit clinical precarious object relations, and severely disturbed affectivity far beyond that encountered in neurotic patients” (Krystal & Niederland, 1968, p.332). They not only highlighted interpersonal mistrust and social withdrawal, but also the sociopolitical roots and communal effects of massive man-made trauma and psychotic-like experiences.

Furthermore, Krystal and Niederland (1968) argued that the loss of reality testing was not a manifestation of schizophrenia, but rather the product of growing up in a psychotic world. Thus, the pervasive psychotic like states in survivors were rooted in collective madness. Furthermore, they underscored the intergenerational transmission of aggression, signaling the challenges that traumatized parents experienced in nurturing their offspring. They added, “We found that the social nature of the assault upon a group or nation results in a crippling of the later

attempts at restitution of families and communities. This type of pathology is passed on to future generations” (1968, p. 345).

Finally, these two analysts organized conferences during the 60s and early 70s in Detroit to discuss the psychology of survivors of the holocaust and combat, and to examine the usefulness of psychoanalytic concepts in the understanding and treatment of them (Herzog, 2017). These conferences promoted the recognition of man-made trauma, and gave rise to new voices, some of whom were proposing alternative treatments such as muscle relaxation (H. Klein, 1968) and biofeedback. This line of treatment will be later studied by Van der Kolk (2015), whose work I review in Chapter 3.

One of these new figures in the Detroit conferences was Tanay (1928—2014), also a holocaust survivor featured in Krystal’s volume. Tanay (1968) was one of the theorists who stressed the proclivity of the therapist to escape the analytic situation, highlighting the need to engage with the patient in the service of healing. He stated, “The sensitivity and intense perceptiveness of the survivors will unmask quickly countertransference reactions on the part of the therapist. Fluctuations in attention of the therapist are picked up by these patients with readiness and pathological hypersensitivity seen in schizophrenics and certain character disturbances” (1968, p. 225). Tanay (1968) also warned us that this protective shield of the therapist is a psychological guardedness that can last years in the treatment.

Like the Chileans Lira and Guzman (1984), who were working with torture survivors in Chile, Tanay (1968) underscored this kind of therapeutic involvement as necessary. He not only was a pioneer describing the phenomenon we now know as compassion fatigue, but also normalized it. He stated, “To be emotionally drained and distressed following a session with a survivor is not a sign of an antitherapeutic overinvolvement, but a natural reaction to a

realistically stressful situation. A properly handled hour with a survivor becomes a cathartic experience for the patient, and therefore has an emotional impact upon the therapist... The modern psychotherapist is rarely exposed to this type of interaction, and will defend himself against it” (1968, p. 224).

In addition, Tanay (1968) asserted that initial affective uninvolvedness on the part of the therapist, signals poor treatment prognosis in the treatment of survivors. He argued that the therapist’s subjectivity, emotions and personality provide aggressive outlets essential in the treatment of survivors. Furthermore, with striking resemblance to Winnicott’s (1969) notion of *object usage* he stated, “The transference, therefore, implies the destruction of the therapist, or of the patient’s self.” (1968, p. 232). This idea also relates to Fairbairn’s assertion that bad objects should be released in trauma therapy. The theme of the analyst’s subjectivity (Aron, 1993) and the cycle of steadiness, disruption and repair (BCPSG, 2010) will be picked up decades later by relational analysts and attachment theorists respectively.

The conferences chaired by Niederland and Krystal in Detroit, brought other new voices such as Lifton’s, Shatan’s colleague and former psychiatrist in the Korean War who has dedicated his work to the understanding of man-made injuries from a psychohistorian’s point of view. Lifton’s (1967) early work focuses on connecting the experiences of Hiroshima with the holocaust. Later (Lifton, 1973), he linked these stories with those of Vietnam survivors becoming a key figure in the recognition of PTSD with Shatan (Herzog, 2017). Tanay, Krystal and Niederland, all quote Lifton to warn us against the *psychological closure of the therapist* (Lifton, 1968). The concept speaks for the high risk of retraumatization of the patient in those instances when the therapist protects herself from the trauma of the patient. Because he worked closely with Shatan, I will refer to some of Lifton’s contributions in Chapter 2.

## Conclusion

In this introductory chapter, I introduced the reader to my topic of study: the unveiling of a forgotten analyst who worked with Vietnam veterans. I outlined the cycle of remembrance and oblivion of human-destructiveness, happening at the broader cultural level and in multiple layers of experience, one of which is psychoanalysis. I argued that this tendency has translated in a collective failure to witness warriors' wounds, further traumatizing the survivor.

In addition, I presented the character of Chaim Shatan, whose scholar, clinical and political work was paramount in the public recognition, compensation and treatment of war trauma. Likewise, I outlined the main thesis of this archival dissertation, that is, that Shatan's work holds historical and contemporary relevance. On the one hand, Shatan's is a successful story of an analyst who undertook his role as agent of social change. On the other hand, his thorough scholar and clinical model for war trauma, focusing almost exclusively on Vietnam veterans, has not been replicated in psychoanalysis. Despite some advances, the field still carries a tendency to overlook human destructiveness. Thus, I highlighted the rescuing of Shatan—sufferer of the same fate of the survivor he was voicing—as an important goal.

Furthermore, in this first chapter, I suggested that the burial of war trauma is another re-traumatizing enactment, an action of wiping off meaning from experience, carrying destructive potential. I also highlighted the significant role that the mental health field has played in this massive estrangement, neglecting its ethical responsibility to widely recognize human suffering (Nguyen, 2017; Shatan, 1977a; Stauffer, 2015). I will return to this pain-inflicting tendency throughout this dissertation.

Based on the premise that trauma and psychoanalysis have historically shaped each other, in this chapter I proposed the following: (1) That findings in the theory of war trauma were

buried yet cumulative; (2) That the relatively greater attention received by war trauma, indicates that its psychoanalysis is tied to social constructions of gender; and (3) That there is an overlap between the clinical work with survivors and relational psychoanalysis, indicating a cumulative influence of the former in the latter.

To explain these assumptions, I reviewed the work of clinicians and psychoanalysts some of whom were victims of the oppressive conspiracy of silence. Others, whose theories are more familiar to us, became known for contributions that were not directly linked to war trauma, as in the case of Bion and Fairbairn. These cases represent authors who were not forgotten, but their relationship to trauma for the most part was.

The cycle of recognition and repudiation of war survivors, has obscured the link between psychoanalysis and combat trauma. The analysts whose work I reviewed here, were all precursors of analogous ideas, but most of their pioneering contributions lay dormant. Thus, in their contexts their findings seemed new, when in fact they were re-discoveries of old suppressed ideas.

Most of the theories in this chapter carry clinical implications that anticipate the relational turn in psychoanalysis. Indeed, in terms of the therapist's role, trauma theorists claimed for authenticity; subjectivity; mutuality; and openness to being used, experience pain, and grow to heal along with the survivor. Many of these authors were under the impression that the therapist's refusal to join the traumatic world of the patient was retraumatizing, because they were aware that the survivor's environment was doing exactly that. Through their clinical insights, these clinicians relied on mutuality and intimacy, yet they did not have the relational jargon to frame it that way. These overlaps support Ferenczi's (1921) assertion that war trauma shaped the evolution of psychoanalysis, as it demanded a different technique.

In Chapter 2, I delineate an historical account of Shatan's trajectory and contributions. I start with a mention to his upbringing as the son of a war survivor and his early-acquired witnessing skills, which he later applied to the treatment of Vietnam veterans. In addition, the chapter includes a description of Shatan's early career and affiliations, tracing his interest on war survivors back to his experience as a psychiatry resident in Montreal, where he witnessed the suffering of WWII home-comers. These experiences, circumscribed in alienating contexts invested in repudiating grief, led Shatan to identify the cumulative trauma of the soldier.

In addition, Chapter 2 outlines the events that led to the publication of PTSD, demonstrating the significant role that Shatan had in the recognition of trauma. Shatan's letters, interviews, and archival documents support that his investigation and activism led to a permanent change in the mental health field and culture in general. In this historical section of the chapter, I also provide a detailed description of the Vietnam Veterans' Rap Groups. Founded by the Vietnam Veterans against the War, the rap groups were an unprecedented version of peer therapy, instrumental in the development of Shatan's theory and activism.

In the theoretical section of the second chapter, I portray Shatan as a strength-based clinician, holding a rare combination of reporter of atrocities and empathic advocate for veterans. Although many of Shatan's manuscripts have remained unpublished, he managed to bring out some of his articles in sources outside of psychoanalysis. I analyze one of these outsider papers, "Happiness is a Warm Gun" (1989), in which Shatan revealed unassimilable actions such as rape, brutal erotization of violence and bloodshed, with remarkable compassion. Then, I organize his ideas within the phases of training, combat, and homecoming, using them as framing devices to analyze Shatan's contributions.

In Chapter 2, I also place special emphasis on Shatan's theory of socially implanted

masculinity ideals, which lay at the core of the warrior's traumatic experience. This premise constitutes the foundation of Shatan's theory, whereby he developed a framework for combat trauma interweaving military madness, personality transfiguration, identification with the aggressor (drill instructor), bloodthirstiness, psychosocial alienation and blocked mourning.

Having reviewed his core ideas and outlined Shatan's historical and political relevance in Chapter 2, Chapter 3 focuses on demonstrating his contemporary relevance. The chapter starts with a review of the trending themes present in psychoanalysis and war trauma theory. The theories covered in this chapter are: Van Der Kolk's (2015) neurobiological theory; Boulanger's (2007) psychoanalytic perspective on adult-onset trauma; Davoine and Gaudilliere's (2004) clinical model of trauma as a signifier of a collectively repudiated experience; Bassin's (2016) documentary films; Shay's (2002) notion of moral injury, and Grossman's (1995) work on killing. I also review other theorists whose contributions on manhood overlap with and enrich Shatan's, such as Botticelli's (2015) and Kimmel's (1997) contributions on manhood, violence and homophobia.

My aim in Chapter 3 is to unbury and contextualize Shatan's theory and link it to these current models. I argue that Shatan's work sheds light upon the interacting social constructions of gender and insanity, both designed to sustain subjugating systems of power. In the chapter I indicate that the illusory ideals of manhood highlighted and the struggle for gender-identity affirmation, continue to influence massive destructiveness. Thereafter, I outline Shatan's clinical contributions, both happening inside and outside of the consulting room. These contributions include both therapeutic techniques and activism.

I end this dissertation with a brief reference to the clinical and political implications of Shatan's work, making a case for the importance of scholarship, clinical view, and activism amid

the current political scenario. I conclude with a summary of the ideas presented in each chapter, making a case for Shatan's place in contemporary trauma theory. I also explore the limitations of this dissertation, such as the lack of reference to the Iraq/Afghanistan survivor, raising questions for future studies. I claim that my thesis also leaves behind a thorough analysis of the intersectionality of class, gender, sexuality, and race and how they interact within systems of violence and power.

Furthermore, I argue that the revelation of massive psychic military trauma still threatens the power of institutions, capitalism and governmental authorities, and efforts to suppress it continue to exist (Nguyen, 2017). Thereby, the importance to rescue voices such as Shatan's.

I close this introductory chapter stressing that the fate of survivors and their societies would have been less traumatic without our tendency to ignore them (Des Pres, 1976). To heal, the action of bearing witness must transcend the individual level, entailing a collective commitment to recognize the trauma of the survivor. Thereby, a process of mending must take place in the many layers of experience in which the trauma is inflicted. I consider this dissertation to be small-scaled version of a greater goal of repairing and witnessing the pain we project onto others, whose suffering is in reality signaling our own collective madness (Davoine & Gaudilliere, 2004).

## CHAPTER 2: SHATAN'S TRAJECTORY AND CONTRIBUTIONS

In Chapter 1, I traced the cycle of recognition and misrecognition of war trauma to introduce Chaim Shatan, an underappreciated psychoanalyst whose work has been subject to oblivion. I also outlined the objectives of this dissertation: (1) the unraveling of a multilayered process of burial of war-related voices in psychoanalysis; (2) the contextualization and rescuing of Chaim Shatan's ideas, and (3) the demonstration of their contemporary relevance. Having contextualized Shatan's work, here I explore his trajectory and contributions in depth.

In the previous introduction, I presented some of the psychiatric and psychoanalytic approaches to war neuroses that emerged and disappeared throughout the twentieth century. I underscored that survivor's stress had an impact in psychoanalysis and that Freud made several attempts to understand it (Boulanger, 2007; De Fazio, 1978; Ferenczi, 1921). I also highlighted that some of the most influential theories in contemporary psychoanalysis have been influenced by, albeit removed from, war neuroses. Finally, I stressed that the clinical implications of these theories that stemmed from contact with soldiers, overlap with the emphasis on subjectivity, the here-and-now and the embodiment of bad objects in the therapist (Davies, 2004), proper of the American relational tradition.

In 1990, the sociologist Wilbur Scott, outlined the events that led to the publication of PTSD. Highlighting the crucial role of others such as Lifton, Haley and Smith, Scott proclaimed Shatan's role as pivotal in the development of the diagnosis. According to him, it was Shatan who organized a group of professionals and veterans, the Vietnam Veterans Working Group (VSWG), to document, reveal and validate the long-suppressed suffering of soldiers. These endeavors included correspondence and negotiations with politicians, institutions and organizations, some of which I describe below. Overall, the work of Shatan and his group led to

the materialization of an invisible syndrome, reframing a set of symptoms that were until then in great part regarded as psychotic. With this, they placed the roots of madness in military culture and the institution of war.

Certain characteristics, hallmark of Shatan's personality, made him a key figure in the advocacy of Vietnam veterans. First, his capacity to report brutal historical happenings through empathic lens. This allowed him to undertake the challenge of revealing the most brutal slaughter of the Vietnam warrior without losing an ounce of compassion for him. Second, Shatan was an activist and a psychoanalyst whose contemporary relevance rests in his dual character. His clinical insight was enriched by his political involvement and ideology, while his activism was inspired and informed by his experience as an analyst.

Politics, scholarship and psychotherapy are deeply intertwined in Shatan and constantly shaping on one another. For him the recognition of PTSD was both a clinical and political intervention, for "*every diagnosis is a potential political act*" (1985, p.6). His activism and empathy also allowed him to advocate for Vietnam Veterans, in a context where veterans' experiences were disavowed by "public amnesia" (Shatan, 1997), and to convince a reluctant political and psychiatric environment, about the massive psychic trauma of war (Herzog, 2017; Lifton, 1973; Morris, 2015).

Shatan's belief that politics and psychotherapy should dialectically co-exist had major clinical implications in his work. For instance, it was from this standpoint that he defied the traditional psychoanalytic paradigm of neutrality. He even found it harmful to leave the political/personal aspects of the analyst outside of the consulting room. As I stressed in the introduction, although opposed to the mainstream paradigm, this view is not uncommon among the progressive clinicians who worked with trauma survivors.

Shatan's colleague, Sarah Haley, made a case for this stance very articulately in her 1974 paper, "When the patient reports atrocities." For Shatan and Haley, the field's ideal of neutrality in the face of destruction was itself a symptom of trauma, a numbness that had to be fought against. In some of his letters, Shatan reprinted the following paragraph,

Psychiatrists, like most professionals, tend to meet the evils of power with professional neutrality. Professional silence, when we have been confronted with such destructiveness, is no longer an adequate response. To know about violence and killing and to remain silent is to be an accessory to that killing and to face profound moral corruption. Only a daily activation of the imagination can overcome our habituation to emotional anesthesia, to moral immunization. Unless we can respond with appropriate anguish to the outrages of social destructiveness, our scholarship may become distorted, our science counterfeit and our ability to illuminate human suffering may dry up and turn into mere technology.

In my view, Shatan's story touches an issue that has been gaining presence in psychoanalytic forums since the 2016 United States' presidential election, that is, whether psychoanalysis has the tools to foster social change. In this chapter, I critically examine Shatan's trajectory and contributions from a historical, clinical and political perspective, to make a case for the relevance of his work amid our own sociopolitical context. The chapter is divided in two major sections: trajectory and contributions.

I start this with a brief review of the history of Stress reactions as they appeared and disappeared in the Diagnostic Statistical Manual (DSM) of the American Psychiatric Association (APA), to contextualize the accomplishment of the Vietnam Veterans Working Group and by extension, the relevance of Shatan's activism and legacy.

In the theoretical section of the chapter, I use one of Shatan's papers, "Happiness is a Warm Gun" (1989), to illustrate his main ideas but most importantly his capacity to reveal shocking content, such as sexualized gore of soldiers, understanding that at the core, the soldier had been ripped apart from his civilian self and grieving. Then I divide the soldier's experience into three framing devices highlighted by Shatan: training, combat and homecoming, all circumscribed in different social spheres that contribute to the cumulative trauma of the soldier.

### **The History of War Trauma in and out of the DSM**

Since its inception in 1951, the publication of a syndrome in the DSM oftentimes leads to sociopolitical validation of suffering individuals who have been systemically invisible. In his written presentation, "Johnny, we don't want to know you" (1985), Shatan denounced the collective tendency to cover the brutal consequences of war, highlighting the fate of the so-called war neuroses in the DSM. In this segment, I outline the history of stress reactions in the DSM-I (APA, 1951) and II (APA, 1968), present in one edition and uncannily dematerialized in the other.

Published after World War II in 1951, the DSM-I included the category of *Gross Stress Reactions*, regarding those suffering them as "previously more or less normal persons who have experienced intolerable stress." This version emphasized the man-made aspect of the stressor, specifically combat or civilian, while de-emphasizing the idea of predisposition. Unfortunately, these advances would soon vanish.

In 1968, the second edition of the Diagnostic Statistical manual (DSM-II) replaced *Gross Stress Reactions* with *(Transient) Adjustment Reactions of Adult Life*, defined as acute stress reactive to an overwhelming external event, albeit this stressor was vaguely outlined (i.e. ranging from unwanted pregnancy to combat). Moreover, for war-related reactions, it featured the *rule of*

*service connection*; an onset criterion up to two years after exposure, ruling out delayed manifestations. The syndrome also had a duration criterion of a year maximum, leaving survivors whose symptoms lasted over a year labeled as neurotic or psychotic, thus relying heavily on the idea of predisposition. It is no surprise that the syndrome as published in DSM-II carried adverse implications for the cultural validation and financial benefits of survivors. In fact, the event contributed to the trauma of the soldier, whose experience grew even more unassimilable at home.

Shatan approached this disappearance with great disappointment and suspicion. He was appalled that groundbreaking contributions such as Kardiner's (1941), and Grinker and Spiegel's (1945) were overlooked. He also highlighted the veiling of Archibald and Tuddenham (1962) whose empirical study demonstrated the long-term effects of war on survivors. Observing WWII subjects with stress manifestations, their data evidenced that, far from acute, these reactions were of a chronic nature and lasted an indefinite period, sometimes even 20 years after exposure (Archibald and Tuddenham, 1962).

Shatan (1985) was also suspicious of the timing of this psychiatric neglect of Stress Reactions, one month after the Tet offensive. The massive North Vietnamese attack on South Vietnam, was seen through military lens as a sign of weakness and defeat; a threat to the American military's reputation in an already unpopular and controversial war. A diagnostic category that would unveil survivors' wounds would have added to this massive discontent (Shatan, 1985). Others have suggested that negative findings were suppressed because they interfered with combat effectiveness and morale (Jones & Wessely, 2005). Moreover, these hypotheses draw links between psychiatry, the military and the U.S. administration, seemingly invested in the misrecognition of the soldier to maintain systems of subjugation and power.

The mere idea of such alliance and its damaging repercussions on survivors was disturbing and bone-chilling for Shatan, and its realization inspired him to advocate for veterans throughout his career. Below, I provide a detailed account of his trajectory including the events that led to the publication of PTSD in the DSM-III.

### **Shatan's Trajectory**

Shatan was born in 1924 in Wloclawek, Poland, to a father who had fought in three wars: The Russo-Japanese War, The Balkan Wars, and the First World War. Thus, Shatan was a “war baby,” an experience of intergenerational transmission of trauma that he continuously unraveled (Shatan, 1975). When he was two-years-old, the family moved to Canada, where he grew up listening to his father's war stories in Yiddish (Scott, 1990). At a young age, Shatan became the recipient and the translator of his father's narratives, a role that he would later perform with his patients.

Shatan was a psychoanalyst, like many others, whose personal history informed his professional career and clinical style (Kuchuck, 2013). He used these early-acquired skills when he listened to the stories of Vietnam, Holocaust and other survivors. These patients presented with vivid nightmares, startle reactions, hypervigilance, avoidance, withdrawal, guilt, shame, suicidal thoughts, recklessness, impaired intimacy and blocked mourning (Shatan, 1972, 1997). As a container, Shatan experienced many of these symptoms himself (G. Shatan, personal communication, April 16<sup>th</sup>, 2018).

In terms of his education, Shatan trained at McGill University during the deployment of Canadian troops in WWII, a time when survivors' experiences were inescapably present in case narratives (Scott, 1990, Shatan, n.d.). Shatan arrived in New York after obtaining his Medical Degree and enrolled in psychoanalytic training at The William Alanson White Institute of

Psychoanalysis. Studying at the cradle of the interpersonal psychoanalytic tradition—with a core emphasis on the social—Shatan’s analytic training was also full of war stories, both from refugee faculty and patients. Furthermore, Shatan’s ideas were directly influenced by some of the leading voices of interpersonal psychoanalysis. For instance, he was supervised by Clara Thompson, and Frieda Fromm-Reichmann, who also led one of his study groups. From 1953 to 1956, he was in a research seminar with Erich Fromm.

Early in his career, Shatan’s activism led to significant changes in psychoanalysis. In 1955, he was President of the Harry Stack Sullivan Society. The society put together the voices of White Institute’s candidates and held topic discussions that often-promoted institutional change. Populated primarily by white male psychiatrists, the White Institute had opened its doors to training psychologists in 1948, yet a great portion of the student body was still opposing to their addition in the 50s. In 1956, along with other committee members such as Shecter and Ghent, Shatan strongly advocated for the inclusion of psychologists in training, arguing that this was in line with the social mission of the Institute.

Shatan had a lasting friendship with Emmanuel Ghent, a well-known psychoanalyst and one of the leaders of the Relational Psychoanalytic movement. Shatan and Ghent not only had the same medical and analytic training, but also worked together co-leading a psychotherapy group and supervising each other. In 1962, Shatan, Brody and Ghent wrote a paper on Countertransference in the context of peer group supervision where they also questioned the idea of neutrality (1962). Their work was greatly inspired by Harold Searles’ (1918-2015), a White Institute affiliate, whose marginalized work became later known for his pioneering contributions on the analyst’s subjectivity and the theory and treatment of psychosis.

Shatan’s investment in unveiling neglected topics is palpable in his early writing.

Examples are his papers titled, “Unconscious motor behavior and psychotherapy” (1961), and “Withdrawal symptoms after abrupt termination of Imipramine” (1966), respectively addressing the therapist’s body’s as a clinical tool, and the potential addictive hazard of medications, underexplored at the time. Shatan would never abandon this action of revealing, a hallmark of his personality, paramount in the understanding of his valuable contribution.

In 1963, Shatan became faculty and clinical supervisor at The NYU Post-Doctoral Program in Psychotherapy and Psychoanalysis (NYU PostDoc). He was also the clinic Co-Director from 1965 to 1974. Before I proceed, let me say that NYU PostDoc is one of the most prestigious psychoanalytic training programs in the United States. This makes the underappreciation of Shatan’s work in the field of psychoanalysis even more surprising, for one assumes that a longstanding Clinic Director at PostDoc would influence a generation of trainees through direct or indirect supervision. Although some of Shatan’s supervisees hold dear memories of him, his ideas are not familiar to them.

Finding limitations in the traditional intrapsychical psychoanalytic model, Shatan slowly started surrounding himself with anti-war colleagues. Among these, he encountered the social worker Sarah Haley, who was horrified by her coworkers’ tendency to pathologize Vietnam soldiers at the Boston’s Veterans Administration (VA). As I have highlighted, the removal of stress reactions in the DSM-II (APA, 1968), allowed professionals to label their veteran patients as paranoid schizophrenic, alcoholics or depressed. Interestingly, Haley, later a key figure in the development and publication of PTSD, was also the daughter of a WWII veteran. She too had grown up listening to her father’s stories (Scott, 1990). A heartfelt matter, the witnessing of her colleagues’ disavowal of war experiences was appalling and intolerable for her.

As I stressed in the introduction, Robert Jay Lifton was also a key figure in the

development of PTSD, working closely with Shatan in “anti-war collegiality” (Lifton, 1973). Among all the people involved in the publication of the diagnosis, Lifton is the most known in great part because of his multiple written publications, the most recent published in 2017, when he was 91 years-old. As a psychiatrist and psychohistorian, Lifton’s career has been marked by a strong political activism, attracting a wide audience of readers with his elaborate ideas transmitted through plain language. As a former psychiatrist of the Korean War, Lifton also denounced military malpractice and its devastating impact on society and individuals. In his book, *Home from the War* (1973), Lifton approached war crimes through the notion of *atrocious producing situation* (1973) holding the war and the military accountable for the brutal rape and killing performed by American troops. Not satisfied with the sole development of this concept, Lifton used it to actively advocate for and formally testify on behalf of veterans.

In 1967, a group of six anti-war veterans formed the Vietnam Veterans Against the War (VVAW). They joined each other upon their realization of the harm inflicted by the military, as they rallied through the streets of New York opposing to the war. This march was part of a series of anti-war protests in the United States, which took place in April 1970, following the invasion of Cambodia by South Vietnamese and American troops. One of these rallies ended with the killing of protesters at Kent State University, a tragedy that got great media attention. Sharing the despair of political activists amid this dark scenario, Shatan and Lifton widely advertised a presentation at NYU addressing the Kent State killings and the Cambodian invasion. Scott (1990) stated, “From this meeting and others like it, Lifton and other anti-war psychiatrists formed a loose, ongoing association with VVAW” (p. 299).

Shatan continued to experience profound devastation in the face of horrifying political happenings of the Vietnam Era. In 1971, Dwight Johnson, a decorated Vietnam Veteran, was

killed in Detroit by a small business' owner after Johnson attempted to rob his convenience store at gunpoint. Johnson already had a diagnosis of depression, but in fact, he met criteria for what later became known as full-blown PTSD. His death was the result of his environment's denial, ignorance and neglect. Shatan knew Johnson's fate would have been different had the diagnosis of PTSD been published (Scott, 1990). In his refusal to accept this further institutional harm inflicted upon already suffering survivors, Shatan became even more involved, taking the lead in Vietnam veterans' advocacy.

Since then Shatan embarked on a political journey with a single albeit complex goal: the recognition of Vietnam war trauma. With the support of many of his colleagues, he sent letters to the authorities and to the newspapers, outreaching individuals and large audiences. One of Shatan's key supporters was the at the time Director of the NYU PostDoctoral Program in Psychotherapy and Psychoanalysis, Bernard Kalinkowitz, who allowed Shatan to use the institutional letter-head, staff and equipment to promote his endeavor (Scott 1990).

Shatan and his group had to overcome plenty of obstacles. Rejected by obfuscated mainstream psychiatrists of the American Psychiatric Association (APA), they found a place in the American Orthopsychiatric Association (AOA). The AOA was more suitable for their progressive ideas as it was open to a wider range of mental health professionals, and committed to the study of the impact of sociopolitical happenings in individual's psychology. In 1971, Lifton and Shatan led a panel discussion at the association's annual conference, presenting their ideas about war and the suffering of homecoming soldiers.

In 1972, *The New York Times* published Shatan's Op-Ed, "The Post-Vietnam Syndrome." Originally drafted in 1971, this short article outlined the symptoms of post-Vietnam stress based on Shatan's clinical and rap group observations. In this piece, Shatan proposed his main thesis

and organizing principle of his future work: the soldier's *impacted grief*, a collectively disavowed mourning underlying combat stress reactions that continuously traumatizes the soldier (Shatan, 1973). This publication, which highlighted the suffering and resilience of soldiers, set the ground for the media attention that Shatan needed to pressure authorities and professionals. In an interview with Wilbur Scott (1990), Shatan (1988) claimed, "After the Op-Ed article, things started mushrooming."

In 1973, Shatan organized the first National Planning Conference on Emotional Needs of Vietnam Veterans. The conference gave birth to the National Veterans Resource Project, with Jack Smith as its president. A veteran with no mental health career, Smith's leadership was undeniable (Scott, 1990). That same year, the psychiatrist Robert Spitzer, known for his major involvement in multiple editions of the DSM, led the group that removed Homosexuality from the DSM-II (Shatan, 1985). This event brought to the field's attention the need for an overall manual revision, and the subsequent development of a new edition, the DSM-III, announced in 1974 (Shatan, 1985).

In 1974, Shatan won the First Annual Holocaust Award of the New York Society of Clinical Psychologists, for his work, *Bogus Manhood, Bogus Honor* (1977a), which describes the devastating psychological consequences of an implanted military worldview containing a stoic and delusional ideal of masculinity. His excitement did not last long as he soon found out that Spitzer had no plan to include stress reactions in the new DSM. Disenchanted, albeit not hopeless, Shatan founded the Vietnam Veterans Working Group (VSWG) in 1975. The VSWG was a congregation of 45 people gathering data from over 700 individuals to support the officialization of combat stress (Shatan, 1997). Their outspoken complaints allowed for Shatan, Lifton and Smith to join the DSM-III task force and the Committee of Reactive Disorders led by

Spitzer.

Shatan's archives hold evidence that in some circles he was a highly-regarded activist and expert in Vietnam veterans' concerns; people would seek his advice and even his containment in the face of social injustice, to the point that even victims of rape would write to him, sharing their stories. In 1974, a U.S. Senator wrote,

Dear Dr. Shatan, I am increasingly concerned with and alarmed by the poor record that the Veterans' Administration has demonstrated in the management of its medical facilities. Studies by the General Accounting Office and investigations conducted by my staff have shown that there is a tremendous amount of money being wasted in the VA's medical care program with a proportionate decline in the quality and safety of medical care for the veteran.

Defying the longstanding passivity of many of his sympathizing pen pals, Shatan urged politicians and members of the Congress to "take more positive action to meet the needs of today's veterans." There is evidence that the veterans' rights that Shatan fought for included educational benefits, which had decreased in comparison to previous wars. This was yet another fact demonstrating that the warriors of Vietnam were an especially repudiated group; the receptacles of a defeated nation's shame. In his correspondence, one can sense the multiple barriers that Shatan was confronted with, mimicking veterans' challenges. For instance, in spite of his lengthy letters to the U.S. Department of Veterans Affairs, with detailed psychiatric evaluations, Shatan was repeatedly asked to provide scientific proof of veterans' needs as if combat stress could appear on an X-Ray.

With his colleagues, Sarah Haley and Jack Smith, Shatan (1977b) drafted an overview of the VVWG's data analysis. They presented a paper titled "Johnny Comes Marching Home:

Combat Stress and the DSM-III” (1977b), at the APA meeting in Toronto. In Shatan’s correspondence, one can grasp his efforts to have this paper published so it could reach a larger audience. In 1977, in a letter to Charles Figley, he wrote, “we feel audience of AJP [American Journal of Psychiatry] essential to success of our efforts.” The paper was turned down by the American Journal of Psychiatry in 1979, after it had already been accepted! “I should have known better,” a disappointed Shatan wrote in another letter.

In 1977, the trio submitted the diagnostic proposal with a specific coding for DSM-III. The umbrella was Catastrophic Stress Disorder (CSD), with the specifiers of acute (ACSD), chronic (CCSD), and delayed (DCSD). Their paper included the subcategory of Post-Combat Stress Reaction (PCSR), and the predisposing and pathognomonic factor of the syndrome was of course, combat exposure (Scott, 1990).

In 1978, Shatan, Haley and Smith, formally presented their findings to the DSM-III Reactive Disorders Committee, suggesting the label of *Post Catastrophic Stress Disorder* (Shatan, 1985). In spite their recommendations, the APA published it as Post Traumatic Stress Disorder (PTSD), while the underlying classifications they had proposed were not considered (Young, 1995). This was problematic for Shatan who viewed the label of trauma as promoting a medicalization and de-socialization of the stressor (Shatan, 1985). He claimed, “Manmade stress centers on the torn fabric of human trust” (p. 11, n.d.), and defined catastrophe as a “sudden, disastrous overturning of the natural order, a great upheaval, overwhelming destruction” (1997, p. 206). Seen through Shatan’s lens, the wording of trauma excused the broader sociopolitical context of its responsibility creating these syndromes and pathologizing individuals.

In an interview, Lifton explained that Shatan undertook a dual task in his combat stress investigation. In part, he was invested in the formal recognition of a broader diagnosis that would

account for multiple traumatic experiences such as rape, violence and war, that is, an umbrella stress syndrome. On the other hand, Shatan was specifically interested in voicing the consequences of man-made catastrophe, combat, and particularly the repercussions of the Vietnam War on American soldiers (R. J. Lifton, Personal Communication, May 13<sup>th</sup>, 2016). The latter carried concrete implications to promote compensations and most importantly to stop the massive traumatization and further repudiation of Vietnam soldiers.

Although not perfect, this was still a victory for the VVWG as their efforts successfully led to a diagnostic category, with political and clinical implications that have fallen beyond anything they could possibly envision. As I have stressed, the diagnosis changed the way we think of syndromes today, even by legitimizing the inclusion of the individual's real experiences in our case formulations.

**Rap groups.** In 1970, the self-generated VVAW, led by Jan Barry, invited Shatan and Lifton to join the Vietnam Veterans' Rap Groups and Self-Help Program (Shatan, 1997). The VVAW had been "rapping" at their office in Manhattan, holding heated conversations about the war, society, and life. The veterans yearned to invite people with greater psychological knowledge, "not as professionals, but as equals" (Lifton, 1973; Shatan, 1997). The rap groups granted an outlet for Veterans to rap in unison things otherwise unsharable, such as mutilating corpses and collecting VC ears (Egendorf, 1985, p. 91). They were also a platform to make their alienation known to the public. Thus, although akin to "street corner" psychiatry, the rap groups were unique because of their political component. Although important, these two goals were at times conflicting (Egendorf, 1985; Lifton, 1973).

Shatan contacted a group of colleagues in the New York area to spread the rap groups, while his *New York Times*' column (1972) promoted the popularity and expansion of these across

the country (Lifton, 1973). By 1972-1973, there were around 30 groups spread throughout the country, without counting those held at VA Hospitals. The groups varied in number of peer-professionals, members, duration of sessions and length of participation. Lifton (1973) for example, described that in a two-year period, his group consisted of 35 members who attended consistently, and around 80 who were floating.

The Vietnam Veterans rap sessions were flexible in duration, open to everyone, leaderless, and with no agenda or directives. Rap groups' meetings were informal and could last four to seven hours (Shatan, 1997). Joining a group of these characteristics reflects Shatan's flexibility, his capacity to de-emphasize professional authority, and his ability to stretch his clinical approach in the service of healing. Shatan and Lifton called themselves professionals rather than psychiatrists, while some veterans even called them "shrinks." Creating their own language, the groups were never labeled as therapy, while the name rap group was purposely kept. Therapists who were part of these groups tended to ask open-ended questions, in the order of "what happened?" or "what hurt the most?" The goal was to convey interest and openness concerning the suffering of others (Egendorf, 1985).

For rap groups to become a healing device, the professional members had to use their subjectivity as a clinical tool (Lifton, 1973). Distancing from the medical model, Shatan and Lifton were encouraged to share their experiences, in a horizontal and mutual group format, in contrast to the conservative hierarchical organization (Lifton, 1973). Shatan's daughter, Gabrielle shared that the boundaries of these groups were so fluid that Shatan often had fellow veterans having dinner at home (G. Shatan, personal communication, April 16<sup>th</sup>, 2018).

Van der Kolk (2015), a prominent contemporary psychiatrist who also joined rap groups as a professional, shared that he was given a marine hat by rap group members who wanted him

to be one of them. Often welcomed, Shatan and Lifton were also at times confronted by veterans questioning their motivations for joining the group. Lifton was once questioned for taking notes for one of his books (Lifton, 1973). Other times, they were challenged because of their privilege (Lifton, 1973; Shatan, 1997b).

Although there was a marked difference between being at war and hating the war, all members, including professionals, shared a common devastation about combat. Arthur Egenderf, a Vietnam Veteran and later a psychologist close to Shatan (G. Shatan, personal communication, April 16<sup>th</sup>, 2018), claimed, “The rap groups became known as the place where you could tell your story, even the most horrible parts, and other people would listen” (1985, p. 91). He added that in all the rap groups he attended, the act of killing emerged haunting the guilty veterans. He conveyed that to process the experience and alleviate their pain, the members focused on the act of loving one another.

Anecdotally, Lifton (1973) narrated an episode of an undercover FBI agent joining a session and later confessing his identity out of guilt. The incident portrays how the veterans’ right to process their combat trauma was indeed neglected, forbidden, potentially criminalized, and subject to government scrutiny (K. Gentile, personal communication, July 19, 2018). The spy’s confession however, also speaks for the power of the group to evoke empathy and trust. The very loose and improvised format of the group was, perhaps unintentionally, designed to embrace vulnerability.

But Lifton and Shatan were not only in war against the military and its supporting administration, but also with their own colleagues. There were neo-Freudians who wanted to restore the classical frame, contrasting with Shatan and his group of experimental professionals who wanted the mutual collaboration with the veterans to prevail (Lifton, 1973). This latter

position was held mostly by politically-engaged clinicians who balanced their professionalism and their activism.

The VV rap groups were remarkably effective in restoring the human trust that facilitated mourning (Shatan, 1997). They also evoked the symbiosis of the combat unit (Shatan, 1985), mitigating the social alienation of veterans, while allowing survivors to recognize, normalize, validate and embrace the existential contradiction of being anti-war warriors. Nevertheless, the healing process of the VVAW did not end with the Rap Groups. In April 1985, Shatan drafted a letter about the “Circle of healing project,” proposed by veterans who wanted to help refugees of South East Asia in Bay Area. In that correspondence, Shatan wrote,

Victimizers, they were themselves victims of the system and machine which they served. Having recovered, and having helped many other Vietnam veterans to recover, they feel that their recovery is incomplete until they can reach out—as healers—to members of that very population which they once victimized.

I would like to conclude this section by highlighting that Shatan’s role in VV rap groups, mirrors his overall relationship to the Vietnam Veterans’ movement. That is, Shatan worked as a conduit for veterans to express themselves, to hear each other and to have their voices heard.

### **Shatan’s Contributions**

In this segment, I focus on the content of Shatan’s ideas. Having outlined some of the events that place Shatan as a key figure whose endeavors led to the publication of PTSD (DSM-III, APA, 1980), I proceed to critically examine some of his contributions, which are much more obscured than his role in the recognition of war trauma. Once again, notice that the clinician, the scholar and the activist in Shatan cannot be torn apart, because his theory itself is an act of social responsibility. Although Shatan had a solid background in Freudian and Interpersonal

psychoanalysis, his papers were beyond scholar and clinical as he used them as a platform for advocacy of Vietnam survivors. Such devotion to make a case for the systemic recognition of a very specific group had no precedent in psychoanalysis.

**Happiness is a warm gun.** I start my critical examination of Shatan's contribution bringing to the reader's attention one of Shatan's groundbreaking papers, "Happiness is a Warm Gun" (HWG, 1989), a plea for the awareness of indigestible happenings of the Vietnam Era. I use HWG—a paper as repudiated as the experiences it unravels—to introduce both the content and the fate of Shatan's most radical ideas. An unprecedented depiction of the Vietnam Marine, the piece was published in 1989 in a revolutionary, yet also overlooked, anthropological volume of the Vietnam Generation addressing the neglected topic of *Gender in Vietnam* (1989), edited by the trauma scholars Kali Tal and Jacqueline Lawson.

In HWG, Shatan addressed the fundamental themes in his work: the implantation of a military reality principle—psychotic from a civilian viewpoint, yet normative for the soldier; the impossibility to grieve; and the warrior's failure to socially reintegrate after combat. The article is worth reviewing because of three reasons: (1) it tracks the relationship between militarized mourning and military reality principle; (2) It reflects Shatan's goals of convincing a civilian audience about the consequences of war in an uncensored way; (3) Its source of publication, outside of psychiatry, is an example of the unassimilable themes of war in the mental health field.

When Shatan presented HWG, he plugged a large speaker and played the popular Beatles' (1968) song of the same title in front of his audience (G. Shatan, personal communication, April 16, 2018),

When I hold you in my arms (oh, yeah)

And I feel my finger on your trigger (oh, yeah)

I know nobody can do me no harm (oh, yeah)

A song like this can be a hit for it manages to deliver a message beyond explicit lyrics, but when the uninhibited material is written, as in Shatan's HWG, it remains crude and hard to assimilate, even decades after its publication. One reason is that the portrait that HWG offers of the Vietnam warrior distances from sanitized representations such as the one in the documentary *Let There Be Light* (Huston, 1980) (Harris, personal communication, April 7, 2017)<sup>3</sup>, where hospitalized veterans are depicted as living corpses struggling with mental illness. In fact, Shatan's raw description leaves him suffering same fate of the Vietnam Veteran. The very underexploration of this paper in the literature, demonstrates that Shatan's voice became as unmetabolizable as that of the grieving soldier.

Shatan starts his account with an analysis of the militarized personality injected in the Vietnam Era's Marine Combat Training. He regards training as a rite of initiation, where the recruit is severely manhandled and forced to abandon his civilian identity. Once surrendered to his torturing drill instructor, and with his individuality left behind, he is granted permission to join the combat unit's cult. In this context, he can act insanely under a warrior's worldview with values of manhood and a reality judgement that logically justified the goriest actions.

As a rite of passage, the Vietnam military indoctrination left grief obscured in the catacombs of the warrior's civilian personality. Shatan claimed, "... the need to grieve collides with the terror of being weak... Such a clash leads to unfinished or *impacted grief* in which an encapsulated, neverending past robs the present of meaning" (1989, p. 134). The losses of the

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<sup>3</sup> The uncensored depiction of the brutal soldier offered by Shatan is channeled through fictions such as *Full Metal Jacket* (Kubrick, 1987), *Platoon* (Stone, 1986), *The Deer Hunter* (Cimino, 1978) and *Apocalypse Now* (Coppola, 1979).

soldier were of great significance, but he was torn apart from bereavement, and encouraged to instead adopt vengeful killing as a ceremonial maneuver to bury his platoon friends.

Shatan connected savagery to a military reality principle. He used the term *psychosis* to describe the ethos of the Vietnam military (1981, 1989). He asserted, that a psychotic state emerged in training, where the recruit surrendered to a brutal environment at the cost of his sanity. The maddening structure of the military was entangled with the soldier's disavowal to mourn and his gradual identification with a murderous drill instructor. In the mind of the young recruit, the values of warfare and tender feelings were mutually exclusive. Thus, the death of significant ones was numbed through manic denial. These were the psychosocial processes that allowed civilian massacres, such as My Lai, to happen.

Shatan unpacked these complex phenomena, looking closely at the coexistence of a psychotic worldview implantation, killing, grief, and annihilation terror in the mind of the survivor. He compared war to psychosis to convince civilians and anthropologists that the recruit had joined a different world. These contributions facilitate the understanding of a dislocated serviceman who replaced his previous convictions for normative murderousness. Shatan asserted, "The military reality principle embodies the siege mentality and the paranoid position of combat: permanent hypervigilance, reflex obedience, and instant tactical response-to any threat, real or imagined" (1989, p. 130).

HWG confronts the reader with the complex task of digesting a gruesome topic. Perhaps one of the least digestible assertions in *HWG* is that the military indoctrination substituted *eroticized violence* for sexual intimacy. In his unveiling of the hidden images of Vietnam, Shatan (1989) introduced a new military character, a rapist of civilians, foes, and comrades alike. The uncovered image of the bloodthirsty soldier consisted of a militarized man who merged sex with

killing. In addition to underscoring the performance of ejaculations, and erections while firing, Shatan's radical representation included graphic examples: "exploding detonation caps inside the genitals of captured North Vietnamese Army nurses; and Stuffing enemy genitals in the mouth of dead Americans or dead Vietnamese" (Shatan, 1989, p. 131).

Contemporary audiences have been more exposed to explicit accounts of combat, and yet, Shatan's HWG still carries a potentially shocking effect on its reader. Extraordinarily uncensored, the brutal character that he describes operates in such way to ensure his survival. Shatan portrays a warrior who is simultaneously a victim and an aggressor, most important, he is a product of military fabrication. Driven by the idiosyncratic logic of Vietnam the soldier's destructive actions were institutionally justified, allowing a young man to perform slaughter as a symbol of immortality.

The ruthless killing and shameful loss of Vietnam, resulted in a massive shift in the American characterization of its warrior: The image of the WWII hero was shadowed by the portrayal of the Vietnam Era dehumanized perpetrator. On the one hand, the pro-war Americans who found pride in the victory of WWII, turned their backs on the Vietnam veteran, whose path was not as honorable. On the other, the coldblooded savagery that they performed, led to a fracture between the veteran and the American pacifist movement. This rupture of the Vietnam survivor's social bond (Gaudilliere, 2010), underscored by Shatan, carried the potential to become as traumatizing as combat.

In Shatan's view, the wounds of combat can be obscured, but not completely disappear. The Vietnam soldier was on duty for around a year and returned from overseas permanently changed, with a baggage of catastrophic experiences, and ripped apart from his peers in the combat unit. He could not psychically return home because he was not the same person (Shatan,

1972). As his surrounding environment failed to recognize him, the warrior became as unassimilable as his own psychological wounds. This gave rise to a Vietnam Veteran alienated from multiple fronts; his civilian self, his significant others, his society, institutions, governmental administration, and culture. The multilayered disavowal, manufactured a soldier stuck in the psychotic reality of war, for long after it was over.

**Training, combat, and homecoming.** Having illustrated Shatan's writing style and introduced his main ideas in HWG, here I deepen into the specific events that Shatan unraveled. Shatan emphasized the experiences of personality transfiguration, vengeful killing and militarized mourning. These experiences happen at different phases of warfare: (1) training; (2) combat; and (3) homecoming. Each stage carries unassimilable military events, compromising a different self-representation of the soldier: recruit, warrior, and veteran respectively. Because combat trauma is a multilayered phenomenon, these phases involve different systems (cultural, political, institutional and individual), all taking part in the trauma of the soldier.

More specifically, these three stages—training, combat, homecoming—are circumscribed in a particular social sphere, each containing its own traumatic phenomena and its own sociopolitical tendency to cover up the psychological injuries of war. In this section, I use these phases of combat as framing devices to artificially organize a series of catastrophic events highlighted by Shatan. I analyze the collective and individual wounds inflicted in each of these, and the context of madness in which they are contained.

In addition, I pair each phase with a core experience, as follows: (1) training and the implantation of a military reality principle (Shatan, 1977a, 1989); (2) combat and the performance of slaughter in the face of death; and (3) homecoming and the impacted grief of soldiers (Shatan, 1973).

**Training.** In his writing, Shatan (1972, 1977a, 1989) denounced widely-overlooked boot camp training practices designed to break the recruit's personality and reality testing through humiliation and torture. In so doing, Shatan critically examined the experience of Basic Combat Training (BCT) elaborating an argument and conceptualize it as catastrophic.

For Shatan, training is the rite of passage where the young recruit undergoes a massive personality change, "a re-birth in uniform," adopting delusional gender expectations (Shatan, 1977a, 1989). Shatan's de-construction of military instruction included the following interacting processes: Implantation of a psychotic military reality principle, including a delusional ideal of masculinity; adoption of a military personality; de-individuation/emasculatation; identification with the aggressor/sniper/drill instructor (1977a).

In HWG, Shatan highlighted the link between military and cult dynamics (1989). Paraphrasing, he defined *military cults* as a combat group with a primitive belief-system and rewards. In his process of becoming a soldier, the Vietnam recruit joined a unit that shared a new value-system and worshipped an omnipotent leader who represented it. An important aspect of Vietnam combat trauma is the warrior's immersion in an institutionalized group dynamic, which was specific to the military culture of the Era. Regression, de-individuation, unreasonable leader-idealization, and adherence to a unique belief-system, all embedded in combat training, match the definition of cults (Shaw, 2015)<sup>4</sup>. As a cult, the Vietnam military had its idiosyncratic worldview set in motion. This allowed for values that were bizarre from an outsider's perspective to be experienced as normative from within.

In Shatan's theory, BCT includes the implantation of a military reality-principle carrying

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<sup>4</sup> This phenomenon was recently described by Shaw (2015) who linked narcissism and cult dynamics from a relational standpoint. Nonetheless, a thorough analysis of Shaw's work is beyond the scope of the present.

a stoic ideal of masculinity that justified the soldier's inhuman acts (Shatan, 1973, 1977a, 1989). Shatan was a pioneer identifying the relationship between psychological wounds of soldiers and socially constructed representations of gender. As I outlined in Chapter 1, Ernest Jones' (1921) Symposium paper is one of the earliest references addressing this connection. Nevertheless, the fact that the topic of gender had gone mostly unseen in war literature until the late seventies (Bourke, 1996), makes Shatan a progressive thinker linking masculinity and combat experience.

Shatan first portrayed the unachievable paragons of masculinity in a paper titled "The U.S. Marines: Breaking Men to Military Discipline" (n.d.). In 1977, he wrote another paper on gender and combat titled "Bogus Manhood, Bogus Honor: Surrender and Transfiguration in the U.S. Marine Corps" (1977a). In this piece Shatan further developed his ideas on militarized masculinity, a theme he revisited throughout his career.

Published in 1977 in *Psychoanalytic Review*, Shatan addressed "Bogus Manhood" to an audience of psychoanalysts. *Psychoanalytic Review* is a journal founded in 1913, by William Alanson White, who projected his progressive spirit onto the philosophy of his editions. Most likely, this liberal stance allowed Shatan to submit a scholar article on a theme long neglected by psychoanalysts. Until this day, *Bogus Manhood* has remained the only paper authored by Shatan published in a psychoanalytic journal in English. Perhaps, it is the psychoanalytic jargon that functions as a shield guarding his ideas, yielding them more metabolizable than in HWG. Among the themes highlighted by Shatan in this paper were: The John Wayne ideal of manhood as represented by the U.S.' popular character; the endurance of brutality; thirst for vengeance; honor as a substitute for shame; and the impossibility to grieve. All these experiences are tightly interwoven in the same war mesh, and take place before, after and during training.

Shatan (1977a) placed military gender constructions at the core of the soldier's trauma.

Time and again he stressed that the link between manhood and honor was tied to aggression, killing, rape and revenge in the place of intimacy, grief, feelings and friendship (Shatan, 1972; 1977a). Shatan unveiled the gender bind of training, a twofold process, containing the tightly intertwined experiences of emasculation and hypermasculinity.

Emasculation is understood by Shatan as de-individuation; a breakage and weakening of the recruit's individuality and self-awareness through an amputation of his civilian construction of manhood. Shatan described it as a regression<sup>s</sup>, and claimed, "the core of training was to force each trainee to *shed his individuality*" (1977a, p. 591). Ripped apart from his selfhood, the soldier was instructed to equally de-humanize his victims, always ready "for depersonalized slaughter—their own or that of others" (Shatan, 1977a, p. 591).

On the other hand, hypermasculinity was conceived by Shatan as an unattainable ideal of masculinity, dissociated from feelings and tenderness; a delusion tightly interwoven with ruthless killing and incapacity to mourn. Shatan claimed, "Male grief is *hardened* into ceremonial vengeance: scapegoating supplants mourning and unshed tears shed blood" (Shatan, 1989, p. 136).

Shatan brought to his readers' attention the irreconcilable gender paradox of emasculation and hypermasculinity, which in his view had partly been implanted in these young men through the U.S.' mass-media culture of violence (Shatan, 1989). He alleged that with the purpose of producing bloodthirsty warriors (Shatan, 1977a), the military emitted harmful messages of hypermasculinity. Shatan interpreted some of these messages as follows,

A man with compassion, sensibility, trust, and gentleness will be maladapted to his unit

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<sup>s</sup> Note that Shatan is coming from a linear developmental model, where development is considered a progression from a state of undifferentiation to definition of personality.

(often equated to combat neurosis); In training, you will be built into a complete man in body, mind and spirit... Those who receive expressions of love from significant others will be shamed as passive, labeled as “faggot,” and alleged in love with his comrades; Rape and violence are acceptable, while erotic feelings of tenderness are prohibited (1977a, pp. 604-605).

Too familiar with our tendency to disavow human destructiveness, Shatan reminded us of the controversial tragedy of Parris Island. The incident resulted in the death of six Marine Boot Camp recruits marching through Ribbon Creek on a Sunday night. Shatan described it as follows,

In April 1956, Marine Staff Sgt. Matthew McKeon, a decorated Korean War veteran, felt frustrated by the lack of discipline among his trainees. He fretted, “There are still men in this platoon that could not have made the grade in Korea.” To toughen them up, he led them on a night march into the “boondocks,” or swamps. The episode would have ended there had not six men drowned” (1977a, 587).

Shatan cited Norman Mailer (1956)’s, the U.S. novelist and WWII veteran, description of this “accident” in the magazine *Dissent*. There are common grounds between Mailer’s and Shatan’s voices. Both writer and analyst, held in tension their anti-war worldview and their compassion for the marine. Mailer highlighted the role of humiliation in training, placing shame at the core of maltreatment. Like Shatan, he stressed the de-individuation of the Marine. He wrote, “There is a psychological destruction in so humiliating men which is far greater than the worst rigors of long cruel training marches, where at least one can have the self-respect of having endured, of having made it.” (1956, p. 436). Mailer eloquently unveiled the culture of horror in training. He made clear that recruits’ cots and clothing had to be flawless, otherwise these would

be considered a punishable act of noncompliance. Mailer added, “For anyone who has not been in the Armed Forces, the psychological terror of a Saturday inspection in training can hardly be explained” (p. 436).

*Identification with the aggressor.* Although physical punishment was officially banned from military training in 1956—after the tragedy of Parris Island—torture continued to happen within the American military (Shatan, 1977a). Shatan shared a vignette from a rap group member to underscore the automaticity that resulted from the recruit’s rite of passage: “We were chewed up in the Vietnam war machine, and we were spit out unfeeling. Then we became just the fingers that pulled the triggers” (1977a, p. 596). All this was accomplished through physical and emotional abuse perpetrated by drill instructors.

In the delusional ethos of war, the “manly” warrior had to survive and recreate the most brutal scenarios without collapsing. For Shatan, this was possible because of a split between war and peacetime personalities, such as the one highlighted by Freud and his colleagues in 1921. The now fragmented personality, built a fortress of destructiveness covering disavowed vulnerability (Shatan, 1986). This is possible through the recruit’s identification with his torturing drill instructor, a means to survive his training.

Shatan placed annihilation terror at the core of the warrior’s personality split and unresolvable conflict. He depicted an extremely punishing and degrading, but also inescapably needed drill instructor. This bind, in Shatan’s view, results in a paranoid retreat to the speechless fear and anxiety of a traumatized child, who cannot distinguish caretaker from perpetrator.

In multiple papers, Shatan (1977a, 1977b, 1989) used the concept of identification with the aggressor (Ferenczi, 1933) to refer to the personality transfiguration of the recruit and the internalization of the DI’s destructiveness. Nowadays, most of us would trace the concept

directly to its precursor, Ferenczi (1933). Unfortunately, his work only became more widely read in the U.S. in the late 80s and early 90s, when translated and rescued by the relational psychoanalytic movement (Aron & Harris, 1993). It is likely that Shatan was not directly familiar with the work of Ferenczi, his partner in burial, yet he applied his theory of incest to the dynamics of the young soldier.

In *Bogus Manhood*, Shatan used the notion of identification with the aggressor referencing Anna Freud (1937). As I described in Chapter 1, the phenomenon was initially conceptualized by Ferenczi in 1933, whose ostracized ideas managed to survive him. His contributions expanded in the U.S. through Anna Freud, who not necessarily linked it to Ferenczi. Although Shatan takes it from A. Freud, his view transcends the intrapsychical lens of the Ego Psychology tradition. Perhaps he could do so because of his involvement with the White Institute and NYU Postdoc, where clinicians were already integrating the social dimension to their theories and practice. It should be noted that Shatan was not the only psychoanalyst of his day using traditional language to disguise radical ideas (Adrienne Harris, personal communication, January 21<sup>st</sup>, 2018).

**Combat.** Shatan conceptualized the disavowal of mourning, brutal killing and the madness of war as systemic and interdependent phenomena. The Vietnam warzone was home to a multifaceted de-humanization. Most Vietnam warriors were trained to operate like a war machine (Shepard, 2000), while casualties were reduced to body counts. From officers to recruits, a fundamental premise of the Vietnam Era logic was transmitted: Where grief was, there slaughter shall be. Shatan argued that it was this induction of a military worldview that allowed warriors to brutally kill in replacement of mourning (Shatan. 1973, 1989). In this segment, I analyze what appears to be an unbreakable vow between blocked mourning and killing. Here I

focus on slaughter as the experience of blocked mourning will be de-constructed under homecoming.

Combat is the stage of the Vietnam warrior's experience where indiscriminate killing and rape of enemies and civilians took place. It is also the stage where the warrior witnesses his friends as indiscriminately killed. Upon homecoming, remnants of these experiences emerged in the form of guilt and disavowed mourning (Shatan, 1972). According to Shatan, brutal killing was a ritual designed to process the loss of a loved one to battle, a ceremonial burial (Shatan, 1977a). More precisely, he defines it as a "perversion of mourning," obstructing the natural course of grief (Shatan, 1989).

Blockage of mourning alone does not fully explain slaughter, for killing is also an omnipotent attempt to master a constant threat of annihilation. There is a reality of death present throughout the combat experience, so intense that prevails in haunting images upon homecoming. Both having killed and the terror of being killed are key and hallmark to the soldier's massive psychic trauma. The experience is irreconcilable and therefore the soldier must carry a split between the victim and the perpetrator of atrocities. This conflict is unique and distinguishes combat survivors from those of incest, torture, and genocide. Furthermore, through his sociocultural lens, Shatan understood this split as a byproduct of ill societal values, redeeming a collectively disavowed survivor, to blame his surroundings instead.

As a ritual to honor the dead, killing did not eradicate mourning. In Vietnam, dead platoon folks hovered around with no burial, while death was psychically sepulchered in the sarcophagus of denial. Highlighting the replacement of tears by murderous bullets, Shatan added, "When grief becomes impacted, the soldier's sorrow is unspent, the grief of his wounds is untold, his guilt is unexpiated. If this process does not lead to depression or flashback, its affective

energy can still be *militarized* and turned into *addiction to combat*.” (1989, p. 136).

Statistically, the Vietnam War was characterized by a high killing rate compared to previous wars (Grossman, 1995). It has been documented that the shooting of a WWII soldier was effective 15% of the time, while the Vietnam soldier had an effectiveness rate of 65%, holding a much greater number of casualties under his belt (Grossman, 1995). Vietnam veterans were recipient of hatred because of their thirst for killing, albeit the body count proper was not disclosed until 1995. These insane hiding of casualties along with the blaming of the soldier demonstrate the madness of an era.

Shatan developed a framework to understand the high killing rates of the Vietnam soldier. He stressed the interaction of speechless horror, Vietnam carnage, and disappearance of the survivor’s subjectivity. In his view, the entanglement of these experiences and the urge for survival gave no room for the identification and processing of terror. Moreover, the military reality principle regarded vengeance as a logical argument to justify killing in place of those killed. In Vietnam, these mechanisms were conducive to an unprecedented rate of enemy and civilian casualties (Grossman, 1995). A denial of mortality, killing was enabled by the repudiation of bereavement and tenderness. The soldier was insanely instructed to count dead bodies as a sign of victory, and this seemed completely logic in the ethos of the military.

Shatan was aware that atrocities in Vietnam were way too common. In 1989, he referred to the My Lai massacre to illustrate Vietnam’s gore. The incident took place in March 1968, and it was a grotesque murder of approximately 500 unarmed Vietnamese civilians including women and children, some of whom were raped and mutilated. Shatan (1989) regarded the massacre as a vivid example of ceremonial vengeance and added, “It began with Lt. Calley’s commander, Capt. Medina, was eulogizing a beloved sergeant killed in ambush. Suddenly, Medina turned the

memorial into a vengeance-ridden pep talk and a call to arms” (p. 138). Shatan explained that by dismembering the enemy, the soldier deliberately inflicted death, pain and grief to others, all sentiments that he could not bear within himself.

Shatan has been one of few analyzing this phenomenon without demonizing the soldier. My Lai was a reported instance of sexualized killing, as bodies were violated and mutilated. Sexual sadism grew as an outlet for grief and sorrow. As Shatan claimed, “Eroticism and destruction are blended in an orgasmic thrill of violence” (Shatan, 1989, p. 131). This gore sexual manifestations found their way in a bizarre military world such as Vietnam’s. Moreover, these acts allowed to hide the warrior’s repudiated vulnerability under a veil of brutal hypermasculinity.

After his own report of atrocities Shatan brings his reader back to a state of empathy and compassion,

He wrote,

The average of the Vietnam ambush, lasting 15-30 seconds, conveys the true psychotic reality. The darkness and silence annihilated by foreboding, by flashes of light, explosion, floods of startled and startling sensations, spasms of fear, and feverish sweating while shivering and cold to the bone. Something is beating in a defeating rhythm in the jungle: you realize that it is your own heart pulsating against your rib cage. “Time is compacted” and refuses to move one. There is no past, and no future. Each second feels like a separate parcel of time. In that moment, the membrane of old reality is torn asunder, leaving no boundaries and no guideposts. Now it is you who feel unreal. Death is the reality now. Death comes from everywhere and nowhere. To live, you must learn to embrace the ever-present nature of death by wrapping it in yourself as a new “introjects a

reservoir of evil and destructiveness. Only then can inner and outer reality feel at one again. Otherwise, you are maladapted to the vast web of suffering in which you enmeshed. Otherwise, you will succumb to sensory dislocation, death, or mutilation. All that in 15 seconds... (1989, p. 133).

Aware of the political implications of his arguments, Shatan fiercely rejected the idea that soldiers' trauma was linked to predisposition, which was the dominating idea at the time and a major excuse to dismiss veterans' claims. As I hitherto stressed, Shatan (1989) publicly claimed that combat exposure alone as the trigger of war stress. Boulanger (1986) provided evidence to sustain this hypothesis. In her quantitative study, she found that pre-existing traits only interact with a PTSD syndrome when the exposure to combat is minimal, but "in the most extreme conditions everyone, even the least susceptible, is at risk to develop PTSD" (Boulanger, 1986, p. 50). With this assertion Shatan also questioned the tendency of his psychoanalytic contemporaries to focus almost exclusively on early experiences, promoting the notion of adult-onset trauma, a topic that was for the most part neglected in the field (Boulanger, 2007).

The nature and novelty of the Vietnam conflict played a significant role determining the experience of its warrior (Shatan, 1986). For instance, the lack of purpose or objective and reduced length of service, resulted in the experience of relatively low levels of fatigue, but significant deterioration in functioning due to high levels of distress, trauma, guilt and social isolation. Furthermore, the offensive strategies of the Viet-Cong were also novel and unpredictable adding to a geography and a set of traditions that were extremely unfamiliar for the American youngster. Facing a constant threat of death, such annihilation fear carried potential for revenge against any Vietnamese (Shatan, 1986) civilian and warrior alike. From Shatan, we learn that under such circumstances, this desire to kill in combat can spark in any of us.

*Homecoming.* In this segment, I explore the Vietnam soldier's experience of homecoming as articulated by Shatan. It is in this phase, once the service and the constant threat of death is over, that most of the dissociated traumatic experiences and depressive states emerge. These suppressed injuries appear and disappear, replicating the collective mechanism of denial of war trauma. The sociocultural estrangement of the veteran upon homecoming along with the unpopularity of the war left him alone and deeply wounded, while his hypervigilance and paranoid automaticity gave the surrounding environment more reasons to reject him.

Shatan (1972) was a pioneer in the articulation of the post-Vietnam syndrome. Based on his patients' narratives, he concluded that at any given moment, the soldier could manifest post-exposure reactions of depersonalization, derealization, intrusive images, paranoia, nightmares, guilt, mistrust, thirst of killing, anger, and incapacity to love. These symptoms are intimately related to the interacting phenomena of psychological timelessness, split, alienation and blocked mourning, which are in and of themselves traumatizing for the soldier.

The Vietnam soldier was on duty for only one year and returned from overseas permanently changed, with a baggage of catastrophic experiences, and ripped apart from his comrades in the combat unit. He was estranged from his unit, the military, the anti-war movement, and his own family. In the documentary, *Brothers in War* (Rademacher, 2014), the Vietnam veterans describe their illusion of homecoming while boarding and riding the plane, in contrast to the trauma of landing, and being spit at by "pacifist protests."

Shatan conceived the massive unpopularity of the Vietnam War as traumatizing for the soldier. In contrast to the glorious homecoming of WWII survivors, the Vietnam warrior was mainly associated with unnecessary bloodshed and *failure* (Shatan, 1986). The soldiers felt scapegoated (Shatan, 1972), because they were indeed a target of massive criticism as public

opinion turned against the war. Lacking the honor of the WWII military, the Vietnam soldier was also filled with anti-war sentiments (Lifton, 1973). Thus, he was left exiled from military and civilian lives. In other words, the survivor was both in combat and home, and yet in neither.

This social disconnectedness is characteristic of man-made stress (Shatan, 1997a), and perpetrated not only by the military, and the Viet Cong, but by all of us. Homecoming demands that the individual passes through the torn *membrane of reality* (Shatan, 1974), a “tattered interface” between the schizo-paranoid reality of combat, and the reality of home. One of Shatan’s patients described homecoming as the experience of living in a *split time zone*, between the reality of home and the brutality of combat (Shatan, 1997). Based on patients reports, Shatan developed the concept of *perceptual dissonance*, to refer to the mutual exclusiveness of warrior and civilian selves, each of which live in different places (Shatan, 1997).

*Impacted grief.* Shatan built his theory based on the assumption of militarized mourning, and he touches the topic in all his papers. The problem of what is adaptive in the face of death has preoccupied many theorists for over a century. Since Freud (1917) de-constructed mourning and melancholia, there has been considerable debate in psychoanalytic literature addressing the question of what distinguishes healthy from pathological grief (Baranger, 1961; Gerson, 2009; Green, 1999; Kernberg, 2010; Klein, 1950). Shatan was also drawn to these challenges in the theory of mourning. In fact, he referred to militarized mourning and impacted grief in most of his papers (Shatan 1973, 1974, 1975, 1977a, 1977b, 1983, ca. 1992). He grappled and revised the ideas developed in his paper titled, “The Grief of Soldiers” (1973), emphasizing the impossibility of the soldier to bereave as the hallmark feature of veteran’s trauma, a limbo where loss is not fully mourned, and not fully suppressed.

As a politically-driven psychoanalyst, Shatan dovetailed Freud’s ideas in, “On Mourning

and Melancholia” (1917), with a sociocultural framework. Freud (1917) understood mourning as the gold standard over melancholia. In the Freudian tradition, mourning allows the individual to overcome the loss and develop new bonds. Contrastingly, melancholia is an unfinished process that leaves the person clinging; unable to “de-cathect” from the lost object and invest libido in a new one (Freud, 1917).

In spite the limitations of his theory, Freud’s ideas on melancholia are in Shatan’s view applicable to the survivor’s experience. Probably one of his most interpersonal works, Freud (1917) understood that the characteristics of the lost object factor in the individuals struggle to mourn. Furthermore, grief is curtailed when the loss is not even recognizable or verbal, adding that losses are especially intangible and ambiguous when they imply a political ideal or worldview. Shatan also underscored these symbolic losses. He asserted, “Since we are symbol-making animals, perhaps our most fundamental losses are *symbolic* wounds. Many veterans felt that their belief in the value system of the United States had been wounded” (Shatan, 1989, p. 142).

At home, melancholia, survivor’s guilt, rage and shame can no longer be projected onto the North Vietnamese. Instead, the veteran internalizes his own scapegoat; he becomes the lost object, empty, impoverished, and unable to identify his loss. In other words, paraphrasing Freud, “the shadow of the object” falls upon the ego (Freud, 1917, p. 249). Once again, the act of killing makes things more complicated for the soldier, who loses part of himself when taking someone’s life (Grossman, 1995). This strong identification with the enemy, the original target of aggression, leads to self-destructiveness.

Although Freud defined melancholia as an obstruction of affective processing in the face of significant loss, Shatan and others (Baranger, 1961; Gerson, 2009), have highlighted that this

failure is *adaptive* to a maddening environment. This re-examination allowed Shatan to shed light upon the veteran's melancholic states through his resilience-based lens.

*Delayed manifestation.* Circa 1992, Shatan wrote a paper titled "The Gulf: An Iraqi Finger in the Dike," where he illustrated delayed-onset post-traumatic manifestations in three WWII survivors. All three patients developed a stress reaction during the Gulf War, including nightmares and intrusive images of horror. Shatan hypothesized that instead of a sudden acute stress-reaction; these individuals suffered from a "recurrence" of a latent syndrome. He used this argument to question the rule of service connection and the myth that delayed symptoms were not rooted in combat.

One of these patients, a 58-year-old German female from the Netherlands, had been woken-up at 4 a.m. by the sounds of attacking German helicopters and paratroopers at the age of 8. The blast of misfired rockets provoked a latent state of terror in the patient, terror that reemerged almost 50 years later, after she watched Scud missiles landing in Israel through CNN news. Images triggered startle reactions, guilt, intrusive recollections, nightmares, early awakening (at 4a.m.), and flashbacks of German rockets. Shatan concluded that his patient's syndrome was a relapse of the original PTSD set five decades earlier (Shatan, 1997).

Paraphrasing, Shatan understood that traumatic reactions manifest in delayed circumstance because they were difficult to integrate and easy to dissociate. The fact that they remain latent, does not mean that the patients are not haunted by the unresolvable dilemma of "*manmade*, socially sanctioned destructiveness" during subclinical periods when the wounds remain unseen (Shatan, ca.1992, p. 4).

Based on his observations, Shatan developed the notion of Post-Traumatic Adaptive Lifestyle (PALS) (Shatan, 1974). He described it as the suppression of the first acute stress

reaction whereby the fear of annihilation remains encapsulated in the form of “unassimilated catastrophic reality” (Shatan, 1974). Additionally, during the period that the symptoms remain subclinical, the survivor lives with a chronic susceptibility (Shatan, 1985) to stress-inducing phenomena. Thus, a patient may become symptomatic after watching the news, listening to a conversation, or reading the newspaper.

Shatan’s (1974) notion of PALS included a crucial distinction between delayed *onset* and delayed *manifestation*. This difference has clinical relevance as help-seeking does not necessarily follow the onset, but a full-blown presentation. Because of the rule of service connection, Shatan’s development of a theory of delayed manifestation tied to the political advocacy of veterans with major implications for their recognition, treatment and compensation.

*Timelessness.* Shatan understood the re-emergence of the post-catastrophic syndrome as a regression to an earlier experience (ca.1992, 1997), a “reminiscence” (Freud & Breuer, 1893) that triggers, symbolizes or signals the appalling reality (ca.1992). Shatan underscored that the deferred presentation of his patients also stood for an attempt to work the earlier trauma through (Shatan, ca.1992). His view of reenactments as attempts to process overwhelming experiences, replicates Freud’s ideas in “Studies of Hysteria” (Freud & Breuer, 1893) and “Remembering, Repeating, and Working Through” (Freud, 1914).

Shatan’s documented cases of patients troubled by timeless echoes of an unspoken past in the present, a constant state of enhanced vigilance, and heightened sensitivity to a variety of stimuli. During the initial clinical contact, survivors were drowning in panic, nightmares, intrusive recollections, and flashbacks (Shatan, 1986). These were signs that the unconscious efforts to bury the catastrophe were no longer sustainable (ca. 1992).

In his efforts to understand the timelessness of trauma, Shatan described the flashback

experience ahead of his colleagues and before the advent of the term. Shatan innovatively defined intrusive images as a key symptom of war trauma, a partial dissociation so vivid that could even lead veterans to violent actions under the illusion of self-defense. As forensic cases of veterans piled, he regarded flashbacks as a *hypermnesia* (Niederland, 1961)—the antithesis of amnesia—via which suppressed events appeared inadvertently. With striking accuracy, Shatan later concluded, “I speculate that flashback is related to an alarm reaction to the part of the neuro-endocrine system, followed by long-term autonomic and neuro-endocrine adaptation to combat stress” (1989, p. 134).

Furthermore, in Shatan’s theory, timelessness, and delayed manifestation are passed from veterans to their offspring. In his paper, *War Babies*, Shatan (1975) asserts that the children of combat survivors carry their stress, a phenomenon with growing popularity known to us as intergenerational transmission. Similar to Winnicott’s (1974) description of *fear of breakdown*, Shatan defined war babies as children who live with the timeless expectancy of a past happening, without ever experiencing it. Furthermore, in Shatan’s view the intergenerational transmission of trauma between parent and child was bi-directional, as the survivor re-experienced his trauma while parenting his children. In other words, his approach to the phenomenon involved a reciprocal exchange of traumatizing and re-traumatizing experiences between survivors and their offspring. These ideas on bidirectionality were groundbreaking in their context, and still hold relevance in the present (Shatan, 1975). A war baby himself, Shatan (1975) claimed that awareness and sensitivity of this phenomenon could minimize intergenerational transmission.

## **Conclusion**

In this chapter, I reviewed the trajectory and contributions of a hidden psychoanalyst, whose history and content of his ideas mirror each other. I started with a description of the early

years of Shatan's career, characterized by investigations where he emphasized unconscious and nonverbal processes, psychoses, and community psychiatry. Then I described the sequence of events that led to the publication of PTSD, demonstrating Shatan's crucial role. I also described him as an outsider in his surroundings, hardly found in psychoanalytic journals. As demonstrated here, many of his conference presentations and keynotes took place outside of psychoanalytic conferences.

In the second section of this chapter, I summarized some of Shatan's contributions. Shatan shed light upon the psychological consequences of: combat training and its misconception of manhood; the social and individual impact of genocide and man-made catastrophe; the act of killing; grief; and intergenerational transmission of stress.

Characteristics such as his openness to navigating both interpersonal and intra-psychical psychoanalytic paradigms, as well as his willingness to expand the therapeutic frame in the service of healing (R. J. Lifton, personal communication, May 13<sup>th</sup>, 2016), made Shatan's an outstanding clinical voice, and as such, worth highlighting today. Reflecting his professional commitment to individuals and society, Shatan's ideas were both clinically and politically progressive for his time.

Portrayed as quirky and far from the norm (G. Shatan, personal communication, April 16, 2018), Shatan's work cannot be traced to any one school of psychoanalysis. Although, his ideas include features of Yalom, Searles, Freud, Ego psychology, Systems theory, and Psychohistory, the reality is that no group can claim him, for he did not fully belong to any. This marginal position is also a factor weighing both in the importance and the underestimation of his work.

In sum, in this chapter I described Shatan's crucial role in the officialization of a revolutionary diagnosis. I also outlined his groundbreaking ideas and his function of revealing

brutal acts in a compassionate manner. Overall, the chapter shows the confluence of scholar and activist in Shatan. In the next chapter, I discuss the contemporary relevance of Shatan's theory, clinical work, and activism.

### CHAPTER 3: CONTEMPORARY RELEVANCE

In Chapter 2, I examined Shatan's trajectory and contributions. I reviewed the events that led to the publication of PTSD, demonstrating that Shatan's was one of the main figures involved in the psychiatric recognition of the syndrome. Once revolutionary, PTSD is now widely-used (Boulanger, 2007). Furthermore, its publication marked the start of a cultural shift in case formulations, de-emphasizing the intrapsychical to focus on the social. Although the features of PTSD are not specific to combat trauma, the diagnosis still carries major political, cultural, and clinical implications for catastrophically wounded soldiers and their communities.

In the previous chapter I argued that Shatan's activism, scholarship, and clinical work were all crucial aspects of his personality explaining the historical significance of his contributions. Here, I argue that his analytic theory, practice, and the social change he fostered are still relevant. This chapter consists of two major sections. In the first section, I review the contemporary theories that shed light upon adult-onset trauma and its treatment, along with those that address the phenomenology of war trauma. In the second section, I examine Shatan's work and its academic, clinical, and social implications.

The 9/11 terrorist attacks and the ongoing wars that stemmed from them, marked a rise of interest in adult-onset trauma in different disciplines, and the literature is abundant. To show how Shatan's ideas enrich the current understanding of war trauma, I examine an array of theories, among which are: contemporary psychoanalytic perspectives addressing adult-onset trauma; approaches on war trauma outside of psychoanalysis; and anthropological/sociological literature on human destructiveness.

In addition, in the literature review of the chapter, I put together recurrent themes in contemporary theory that directly and indirectly describe the experience of the soldier.

Specifically, I highlight: (1) the neurobiology of trauma (Van Der Kolk, 2015); (2) adult onset trauma seen through a dissociation-based model (Boulanger, 2007); and (3) the inextricability of historical, cultural, political and personal wounds (Bassin, 2016; Davoine & Gaudilliere, 2004; Grossman, 1995; Shay, 2002). Among the psychoanalytic contributions reviewed only Botticelli and Bassin refer exclusively to war survivors. Those who do so outside of psychoanalysis are Shay (1994), who developed the concept of moral injury and Grossman (1995), who focused on the trauma of killing.

In the second section, I review Shatan's ideas on gender and the clinical implications of his work, happening inside and beyond the consulting room. I stress the importance of social witnessing, and discusses the aspects of collective organization and sociopolitical change. To conclude I discuss the multiple layers in Shatan's work, realms that together contribute to the survivor's mending.

### **Contemporary Views**

**The neurobiology of trauma.** One of the major approaches to trauma stems from neuroscience, with Van Der Kolk as one of its major exponents. Van der Kolk was one of the main researchers involved in the DSM-IV's revision of the PTSD diagnosis. In his book, *The Body Keeps the Score* (2015) he gives credit to Shatan and Lifton for clustering its most common symptoms into a syndrome in 1980.

Early in his career at a VA hospital, Van Der Kolk realized that talking therapy and psychotropic treatment alone did not heal veterans. This was a common realization among progressive therapists working with this population. He wrote,

The act of telling the story does not necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated. For

real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present (2015, p.21).

It was this realization that led Van Der Kolk to focus on the neurobiological features of traumatic experiences. His interest drove him to conduct a vast body of research addressing neurobiological correlates of trauma, and the efficacy of healing modalities based on these insights. With his colleagues, Van der Kolk has developed a series of instruments to measure brain activity, activation, and heart rate variability (HRV).

In *The Body Keeps the Score* (2015) and other works, Van Der Kolk outlines the effects of trauma in the brain. Through neuroimaging observations, he corroborated findings that the amygdala is the brain's threat detector (Damasio, 1994; LeDoux, 1996), what he has termed "smoke detector," identifying the negative impact of trauma in this function. Furthermore, he has highlighted the significant role of serotonin in startle responses. Through these methods, Van Der Kolk and his group have proven that trauma affects the body, explaining its massive affect dysregulation.

Van Der Kolk's *Body Keeps the Score* summarizes years of research with survivors. He has collaborated with a group of colleagues (Hopper et al., 2007), using brain scans to study the neurological changes that result from trauma, and the individual differences among survivors. Likewise, he has given convincing evidence for neural correlates to several types of dissociative and stress-related phenomena, which vary depending on the clinical presentation.

Academics who also study the neural correlates of traumatic stress have arrived at similar conclusions (Damasio, 1994; LeDoux, 1996), asserting that overwhelming fear disrupts the function of the amygdala & hippocampus, which oversee emotions. Van der Kolk's findings also suggest that the cerebral cortex is the secondary processing system in charge of symbolizing

affectively charged experiences, a function atrophied in cases of PTSD. Overlapping with other contemporary theorists (Bromberg, 2011; Bucci, 2002; Schore, 2011), Van der Kolk proposed that healing entails the integration of raw overwhelming sensations and events through symbolization.

Furthermore, the neurobiological approach to trauma proposes that therapeutic interventions should target the emotion regulation function of the hippocampus, re-establishing the link between raw impressions and cognitive schemas (Van der Kolk, 1987)<sup>6</sup>. According to Van der Kolk, the treatment modality should at least include talking and body-based techniques, such as yoga and neurofeedback, to repair the cortical-symbolic associations in the brain. Although other theorists have arrived at similar conclusions, Van der Kolk has empirically demonstrated that these body-based techniques are essential restoring the functionality of the sympathetic system, in charge of fight or flight responses (Van der Kolk, 2015).

Three decades ago, Van der Kolk (1987) was already studying the benefits of yoga for brain connectivity and heart rate. Specifically, he has proposed that yoga restores the functions of introspection, self-reflectivity, and communication of feelings, disrupted by prolonged or extreme fear and stress. These interventions lead to affect regulation, originally impaired by the individuals' sustained efforts to survive overwhelming and life-threatening events. Within the talking therapy modality, Van der Kolk made a case for the inclusion of a narrative building approach to the traumatic experience; including sharing the story, the revision of the past, and the defiance of negative thoughts that result from trauma exposure. Recently, he added the modality of neurofeedback (i.e. the instance for the patient to see her own brain waves/activity),

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<sup>6</sup> There are striking significant similarities between this approach and Bion's theory of thinking (1962), yet a comparative analysis of them escapes the scope of the present.

to aid brain connectivity, restoring traumatically severed links between affects and ideas, experiences, and relationships (Van der Kolk, 2015).

In sum, major advances have resulted from neuroimaging observations and neurological studies in survivors, giving evidence of the devastating impact of trauma. Moreover, these neuroscientific theories understand neural correlates to the experiences of intersubjectivity and dissociation, so explored in contemporary psychoanalytic literature.

The key to Van der Kolk's success is the vast evidence and studies that he and his colleagues have provided. His complex theory is also accessible to a myriad of audiences. Thus, the study of neurobiological correlations and the effectiveness of body treatment for trauma healing are paramount contributions that enrich, and are be enriched by, Shatan's framework.

**Trauma and relational psychoanalysis.** In *Object Relations in Psychoanalytic Theory*, Greenberg and Mitchell (1983) coined the term relational psychoanalysis. They argued in favor of bridging the intra-psychical (i.e. object relations) and the interpersonal views in psychoanalysis. I do not intend to elaborate the complexity of the theory and myriad of perspectives within this model, as they transcend the goal of the chapter. Rather, I present some of its main constructs to examine the contemporary contributions that shed light upon trauma theory and treatment.

The relational standpoint prioritizes nonverbal processes, dissociation, interpersonal enactments, the therapist's subjectivity, authenticity, dialectical constructivism, and the here-and-now. This does not mean a full abandonment of the classically emphasized aspects of content, interpretation, language, and analytic asymmetry (Aron, 1993). As I proposed in Chapter 1, aspects of treatment and experience were present in trauma theories throughout the 20<sup>th</sup> century even before the advent of a conceptual framework that contained them. Historically

clinicians found the classical ideal of analytic neutrality not useful, if not harmful, in the treatment of survivors. Thus, given the common grounds between its main postulates and trauma work, one can argue that relational psychoanalysis also evolved from those encounters.

Relational analysts propose a multiple-self-state model of mind, in contrast to Freud's structural model. This model de-emphasizes repression and primes dissociation as the primary psychological mechanism. Dissociation is an adaptive operation at play in a range of events, from trivial to traumatic. The following quote by Davies and Frawley (1994) defines this phenomenon,

Dissociation is the process of severing connections between categories of mental events—between events that seem irreconcilably different, between the actual events and their affective and emotional significance, between actual events and the awareness of the cognitive significance, and finally, as in the case of severe trauma, between the actual occurrence of real events and their permanent, symbolic, verbal mental representation. (p. 62)

One of the assertions of the relational school is that traumatic experiences remain unformulated (Stern, 2010). Unformulated events are registered in the psyche but elude reflective awareness. Generally, these are dissociated fragments of experience that are enacted interpersonally. Thereby the therapeutic relationship is paramount to the task of bringing those split-off events.

Several authors in the field, beyond the relational school, have used other concepts to refer to these experiences in different and complex ways. Among these are Lacan's notion of The Real, Bollas's unthought known (1987), impressions from the cut-out unconscious (Davoine & Gaudilliere, 2004), the nonverbal symbolic (Bucci, 2002), and proto-mental events (Bion, 1961).

The essence of these terms is that they differ in quality from the classical definition of unconscious thoughts, for they are understood as affect-laden and subject to dissociation, as opposed to buried or repressed ideas (Stern, 2017). Thus, their suitability for trauma theory.

Like dissociation, unformulated experience is conceptualized as a continuum ranging from day-to-day implicit events to trauma. Not all unformulated phenomena are traumatic, in fact, most of our life events happen outside of awareness, yet in the case of catastrophic wounds they tend to be more affectively charged and difficult to access. Theorists that pay attention to trauma often convey that traumatic experiences are trapped in this realm, where they cannot be retrieved nor forgotten; escaping meaning-making through the action of dissociation (Davies & Frawley, 1994).

Unformulated experiences and their enactments not only happen dyadically, but in triadic, group and larger social forms, albeit the theory tends to dismiss these realms. An exception is Boulanger (2007), who linking this phenomenon to Lacan's notion of The Real<sup>7</sup>, wrote,

Events that constantly fail to secure a place in social discourse—slipping out of conscious awareness and defying memory's attempts to register them, leaving instead a gap where understanding might be, or a sense of confusion where clarity might be—belong to the Real. The Real is at work in every act of destructive violence that is rapidly normalized, every instance of genocide that is overlooked, every war whose combatants find no socially acceptable avenue in which to describe their experiences and so are condemned

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<sup>7</sup> Lacan revised his ideas on The Real throughout his career. One definition is that The Real, refers to that which is not Imaginary nor Symbolic. It is the unknown, that has been cut-out from experience. It derives from social roots and is relevant to the story of the individual. The Real escapes meaning and symbolization, yet carries the potential to be symbolized. Because of these features, traumatic experiences are understood to remain stuck in the realm of The Real (Lacan, 1964).

to silence (p. 4).

Boulanger (2007), a central voice in contemporary psychoanalysis of adult trauma, built her theory upon relational pillars. She asserted,

Relational psychoanalytic practice, with its emphasis on dialectical construction and multiple meaning, with its increasing willingness to give contingency its due, and with its questioning of the psychoanalytic imperative that finds all powerful experience in the past, appears to be in a unique position to undertake the analysis of adult onset catastrophic stress (p. 14).

In spite its suitability, a relational theory for adult onset trauma is still in the making. In 2007, Boulanger claimed that psychoanalysis has the technique, but not the theory to anchor the work with adult survivors of catastrophes. She wrote, “Indeed, taking adult onset trauma seriously challenges many of the fundamental assumptions on which psychoanalytic theory, be it drive theory or some version of relational theory, is based” (2007, p. 43).

For Boulanger, a major limitation of the relational school is that it has primarily focused on childhood trauma, with a theory of dissociated self-states that does not illuminate the traumatic wounds of adults. Although she still primed the mechanism of dissociation, in her view the adult has formed a core self, affected in its entirety by catastrophic fears. She wrote, “To the adult, dissociation in the face of massive psychic trauma does not result in a further split-off traumatized self-state, but in a potentially permanently altered sense of self” (2007, p. 69). This assertion relates to a developmental model where the psyche evolves from fragmentation to integration, a view not necessarily shared among relational analysts.

Like Shatan and others, Boulanger describes the real fear of death, interpersonal mistrust, identification with the aggressor, experience of unfamiliarity and estrangement, loss of agency,

disruption in the continuity of self, and numbness of the survivor. What is paramount about Boulanger is that she filled a void by developing a contemporary psychoanalytic framework for adults who experience massive catastrophic stress, including veterans.

In addition, Boulanger is one of the few analysts, with Grand (2009) and Botticelli (2015), who has explored Shatan's work in her writing. In so doing, she called attention to Shatan's ideas on grief, the reality of death threat, and the traumatic symptoms that therapists experience when working with survivors (phenomenon that she terms *vicarious trauma*).

**The mourning after.** An artist and psychoanalyst, Bassin directed an awarded documentary, *Leave No Soldier* (2008), in which she put together the testimonies of two generations of veterans actively engaged in helping each other process their combat experiences. Bassin is not the only psychoanalyst who has used film language to reveal the trauma of soldiers. Rico Ainslie, also an analyst and filmmaker, is currently editing his documentary footage for his film *The Mark of War*.

Remarkably, the audiovisual language allows Bassin to address a topic neglected by psychoanalysts through images in motion, bridging the borders between spoken language and the unspoken. The camera close-ups of Iraq and Vietnam veterans, generally left off-screen in our field of study, confront us with the nonverbal expressions absent in written clinical vignettes. This leaves the viewer without the possibility to deny or marginalize the experience of the soldier. Thus, Bassin's work is paramount because of its form and content.

In 2016, Bassin produced the film *The Mourning After*, which featured a panel of senior psychoanalysts to discuss war trauma and social responsibility, taking footage of warriors' testimonies from *Leave no Soldier*. In their dialogue, these analysts emphasized the veteran's striving for social connection through the creation of organizations, communities and rituals,

including memorials and arts. All these endeavors allowing the soldier to communicate the unspeakable in a contained and collectively acceptable way.

Bassin lays out another feature of soldier's grief; the loss of their "pre-traumatized self." In her view, veterans get together in this state of grievance, to process their loss. She compares the veterans' community to a Greek chorus, "voicing what society cannot." Among these unassimilable topics is the performance of killing. As a discussant in the film, Boulanger notes this taboo. Referring to a veteran's story, she states, "When Tom introduced the word killing it felt like a veil came off at that point."

The analysts in Bassin's film arrive at the conclusion that the breakage from a collective surrounding is traumatizing. Her film language is yet another example of the power of arts and the creative process. She not only portrays the narratives of veterans sharing their healing artistic experiences, but she creates an artistic medium for her to call attention to the suffering of survivors. Thus, her project is an intervention that makes its way through reluctant communities that would otherwise ignore the veteran.

In this sense, both the veteran-artist and Bassin are presenting the viewer with something atrocious in socially acceptable form. As part of the panel in *The Mourning After* (2016), Slochower adds the following statement illuminating the role of artistic expressions in communal healing, "What art does is it re-establishes the space between the symbol and the symbolized, so that we as potential witnesses can enter the artwork as an embodiment of the trauma in a way that is less traumatizing to us."

**The social dimension of trauma.** Davoine and Gaudilliere (2004) are French academics and analysts who have written extensively about the experience of trauma and collective madness. In their view, symptoms are rooted in a ruptured social link and thus their clinical work

focuses on the restoration of such. They also add the historical dimension to the theory and treatment of trauma, stressing the sociopolitical context in which the trauma occurred.

Although their viewpoint is unique, and not directly linked to the relational school, their concepts parallel the constructs of dissociation and unformulated experiences. In addition, their clinical technique also mirrors the tenets of relational psychoanalysis. In the first part of their book, *History Beyond Trauma* (2004), they laid out a complex theory that placed the roots of madness in the social environment, where events are deprived of symbolization and abandoned in the land of the deserted, what they call the “cut out unconscious.” These events are transmitted through generations, making the search for meaning even more challenging.

Like Boulanger (2007), Davoine and Gaudilliere (2004) proposed that the traumatic experience is left encapsulated in the realm of The Real, its meaning disavowed by the individual’s surrounding. Symptomatology signals the unspoken, which emerges in a timeless space, devoid of signification. It is the place where the suffering and horror have no resolution, yet it is also the arena where the analytic work takes place.

Like Lifton, Krystal, and Niederland (1968), Davoine and Gaudilliere (2004) found neutrality counterproductive under circumstances of collective silencing. Boulanger (2007) also warned us about this. She wrote, “It is the analyst’s job to enter that experience with her patient however much resistance she may feel” (2007, p. 78). The views proposed by these therapists are analogous to Sullivan’s notion of participant-observer (1953); a dialectic between involvement and immersion in the patient’s reality, and enough distance to foster insight and interpretation through clinical observations. Boulanger finds her authentic involvement essential to reach the goal of restoring a sense of core self, while Davoine and Gaudilliere focus in the reestablishment of relatedness. All three authors rely heavily on the gradual creation of trauma narratives and the

witnessing role of the therapist.

Davoine and Gaudillière were born in the midst of World War II Europe. Like Shatan, they carried spoken, unspoken, and translated war stories transmitted through their ancestors. Together with their patients, they co-construct these temporarily frozen moments. As analysts, they become involved witnesses to their patient's stories, observers and participants in the same battlefield. At first, the therapeutic couple replicates the conflict, yet they gradually build a safe place of healing as they transition to companionship. The goal is not so much to recover the enigmatic meaning per se, but the meaning-making function.

Growing-up in the battlefield, Davoine and Gaudilliere (2004) rescue Salmon's PIE principles of psychiatry in the warzone. They stress interpersonal closeness and reenactments of historical dynamics in the transference, and rely on the countertransference reaction, as an expression of The Real. They propose that as the un-metabolized elements appear within the dyad, they transform into symbols in an inter-subjective space.

Davoine and Gaudilliere's (2004) work is bi-dimensional. On the one hand, they undertake the clinician's task towards the restoration of the social link in the consulting room. Secondly, they work towards the reparation of this tie outside of the consulting room, both as scholars and academics, unveiling the collective roots of madness in their publications. The discussion that follows is a review of the work of other academics who undertake this dual task.

**The entanglement between horror and honor.** The neuropsychological and clinical theories that I reviewed add to the phenomenological and anthropological perspectives that I explore in this segment. In Chapter 2, I examined one of Shatan's papers, "Happiness is a Warm Gun" (1989), in which he highlighted soldiers' sexualized slaughter in an empathic and non-pathologizing way. Shatan (1989) understood the behavior of the warrior as driven by a new

worldview and a transfiguration of personality in the context of training and combat. The content of HWG, with graphic descriptions of rape—including removing and dismembering of genitals—is still hard to digest and replicate. The paper depicts appalling scenes, not to blame the soldiers but to call attention to a collectively denied and damaging military madness. This section reviews the ideas of Shay (1994) and Grossman (1995), two war trauma scholars whose contributions shed further light upon dynamics highlighted by Shatan.

In 1994, the experienced VA psychiatrist, Johnathan Shay, wrote a book titled *Achilles in Vietnam*, where he deconstructed the undoing of character drawing a parallel between the Vietnam warrior and *The Iliad's* character, Achilles. The book reveals our tendency to dehumanize soldiers and their victims. Shatan and Shay share the characters of experienced clinician, scholar and politically-engaged individual. Both use their scholar work to voice the unspeakable, such as rape and dehumanization.

In addition, Shay adds a dimension of Vietnam trauma that is unique to his theory and enriches Shatan's theory of combat training. He coined the term *moral injury* (1994) and defined it as a mixture of three elements I paraphrase here: (1) A betrayal of what is known to be right in civilian culture, (2) by someone who holds legitimate authority (e.g. a drill instructor), (3) in a situation that is highly rated in the mind of the individual.

Like Shatan, Shay (1994) addressed brutality through strength-based and compassionate lens, focusing on a transfiguration of character. He claimed that even the “noblest man” could be raised to act brutally. Furthermore, he asserted that the soldier's body reacts massively to moral injury and thereby he is in a constant state of feeling physically attacked. With this idea, Shay explained the hypervigilance and over-reactiveness of the soldier who, as Shatan (1989) asserted, can act violently in the face of any threat, real or imagined.

Shay (1994) stressed that as part of the soldiers' collective surrounding we have a moral obligation to be involved in their healing. To do so, we must understand, like Shatan emphasized, that all three phases of combat—training, combat, and homecoming—can be potentially traumatizing for the soldier. Shay also understood grief as an important aspect of the warrior's psychological suffering. He emphasized storytelling and narrative building as necessary for the collective recognition of grief. In addition, Shay used the Iliad, particularly the character of Achilles, to understand and convey the process whereby the Vietnam soldier's personality is fractured. His description overlaps with the dynamics of incest highlighted by Ferenczi (1933), for Shay emphasized the betrayal from higher ranked officers to recruits.

Shay (1994) also described the blocked mourning of the Vietnam soldier in marked contrast with the character of Achilles. Here is where the U.S.' ideals of gender and masculinity become part of Shay's argument. He claimed that immersed in his own context and culture, Achilles' manhood was not in question when he shed tears. In Shay's view, it is both the U.S. culture and the U.S. military, which disavow grief, disavowal that lies intermingled with the soldier's trauma, his loss of morality and transfiguration of character. As I have stressed, the relationship between manhood and blocked mourning is also central in Shatan's theory of combat trauma.

Another repudiated theme, Shay unveiled sexual trauma in the context of combat, claiming that only in this insane environment, these transgressions can be regarded as "favors" from a higher ranked individual, a "moral authority," to a subordinate. According to Shay (1994, 2002), the subordinate would later rape and degrade the enemy in the same way that he was violated.

The movie *Merry Christmas Mr. Lawrence* (Oshima, 1983) depicts an analogous

dynamic, where a Japanese soldier rapes a Dutch Prisoner of War. This is yet another example of a movie that manages to represent what is indigestible in society under the guise of fiction. In line with Shay's theory, the characters in the film dramatize the pleasure experienced in shaming the other, with the illusion that it would restore the warrior's injured honor.

The act of rape by a colleague, authority, or peer is particularly damaging for everyone, regardless of gender and sexual orientation. "Rape itself is a particularly violent form of domination and objectification" (K. Gentile, personal communication, August 2, 2018), yet, our homophobic and patriarchal culture makes the experience of men raping men even harder to discuss (Botticelli, 2015).

Bogus honor links to combat horror. Omnipresent in battle and endlessly haunting upon homecoming, the action of killing has no room in contemporary psychoanalytic writing, mirroring its massive repudiation. It would take a combat survivor to unravel this taboo phenomenon, as Boulanger stated (in Bassin, 2016). In 1995, Grossman, a psychologist, historian, and veteran, wrote a book titled *On Killing*, an instrumental contribution to the study of combat trauma. In this book, he highlighted the paradox between our repression and fascination with violence. His main argument was that society carries an innate resistance to killing, and that historically wars have represented our collective effort to dematerialize that repulsion. The conflict lies between a phobia of bloodshed and our counter-phobic actions of slaughter, a dilemma paralleled in multiple systems.

Grossman (1995) built his argument based on documented firing rates of soldiers. He claimed that killing rates across wars have proven an ineffectiveness of firing; a significant difference between fired bullets and enemies killed (1995, p. 12). There is also evidence that this breach decreased in Vietnam, where the firing rate was not only higher but also more effective.

Grossman explains the increase in firing rates using behavioral constructs, conveying the conditioned status of the Vietnam warrior fire under real or perceived threat. Moreover, he claimed that mass media exposure had conditioned American children to kill echoing Bandura's social learning theory (1976).

Grossman (1995) also uncovered the conspiracy of silence about combat bloodshed. He added that contributions such as Marshall's (1978), who based on the increase in firing rates from WWII to Korea, unveiled the military efforts to transform an innate repulsion to kill into bloodthirst. Grossman reported findings documenting an even higher frequency increase of firing rates in Vietnam (55% in Korea, 90-95% in Vietnam). These statistics were reported by the Vietnam Veteran, Glenn, in a piece titled *Men and Fire in Vietnam*, published in 1989. In line with Marshall's assertion, he concluded that Vietnam-Era training practices were submerging men further into destructiveness.

In his analysis of the Vietnam warrior's passage through training, combat, and homecoming, Grossman (1995) wrote,

... the American soldier in Vietnam was first psychologically enabled to kill to a far greater degree than any other soldier in previous history, then denied the psychologically essential purification ritual that exists in every warrior society, and finally condemned and accused by his own society to a degree that is unprecedented in Western history. And the terrible, tragic price that America's three million Vietnam veterans, their families, and our society have paid for what we did to our soldiers in Vietnam. (p. xxxii)

For Grossman, it is the very action of killing that is traumatizing as it collides with peacetime values and "innate tendencies." As many theorists have underscored, Grossman asserted the warrior works under a military personality (i.e. wartime ego). Through military lens,

the soldier experiences killing as honorific in combat, whilst the veteran, striving to re-connect to his civilian self-state, must deal with the fact that killing is morally horrific and shameful. Indeed, many veterans struggle to share with their significant others that they have taken someone's life (in Bassin, 2016).

According to Grossman, there is both a cultural fascination and a collective conspiracy of silence about killing. Psychoanalysis is no exception in this societal tendency to sanitize and leave the gore remnants of war to erode in some exotic land, be it a desert or a tropical jungle. The taboo of violence, enacted aggression, and slaughter not only disrupts the recognition and healing of survivors but also perpetrates the action of killing.

The theories about killing and moral injury provide a frame of reference to approach veterans' experiences and place their roots in the malaise of society. Taken together, they target the soldier's conflict between aggression and social norms, foundational features in Freud's theory, that paradoxically have remained in general outside of contemporary psychoanalysis. These theories also underscore the neglected link between soldiers' trauma and social constructions of masculinity (Bourke, 1996). Because they fill the space of the theoretically unformulated, the next section examines Shatan's ideas on Vietnam warriors' masculinity and the connection between weapons, sexual potency, and military madness.

### **Shatan's Relevance**

Having outlined contemporary theories, in this section I review the ideas and contributions of Shatan that would enrich these approaches. As I have highlighted, Shatan's historical and contemporary relevance is threefold, including significant theoretical, clinical and political implications. To understand the unprecedented success of his efforts, I review these three interacting aspects of his work below.

### **Theoretical implications.**

*Gender.* Shatan's contemporary relevance, specifically his scholarly work on masculinity in veterans. Shatan's theory of Vietnam trauma places the social construction of manhood at the core of the soldier's catastrophic brutality and un-mourned loss. For him, the warrior's masculinity interweaves stoicism, sexualized killing, loss of reality testing, re-birth in uniform, ceremonial vengeance, and failure to grieve (Shatan 1972, 1973, 1977a, 1977b, 1989, 1997). Having outlined these ideas, I explore how they illuminate obscured content and why are they are pertinent to our sociopolitical, clinical, and academic contexts.

As I stressed in Chapter 1, in 1918, Ernest Jones drew a connection between carnage, moral conflict, collective madness, and manhood in combat. He wrote,

The manhood of a nation is in war not only allowed but encouraged and ordered to indulge behavior of a kind that is throughout abhorrent to the civilized mind, to commit deeds and witness sights that are profoundly revolting to our aesthetic and moral disposition. (Jones, 1921, p.47)

This associative chain of weaponry and virility is still deeply engrained in U.S.' language and culture. Messages of this nature continue to transit in diverse ways and media, reflecting a cultural lineage that has supported the alliance between masculinity, power, and violent oppression.

The current U.S. administration, with its patriarchal ideals, transmits many messages of this kind to a wide audience via social media. One of Donald Trump's tweets posted earlier this year suggests a sort of weapon-fetishism. In January 2<sup>nd</sup>, 2018, in response to Kim Jong-un's nuclear threats, Trump wrote, "I too have a Nuclear Button, but it is a much bigger & more powerful one than his, and my Button works!" This provocative statement was an explosion

itself resulting in massive media attention. In a *New York Times* article, Carol Cohn (2018), a former military analyst, interpreted Trump's remark about armament as a metaphor of sexual potency. Similarly, she unveiled a series of other metaphors used by the U.S. military authorities. Among these, she reported conversations about vertical erector launchers, and references to a military attack as "orgasmic whump."

Cohn also revealed an institutional refusal to acknowledge this association. She wrote, "mainstream national security analysts have been reluctant to think seriously—or at all—about the ways that ideas about gender shape national security" (Cohn, 2018). This is an arena of collective rejection, which impairs social and individual meaning-making functions.

***Violence and gender identity.*** From a sociological perspective, Kimmel (1997) unpacked a phenomenon he termed as *homosocialization*. He described it as the reaffirmation of one's gender identity through the validation of same-gender individuals. According to this theory, the degree to which someone is "normatively manly," is determined by the well-established homosocial codes that have been transmitted through generations. Thus, the individual publicly performs actions that would confirm his manliness in relationship to an object.

Kimmel embraced the repudiation of femininity in the construction of manhood (K. Gentile, personal communication, August 2, 2018), but he also traced its roots back to a social repudiation of homosexuality. He defined homophobia as a "fear of being perceived as gay," and linked it to violence as "the single most clear marker of manhood" (1994, p. 148). This assertion is key to establish a relationship between combat performance and fear of being perceived as unmanly.

Although they did not link it to homophobia, Grinker and Spiegel (1945) also arrived at the conclusion that violent enactments of manhood were performative. They claimed that

slaughter in WWII was “exhibitionistic” and reactive to an experience of degradation and internalized inferiority. These dynamics have remained undertheorized in psychoanalysis. An exception is Botticelli (2015), who traced the roots of military brutality to a repudiation of *homosexual imagery*, defined as “ideas and representations of homosexuality that circulate in the culture” (p. 275). According to Botticelli, these collectively shared impressions are intergenerationally transmitted, sharing “a number of salient features with the traumatic experience of killing in war” (2015, p. 275).

A warrior who does not fit into this prototype of manhood, with its emphasis on aggression, is at risk of being perceived as “sissy” (Botticelli, 2015). This is illustrated by Kubrick in the film, *Full Metal Jacket* (1987), in which the drill instructor calls anyone who does not meet his delusional standards a “faggot.” Extrapolated to the realm of presidential administration, John F. Kennedy was also labeled as “faggot” when he publicly opposed to the spreading of nuclear power (Cohn, 2018). J.F.K.’s action, put the social perception of his masculinity, and by extension that of a powerful nation, at stake.

Botticelli not only denounced homophobia, but also Male-on-Male rape in the American Military. As I hitherto stressed, these dynamics were also revealed by Shay (1994) and Shatan (1989), who linked them to cultural norms of becoming and being a soldier. Nonetheless, rape and genocide continue to be underreported by the military (Botticelli, 2015). In fact, the crimes of veterans in general are also obscured. This was the case of Devin P. Kelley, the veteran and 2017’s Texas church shooter who obtained a gun with an undisclosed assault history.

The homophobic tendencies described by Kimmel (1997) and Botticelli (2015), in binary opposition to the normative definition of masculinity, are constantly transmitted to us, subliminally and explicitly. By revealing these links, the authors share a social concern,

promoting awareness, recognition and change of that which is hidden and significantly destructive.

The association of masculinity and brutality is paramount in the understanding of military culture and the breakage of soldiers. Shatan revealed that the Vietnam military encouraged soldiers to confirm their manhood through destruction, rape and mutilation. During the Vietnam War, the performance of gender-reaffirming violence reached an even more destructive level. Vietnam was the perfect terrain to produce this manly soldier, as they had torturous punishments for those who did not meet the rigid standards of gender identification. In addition, Vietnam had the machinery and artillery to perform murderous behaviors.

The real threat of annihilation and fragmentation of the male body has been another collective taboo, rarely addressed in the literature. The anthropological edition developed by Kali Tal in the 80s, where HWG was published, contained the first-person narratives of nurses, describing soldiers' wounded bodies. One of them (Swazuk, 1989) gives a detailed testimony of her peeling the burnt skin of a soldier. She wrote, "I had never seen burn patients like I saw over there, and we saw all kinds—napalm, and white phosphorus, and you name it, we saw it." This narrative suggests the irreconcilable paradox of the Vietnam warrior. On the one hand, he is forced to adopt an illusion of impenetrability. On the other, he is immersed in the most threatening environment; a place where he witnesses his friends being dismembered and flesh-peeled. Only a very insane military worldview could hold together this contradiction.

Surrounded by corpses and constant threat, the Vietnam warrior had no choice but to dissociate and join the madness. Hiding beneath the shield of hypermasculinity was a strategy for survival. Bourke stated, "Aggression and stoicism were regarded as characteristically masculine—but they were traits expressed only because of the exigencies of military

existence...” (1996, p. 25). Furthermore, one can conclude that these masculinity ideals secure the perpetual existence of war and systems of power.

*A theory of aggression.* Contemporary psychoanalysis continued to sanitize the warrior’s experience, leaving little room for the crucial dimension of destructiveness. The atrocities performed by the veteran, to himself and others, are key to understanding and working through his suffering. This is not only relevant clinically, but also politically, as these behaviors are voicing the broader wrongdoing in war that few are willing to perceive.

Four decades ago, Shatan (1977a) articulated a complex and nuanced portrait of the warrior, a de-individuated youngster hiding his horror under a façade of roughness, destructiveness, and honor. The following lengthy quote leaves evidence of how Shatan, was already putting together most of the aspects alluded by the theorists in this chapter,

Ground into utter passivity, labeled as “faggots,” taunted by the D. I. with being in love with their buddies, publicly shamed if they receive packages from girlfriends and especially from mothers, Marine recruits learn that they can protect their masculinity only through violent aggression. But aggression is not permitted against the D. I. The aggression has to be displaced, directed against themselves— suicide; against presumed homosexuals— “Let’s go and beat up some fairies;” or against “the enemy”—which includes any Vietnamese, and ultimately any civilians. Fondling and sleeping with one’s rifle may, hand in hand with the D. I.’s phallic aggressive imagery, give focus to the insecure youth’s sexual drives. However, the resulting aggressive masculine self-image is unlikely to include feelings of erotic tenderness for women. Veterans refer to this as the John Wayne image... (1977a, p.605)

In sum, society promulgates a damaging entanglement of masculinity, destruction and

homophobia. Soldiers who channel their disavowed sexuality and tenderness through their bond to other men, are generally punished in degrading and brutal ways (K. Gentile, personal communication, August 2, 2018). Therefore, the youngster is left with no choice but to be aroused by his own violence (Shatan, 1989).

**Clinical implications of Shatan's work.** In Chapter 1, I stressed that the treatment of trauma survivors has led to paradigm shifts in psychoanalysis (Davoine & Gaudilliere, 2004). Historically, theorists have agreed that the classical ideals of neutrality, objectivity, analytic authority and absolute truths are not useful working with this population. Rooted in the sociopolitical sphere, the collective attack on symbolization, demands clinical closeness and intimacy to restore intersubjectivity. This kind of analytic relatedness provides a space for the meaning of the traumatic event to be co-constructed (Davoine & Gaudilliere, 2004).

This section turns to the clinical implications of Shatan's work inside of the consulting room. As I have argued, the clinical implications of his contributions transcend the confines of the therapist's office. Because the trauma of the soldier happens in multiple layers of experience, it is essential to treat it in all these social spheres.

Shatan's progressive leanings also manifest in his clinical work. A graduate from The White Institute, Shatan's approach adopts many of the tenets of the interpersonal tradition, relying heavily on the therapeutic relationship. Shatan's goal was to gain interpersonal trust, using every interaction as an instance of rapport-building, including the first phone contact. Relabeling, reframing, confirming, listening, and demystifying experience, were interventions used to foster mutuality (Shatan, 1997).

**Disclosure.** The therapeutic use of the analyst's subjectivity became popular with the advent of the Relational school and other contemporary trends in psychoanalysis (such as Field

Theory). Nevertheless, the topic of disclosure of the analyst has historically stirred up polemic discussions between analysts and schools of thought (Davies, 1998). Ferenczi (1988) and Searles (1979) were some of the analysts who experimented with it, distancing from the approach of their mainstream colleagues.

Often contrasted with the deeply engrained idea of abstinence, disclosure remains controversial. The concept is hard to delineate, as it ranges from sharing one's internal conflict (Mitchell, 1988), to sharing one's personal events. The latter is a major source of critique against the relational movement, expressed in its caricatured representations. Yet most relational analysts do not equate the de-emphasis of neutrality with sharing their private experiences.

Rather than priming one over the other, Shatan holds the alternatives of disclosure and non-disclosure in tension. In his paper addressing Post-Traumatic Adaptive Lifestyle (PALS), Shatan (ca. 1992) narrated a clinical encounter with a Jewish patient who had fled World War II. A sense of guilt significantly afflicted this Jewish patient. Shatan described a "hunch" that he experienced in the analytic situation; the thought that his patient's guilt had some connection with a shame-riddled link to Germany. Shatan narrates that he carefully considered the potential relevance of his spontaneous association, and decided that it shall not be suppressed.

Shatan (ca. 1992) thought that disclosing his experience in its original form would have been too much for his patient. Instead, he offered a portion that he thought would be digestible and helpful. He mentioned his knowledge of Germans who had married Jewish people to distance themselves from guilt-inducing bonds with Germany. This intervention, clarified the roots of the patient's sense of guilt, as she shared that her mother was German. After presenting this vignette, Shatan conveyed that in the case of trauma, experiences are not easily accessible via reflective awareness, and can remain latent for decades. Thereby, sharing the therapist's

historical knowledge and feelings becomes a mutative clinical action in the unraveling of the repressed catastrophic reaction (Shatan, ca. 1992). Note that Shatan does not use the term dissociation, but when speaking of the repressed he is referring to a dynamic process that in some ways matches the definition of the former.

Analogous to the work of Davoine and Gaudilliere, Shatan (ca. 1992) believed that sharing his familiarity with certain wars and revealing his fantasies—in a way that the patient can tolerate—facilitated a “mutual connection.” In Davoine and Gaudilliere’s (2004) language, it restored the social bond. Shatan does so through the technique of *dosing* (Lindy, 1951), via which he assessed the state of the patient and articulated an intervention that the survivor is prepared to hear (Shatan, 1997).

***Empathic attunement.*** Shatan also provided an atmosphere of care, support, and containment through a stance of authenticity. This genuine investment facilitated the revival of tenderness and intimacy so shunned in the trauma survivor. Overall, his clinical model emphasizes mutuality and memory retrieval. This combination allows the survivor to recollect painful memories with a trustworthy witness. Shatan also uses hypnosis and encourages self-hypnosis in his patients with the purpose of turning intrusive images and flashbacks into voluntary retrieval. This is contrary to what is associated with hypnosis, that is, suggestion and involuntary reenactments. Unfortunately, Shatan’s concrete use of this technique is not exemplified in his papers’ vignettes. Yet he asserted that it evokes traumatic images and allows for flashbacks to become less intense, shorter and less frequent (Shatan, 1997).

Shatan’s daughter, Gabrielle, shared that his hypnosis technique consisted of an encouragement to revisit images of the past, while laying down in a contained setting that would elicit a less-guarded state of mind (G. Shatan, personal communication, April 16, 2018). Similar

to the early Freudian technique, this constitutes a type of body-based trauma treatment, akin to those proposed by Van der Kolk (2015). As a therapist, Shatan modeled a less-defended state of mind, embracing his vulnerability in the consulting room. He was open about his combat nightmares, which he attributed to the work with survivors (Shatan, 1997; G. Shatan, personal communication, April 16, 2018). He asserted that the clinician's burnout could manifest in dreams, insomnia, lateness, absences, irritability, withdrawal, and fatigue (Shatan, 1997).

Aware of his own overidentification with his patients, Shatan suggested that the therapist seeks peer support and supervision groups (Shatan, 1997). In his paper with Ghent and Brody addressing their peer supervision experience (1960), they considered their co-created enactments as the source of insight about the collective experience of group therapy. Inspired by Searles' (1955) work, Shatan, Brody and Ghent emphasized multilayered countertransference phenomena happening at multiple levels, including the supervisory experience.

Furthermore, for Shatan empathic attunement was not only paramount, but included the clinician's openness to be impacted by the survivor's experience. According to him, these tools foster the mutual relatedness necessary to leave destructiveness behind. As Shatan described in his Post-Vietnam Syndrome Op-Ed (1972), the veteran had his capacity to love disrupted, and the clinical encounter is a fertile ground to recover it. He claimed that working with combat survivors demands a committed and empathic healer who ideally has experienced psychic trauma.

Shatan borrowed the term wounded healer from the Jungian tradition (Sedgwick, 1994), and goes as far as conceiving the therapist's wounds as a healing device. He wrote, "Getting in touch with one's own traumatic emotions makes it possible to use them to repair one's self and others, even at the cost of emotional pain" (1997b, p. 218). This contrasts with Boulanger's

ideas. She states, “Analysts who have experienced life-threatening trauma themselves are sometimes no more prepared—and often less prepared—to relive the details of another’s trauma than those who have not experienced massive trauma directly” (2007, p. 159).

The notion of wounded healer is popular in the Jungian tradition. Among the contemporary Jungian analysts, Sedgwick (1994) has written on the topic, asserting that countertransference is not only reactive to the patient, but to the therapist’s internal suffering. In the Jungian tradition, openness, and introspection of the therapist, in relationship to the wounds of the patient, conducts to the patient’s healing. Shatan took it even one step further, claiming that the treatment should wound the therapist (1997). Thereby, in Shatan’s view, vicarious trauma (Boulanger, 2007), a term coined much later, is an important healing device.

To summarize, Shatan clinically highlighted the usefulness of empathic attunement, disclosure, introspection, vulnerability of the therapist, and mutuality. He also emphasized the openness of the therapist to be wounded by wounded patients. This feature is key because society has traumatizes the soldier by foreclosure, refusing to revisit war wounds and owning destructiveness. The following is a review of the clinical implications of Shatan’s work as they reached beyond the consulting room.

**Further implications of Shatan’s work: Beyond the consulting room.** The contemporary relevance of Shatan’s contributions relate to the fact that his interventions transcended the consulting room. Shatan asserted that in order to heal, the warrior must be collectively recognized and re-integrated into society. As a scholar, activist, and clinician, Shatan not only raised awareness of this fact, but also took responsibility in it. He claimed that, aware of her limitations, the clinician must offer continuity of care and engage in social action (Shatan, 1997). Shatan also asked therapists to acknowledge their anti-war sentiments, not to let them get

in the way of empathic attunement, but to use them as fuel to intervene on the veterans' behalf.

Shatan questioned the position of professional authority, claiming that in the work with trauma survivors one must relinquish their leadership and allow for the redistribution of power in clinical and group settings. This directly links to his experience in leaderless rap groups. Shatan is not alone with his multidimensional approach to address catastrophic trauma. In fact, Van Der Kolk (2015) has proposed four fundamental tenets for the process of healing: (1) re-integration into the community, and (2) meaning-making through talking therapy ("Language has mutative power"), (3) physiological regulation through body-based practices, and (4) social change. In addition, Van Der Kolk (2015) has argued that only the combination of these tenets can heal the veteran.

Shatan basically embodied all the aspects highlighted by Van der Kolk. First, his promotion of rap groups and further advocacy for the self-help projects of the Vietnam Veterans Against the War (e.g. supporting and sponsoring their theatre and their need to help other communities), illustrate his efforts towards veterans' social reinsertion. This was in addition to his clinical work, which consisted of talking therapy, hypnosis, and the integration of nonverbal aspects (i.e. images) into the treatment. Finally, he fostered social change through his activism, the major achievement of which is the publication of PTSD.

For social change to happen, the therapist must use clinical insight to address the social roots of war trauma. Ideally, she would engage in activism and preventive work. Shay (1994) is an example of a former VA clinician who nowadays lectures and trains military leaders to prevent moral injury and the deterioration of good character. He understands that combat will continue to create suffering yet believes that the trauma can be less intense through preventive work.

Married to an artist, Shatan also knew about the mending potential of arts. He understood that creative expressions facilitated the processing of intense emotional states and collective recognition of their wounds, an idea shared by many trauma scholars. He also promoted the creative process in his patients (Shatan, 1997). He advised them to tell war stories, perform cathartic rituals, or write memoirs to stimulate collective and individual memories. In his view, art aids the bridging of dissociated realities. As illustrated in Bassin's films (2008, 2016) creativity carries great potential as an emotional outlet and social expression; art can bridge splits within the individual's self, and between the individual and his surroundings.

## **Conclusion**

Shatan's work is pertinent to the current political scenario in the United States with its value of "American" pride and honor, a tendency to underreport war crimes, patriarchy, and appalling easy access to guns and violence. This chapter outlined the contemporary views of adult-onset trauma and war trauma within and outside of psychoanalysis. It was divided into two major parts: (1) contemporary theory and (2) Shatan's relevance. In the section of contemporary theory, I reviewed psychoanalytic, psychiatric and sociological views on war trauma. The approaches I examined have three commonalities (1) the placement of the roots of human suffering in the social field, (2) the emphasis on the mechanism of dissociation, and (3) the questioning of the ideal of neutrality and a consequent emphasis on the therapeutic relationship.

In conclusion, Shatan's work fills at least two gaps in the contemporary psychoanalytic literature. One of these gaps is the lack of a theoretical framework exclusive to the experience of a soldier immersed in a specific military era and sociopolitical environment. The second gap is the combination of scholarship, clinical experience, and political engagement, which places the healing of veterans in the multiple dimensions where the trauma took place. Shatan not only

offers a frame of reference for warriors' stress, but also expands the boundaries of psychoanalysis to the social sphere. Adding the sociopolitical dimension to the study and treatment of war trauma, aids the collective challenging of the stoic values of war and leads to the vulnerability needed to grieve (Butler, 2016).

## CONCLUSION

The struggle of man against power is the struggle of memory against forgetting.

–Milan Kundera, *The Book of Laughter and Forgetting*, 1979

In this dissertation, I rescued a character who, in partnership with Vietnam Veterans, was responsible for the official recognition of the social roots of human suffering, leading to a psychiatric and cultural revolution.

In marked contrast to its past, trauma has become a trending topic in psychoanalytic conferences and publications in the present. Boulanger (2007) wrote, “The very word trauma has been stretched so thin in psychoanalytic circles as to have become almost meaningless” (p. 10). Concepts like “little t trauma” and “relational trauma” (Bromberg, 2011) exemplify how the term has been used to cover a wide spectrum of experiences that range from shock to extreme threats against survival (See Boulanger, 2007, for a differentiation of this range of experiences). Although psychoanalysts have grown to recognize and emphasize the consequences of trauma, Shatan has remained uncannily unfamiliar. Notwithstanding, given that the recognition of PTSD permanently changed the way we think about trauma today, his voice is at the very least implicitly present in every discussion about the topic. In this project, I engaged in the unearthing of this hidden figure.

Throughout this archival study, I stressed that Shatan was a scholar, activist and clinician, whose work and trajectory is a product of all three. His advocacy for Vietnam veterans against censoring and oppressive organizations, reflects a political commitment and activism that was rare for the psychoanalyst of his day. My goal in the present was to demonstrate that Shatan’s history and contributions are currently relevant. Shatan is proof that psychoanalysts can foster

social change. He also elaborated a framework to anchor ideas on the topic of trauma, specifically war trauma, from a psychoanalytic perspective.

The massive social change that Shatan and his group attained against a myriad of opposing systems, is inspiring in these days of political darkness and frail democracy. In spite of the authorities' efforts to silence him—as evidenced by his mail and phone conversations being tampered with—Shatan voiced the responsibility of sociopolitical institutions in fabricating and maintaining catastrophic phenomena in the minds of soldiers and their environment. Like many activists of his era, Shatan was scrutinized. Indeed, in one of the 9 boxes I unpacked, he kept an envelope with the label “evidence of tampering,” containing multiple letters to and from politicians, activists, scholars and clinicians. These demonstrate that many of his messages were left lingering, without ever reaching their receiver, mirroring his disappearance in psychoanalysis. Furthermore, his phone conversations were also intercepted (G. Shatan, personal communication, April 2018).

In Chapter 1, I highlighted the already revealed pattern of burial and reemergence of war trauma. I argued that this cycle happens in multiple experiential layers, among which are the survivor, the mental health field, psychoanalysis, and the sociopolitical context. I also unraveled the relationship between survivors' trauma, collective amnesia, failure to witness catastrophes, and the subsequent reenactments of human destructiveness that result from our alienation of the soldier.

Based on Gaudilliere's (2010) assertions, I argued that the field of psychoanalysis has buried revolutionary figures that have unveiled war trauma. Subsequently, I introduced Shatan as a character hidden in the catacombs of oblivion, mimicking the fate of the veterans that he was invested in rescuing. I also presented the reader to my method of study, that is, the unpacking of

9 boxes donated by Shatan's family to the NYU PostDoctoral Program in Psychotherapy and Psychoanalysis. I not only focused on psychoanalysis, but borrowed its traditional methodology to unearth the content buried in these boxes. Having introduced Shatan as a revolutionary psychiatrist and psychoanalyst, I presented my hypothesis of Shatan's contemporary relevance and rationale for bringing him to light.

After introducing Shatan and my project to the reader, I reviewed the psychoanalytic literature on war trauma and some of its prominent precursors. The goal of the chapter was to illustrate the cycle of emergence and burial as well as contextualizing Shatan's trajectory, which I outlined in Chapter 2. Based on the extensive literature on the topic of war trauma, I stressed that advances in the study of war trauma have historically disappeared with the debris of warfare, until a new war renders them rediscovered. In addition, I stressed three arguments: (1) that these dormant findings have cumulatively influenced the development of combat trauma theory and treatment; (2) that the relationship between war trauma theory and psychoanalysis is intimately related to social constructions of gender; (3) that many of the techniques proposed by the theorists I reviewed carry overlaps with the contemporary relational school.

Paraphrasing Ferenczi (1921) and Davoine and Gaudilliere (2004), I argued that the clinical encounters with war survivors shaped the evolution of psychoanalysis. Among the clinical implications of these theories, I identified the emphasis on the therapist's subjectivity, the therapeutic relationship, authenticity, an empathic stance, external reality, and the present moment. Likewise, although war survivors were also neglected, I argued that gender played a critical role in Freud's attention to combat over incest.

In my literature review, I presented characters whose contributions on war trauma were for the most part forgotten. Generally, these figures carried a series of commonalities. Most of

them were empathically attuned, strength-based, engaged in the revelation of catastrophes and capable of promoting social change. In my summary, I not only introduced authors who were forgotten, but also influential contributors that were dissociated from their combat roots. Among the latter are Bion and Fairbairn, both war veterans.

In this introductory chapter I also held the dialectic between these authors' trajectories and contributions, calling attention to both the history and content of their ideas. Based on this tension, one can conclude that the fate of these authors cannot be understood without considering the historical context in which they emerged, as well as their impact in such surroundings. Indeed, Herzog (2017) asks us to understand these contributions beyond their content, paying attention to the processes that elicited them as well as those processes that emerged from them. She states, "In the history of psychoanalysis, what a particular reading, a particular understanding, has facilitated—emotionally, politically, intellectually—has often been more important than what was said in the first place" (2017, p.14).

Chapter 2 was divided into two parts. First, I outlined Shatan's trajectory to demonstrate his role gathering a group of veterans, activists and mental health professionals to collect data proving the traumatic wounds of war. I explained his early acquired tendency to listen and reveal war stories, a core aspect of his personality as a war baby (Shatan, 1975). I also described the sequence of events that led to the publication of PTSD in the DSM III in 1980, demonstrating Shatan's key role in a mental health paradigm shift. I underscored that Shatan's revolutionary contribution materialized a syndrome that placed its trigger in the external world, permanently changing the way in which clinical cases are conceptualized. Furthermore, I also conveyed that Shatan understood the multiple dimensions of this publication, an intervention that publicly validated the suffering of survivors, carrying major political and clinical implications.

In the first section of Chapter 2, I also reviewed Shatan's involvement in Rap Groups; leaderless peer meetings where the atrocities of Vietnam were shared and empathically contained. Shatan not only joined this group, but also promoted their expansion across the U.S.

In the theoretical section of Chapter 2, I reviewed Shatan's scholar work. I portrayed him as a compassionate character revealing the most brutal actions obscured by the governmental administration and military institutions of the time. To organize his work, I divided his contributions into three framing devices, each containing experiences that he continuously unraveled. These were: training, combat and homecoming. I used these phases to frame the warrior's trauma in its complexity, including the suffering that they entailed and the specific rejecting social field that surrounded them. Among the themes highlighted were a transfiguration of personality, the implantation of an unattainable ideal of masculinity, a military reality principle, an identification with a torturous drill instructor, a fascination with killing and mutilation, sexualized violence, impacted grief, and social alienation.

One of the objectives of Chapter 2 was to convey that Shatan's clinical experience and theory transcended the confines of the consulting room. In so doing, I stressed his view of the survivor's catastrophe as a man-made phenomenon inflicted by a chain of nesting systems, from cultural context to the warrior's immediate surroundings. Highlighting the interdependence of the individual and political dynamics of war, Shatan voiced the responsibility of sociopolitical organisms fabricating and maintaining catastrophic phenomena in the minds of soldiers and their environment. He not only denounced this responsibility, but embraced it by engaging in the active advocacy of veterans, as documented in the vast correspondence packed in his 9 boxes.

Chapter 3, was divided into two parts: contemporary theories and contemporary relevance of Shatan's work. In the theoretical review section, I presented contemporary

approaches to trauma with the purpose of signaling a gap in which Shatan's ideas would enrich the understanding of the soldier's dynamics. I reviewed the contributions of Van der Kolk (2015), Boulanger (2007), Bassin (2008, 2016), Davoine and Gaudilliere (2004), Shay (1994), Kimmel (1997), Grossman (1995) and Botticelli (2015). I used this framework, to highlight the neurobiological correlates of trauma, the rationale and implementation of body-based treatments, the relational paradigm, adult-onset trauma, and the collective disavowal of the warrior's experience. I also highlighted the links between these and the experiences of madness, moral injury, killing, masculinity, sexuality, gender, and homophobia. All relevant to the understanding of the catastrophic effects of man-made trauma.

In this part of the chapter, I argued that Shatan's work has no parallel in psychoanalysis in the sense that he systematically unraveled and theorized the combat survivors' experience, especially the Vietnam veterans' experience. Most importantly, I underscored the social and institutional dimension of trauma, a crucial aspect that is more addressed by anthropologists than by psychoanalysts.

Within the psychoanalytic field, I highlighted the work of Botticelli (2015). Apart from his link between homosexual imagery, masculinity and combat, he is one of the few psychoanalysts who has cited Shatan's ideas. Most relevant to these concluding remarks is the fact that if one pays attention to the references in Botticelli's paper, "Bogus Manhood, Bogus Honor," precedes all other contributions by a decade. This suggests that Shatan's pioneering ideas on masculinity and war still hold their revolutionary value, and that Shatan's work has a place in contemporary discussions of a still underexplored matter.

Shatan's ideas are summarized in the following paragraph addressing the message of the military to the youth. He wrote,

The implication is that if you survive its rigors, i.e., manhandling by a feared, admired super-sergeant, then you are a real he-man or more likely a red-blooded American boy. We usually speak of “our boys over there” rather than “our men.” Clearly, the recruit is admonished that he is not yet a man at all and that his only prospect of becoming one resides in submission to a cruel relationship. For the recruiting pamphlet already hints that he will be treated as an incomplete man (1977a, p. 604).

After demonstrating the scholar relevance of Shatan’s theory of war trauma—specially the connection he draws between masculinity, trauma and massive destructiveness—I reviewed the clinical and political implications of his work, arguing that its richness resided in the combination of his three major self-aspects; psychoanalyst, activist and theorist.

Among his clinical ideas, Shatan used body-based and nonverbal techniques. He was also very attuned to his subjectivity, and authentically involved in the treatment. He was flexible enough to disclose experiences that he thought of and carefully tailored in a way that was helpful for the patient. Furthermore, he not only assumed himself as a wounded healer, but was open to be wounded by his patient’s experience. This, he argued, was a crucial healing device, counteracting what society was unwilling to do for its soldiers. Thereafter, I illustrated how Shatan’s contributions transcended the consulting room, positively impacting the social reinsertion of the soldier. I suggested that his activism is not only inspiring but much needed amid our political context. Finally, I argued in favor of promoting the image of the analyst as an agent of social change.

Let me shift to some of the limitations of this dissertation, such as the neglect of intersectionality and of the experience of the soldier in the Iraq/Afghanistan war. These relevant topics, that would certainly enrich this study, were not focus of Shatan’s work and beyond his

context. Thus, they escape the purpose of the present, which is demonstrating Shatan's relevance.

There is in fact a wider psychoanalytic neglect of our contemporary warriors. This may be related to the fact that veterans get health care at VA Hospitals. Furthermore, psychodynamic therapies are not listed in the recommended treatment guideline for PTSD (APA, 2017), absence that has major implications in insurance coverage and funding. Thus, the lack of reference may relate, partly, to the limited clinical exposure to this population.

In terms of the relationship between the Vietnam and I/A veterans, Lifton claimed, "The Vietnam experience hovers over everything; it is reactivated by what we hear about Iraq. In that sense, a shared parent-child antiwar sentiment may come to reverberate throughout society. We have not heard the last of this poignant generational alliance Lifton" (2004, xv). More recently, Bassin (2016) represented this inter-generational bond in her documentary, *Leave no soldier* (2008), where the interviewed survivors shared their need to communicate with veterans of the other war for support, validation and healing.

In terms of intersectionality of race, sexuality and class, Kimmel asserted that the homophobic ideals he describes are promulgated by white men. He added, "This is the manhood of racism, of sexism, of homophobia" (2003, p. 150). This is especially important in our political context so invested in preserving white supremacy and misogyny.

Having drawn a connection between homophobia, masculinity, destructiveness, and repudiated stress reactions, I would like to delineate an historical sequence that may further demonstrate the relationship between the normalization and validation of homosexuality and war trauma. In 1972, the psychiatrist Robert Spitzer, known for his major involvement in multiple editions of the DSM, led the group that removed Homosexuality from the DSM-II. It was this

event that brought to the field's attention the need for an overall manual revision, and the subsequent development of a new edition, the DSM-III, announced in 1974. Thereby, this removal opened an opportunity to include war stress in the DSM. I suspect that the defiance of psychiatric and cultural heteronormativity, allowed for the recognition and normalization that men are vulnerable to combat. This idea is to be further explored.

In my last note, I want to return to the beginning of this dissertation, that is, our collective failure to witness. Boulanger (2007) asserted, "adult onset trauma continues to be overlooked in psychoanalytic psychology" (p. 22). Rarely seen together, the relationship between combat and psychoanalysis has remained behind the scenes, like a forbidden affair. It is my belief that the rescuing of Shatan brings the possibility of expanding the psychoanalyst's witnessing role. That is, as a scholar, social agent and therapist, the analyst can adopt the role of meaning-maker to voice the collectively repudiated.

In the era of managed care Shatan's story teaches us that we have a niche in the realm of witnessing and unveiling, at the clinical, scholar and sociopolitical levels. Shatan understood the industry of war as a powerful entity fabricating perpetual disavowal. He stated that, "much of this knowledge remains relatively unknown because the military continues to function largely as a state-within-a-state" (Shatan, 1977a, p. 588). Analysts can no longer collude with what Nguyen terms as the *industrialization of memory*, a "parallel with how warfare is industrialized as part and parcel of capitalist society, where the actual firepower exercised in a war is matched by the firepower of memory that defines and redefined that war's identity" (p. 12).

The assassination of Allende quickly covered over the memory of the Russian invasion of Bohemia, the bloody massacre in Bangladesh caused Allende to be forgotten, the din of war in the Sinai Desert drowned out of the groans of Bangladesh, the massacres in Cambodia cause the Sinai to be forgotten, and so on, and on and on, until everyone has completely forgotten everything

–Milan Kundera, *The Book of Laughter and Forgetting*, 1979

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