Post-Traumatic Stress Disorder as Aftermath of Close Encounters in War

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Introduction

By the editors

An issue for traumatic times

The present issue of the Close Encounters in War Journal deals with trauma and in particular with one of its technical declinations called post-traumatic stress disorder or PTSD, a label that was introduced to the scientific community by the American Psychiatric Association in 1980. When we decided to focus on this topic, in early 2019, we were miles away from imagining that our lives would soon change so quickly and profoundly. 2020 is being an extremely challenging year for everybody. The Covid pandemic is striking hard worldwide and our life-style, economies, health, and mood are at stake. The disruption caused by the sanitary crisis on all levels, in all countries of the world, has been triggering traumatic response not only in those who have been directly affected by the virus as patients or relatives and friends of patients, but also healthcare staff and a vast number of workers and citizens who have lost family members, friends, colleagues, and too often their jobs to the restrictions imposed by politicians to deal with the staggering figures of the contagion. Traumatic experience and stress have become a reality for many, which makes this issue of the CEIWJ in a certain sense topical.

Speaking from our perspective of editors and scholars, we cannot help but notice the growing difficulty in which academic research is struggling. Scholars all around the world used to rely on the availability of research facilities at home and abroad, which could be easily reached by traveling short distances by bus, train, or airplane. However, since March 2020, everyone had to accept the unexpected and dismaying new reality of a world where libraries, universities, research centres, and archives are shut until further notice, or running on very restricted standards of service. The sudden difficulty to access sources has impacted academic research dramatically. Nonetheless, we have managed to collect original contributions of excellent quality, for which we do thank our contributors and the external peer-reviewers, who have provided us with their more than ever precious support.

This issue will furthermore appear somewhat different to our readers, if compared with our previous ones of 2018 and 2019, because for the first time it combines heterogeneous kinds of contributions. On the one hand, in line with our tradition, we propose scientific articles devoted to the investigation of PTSD in different fields, including literary studies and philosophy of language; on the other hand, we had the rare opportunity to publish original contributions from practitioners and actual veterans who have worked and struggled with PTSD for decades. This multifaceted composition of the issue aims to provide our readers with the most complete approach to such a topic as PTSD, which is an object of academic scholarship as well as (and above all) of field-work carried out by practitioners, who work to tackle the enduring and crippling effects of war trauma.

And finally, due to the heterogeneous nature of PTSD and of the different approaches adopted to understand and heal it, we also decided to enrich this issue with something special and perhaps unexpected: an Appendix, in which we have collected contributions ranging from poetry to prose, which may – this is our wish – remind that dealing with PTSD first of all means to deal with the unfathomable universe of the human, emotional mind. Understanding PTSD means to look into the multifaceted legacy of war as a hidden and subterranean river of disturbing memories, feelings, thoughts, and suffering that veterans have to cope with, often for years or decades. Now, before moving on to introduce the contributions, a few words about PTSD are due.

The monster with a thousand faces

We start by rephrasing the famous title of Joseph Campbell's *The Hero with a Thousand Faces*, although parodying it: in fact, we are not speaking about a hero, which with Campbell's words is "the man or woman who has been able to battle past his personal and local historical limitations to the generally valid, normally human forms" (Campbell, *The Hero*: 18). The object of our discourse is, on the contrary oppositely, the villain, the shape-shifting foe that haunts and torments with subtle and cruel tricks. PTSD does have a thousand faces, not only because it designs a condition whose symptoms are numerous and varied, but also because such a condition can affect anyone who has gone through a

traumatic experience. Since the first attempts to identify and classify post-traumatic conditions, not only in the field of the military, the very notion of such disorders has been elusive as far as – in the words of Pierre Janet, pioneer of post-traumatic clinical studies, – "the different stages of post-traumatic syndromes as constantly shifting and returning, requiring different treatment approaches at different times" (Hart and others, *Pierre Janet's Treatment*: 9).

The definition of PTSD has gone under a series of revisions since its conception in 1980, each of which was aimed at adjusting the range of definition of traumatic experiences in such a way that the description of symptoms might allow clinicians to diagnose the syndrome more precisely. However, despite the attempts to be as exhaustive as possible, PTSD turns out to be just one possible aspect of the multifaceted universe of post-traumatic conditions.[1][3] Each new definition of PTSD provided by the APA over the years maintained one firm point though: that PTSD is entangled with the notion of "personal experience". This means that to trigger PTSD, the traumatic event must, first of all, involve the individual in a close and direct way, even though the actual events may concern other people (relatives, friends, comrades, etc.) (DiMauro and others, *A Historical Review*: 775).

As for combat-related PTSD, the first psychiatric attention was given to the phenomenon during the American Civil War, when the expression "soldier's heart" was coined (Crocq and Crocq, *From Shell Shock*).[2] At that stage, the state of shock observed in some combatants was explained as some form of "faintness", "softness", or "weakness" that made the soldier's heart palpitate in the face of fear and danger. Such a stigma remained for long, even though the clinical description and definition of post-traumatic syndromes were given new names, such as "shell shock", "combat fatigue", "combat acute stress", and eventually PTSD. The explanation of the syndrome as a consequence of personal weakness or "softness" remains still today one current trend in the military, which represents a major hinder in the attempt to understand the relationship between traumatic experience and its possible treatment.

It is worthwhile to note that this mentality conveys the idea that a soldier should always be strong and indefatigable, if not even immune to emotions. The acceptance of such a model brings combatants to build a conflicting relation with their limits and weaknesses, as well as to repress their emotional

responses, which might eventually lead to denial. In fact, a warrior labelled as "soft" would very likely see their career collapse. PTSD is a pathological condition that is often triggered by the inability of the soldier to cope with human frailty, combined with the unwillingness of wider society to accept the idea that a warrior is and remains a human being, whose emotional mind is vulnerable.

"Shell shock", and later on "combat fatigue", were commonly labelled as psychiatric syndromes rather than medical, and their origin remained for long connected with the prejudiced idea that only weak soldiers would suffer from such syndromes.[3] At any rate, these diagnoses were absorbed in the greater category of trauma (under the label of "gross stress reaction") as temporary conditions.

It was only during the 1960s that psychiatrists began to believe that traumatic experiences could cause long-term symptoms. Because PTSD was introduced after the Vietnam war, it was strictly marked as a combat-related syndrome, although the symptomatology was equally recognisable also in non-military personnel, which represented a breakthrough for psychiatry. However, such narrowing of the definition as a psychiatric condition also raised concerns. On the one hand, PTSD, not unlike other all-catch definitions and diagnoses commonly used one century ago, undergoes criticism concerning the viability of its diagnostic value (DiMauro and others, *A Historical Review*). On the other hand, the not-so implicit association of PTSD with war and angry veterans, suggested above all by media and cinema (consider for example the gallery of traumatised veterans depicted in Vietnam movies such as *The Deer Hunter*, *First Blood*, *Taxi Driver,* and the recent *Da 5 Bloods*),[4] led the broader public to believe that PTSD always implies violence and outbursts of antisocial rage, which is not true at all or at least not always. According to Roger Brooke, the diagnosis of PTSD leaves the veteran with no other option than undergoing psychiatric therapy with professionals, because it is a label of mental illness. However, what veterans really need is a community that may help them look into their distressing past from a new perspective, which is precisely what Gustav Jung meant psychotherapy to consist of: facing the neurosis, rather than fleeing from it (Brooke, *An Archetypal Approach*).

Brooke's point of view is particularly interesting for our investigation because his approach builds upon Jung's theory of archetypes. These are codified structures that recur in human thought and imagination as the very fabric of our unconscious, and they are so basic that their deepest roots sink directly into our phylogenetic inheritance or, to say it with words borrowed from the cognitive science, into our "embodied minds" (see Casey, *Toward an Archetypal Imagination*). Archetypes are narratives compressed in very compact and codified forms, which makes them look like symbols (often images) although they are structures.

PTSD between mind and body

The human mind is by no means utterly rational, but rather emotional (Damasio, *Descartes' Error*; and LeDoux, *The Emotional Brain*). In the course of its evolution, our mind went from the animal status, in which immediate reaction to sensory stimuli and execution of phylogenetic hard-wired "tasks" aimed at increasing the chance of survival, adaptation, and reproduction was what mattered, to the rational stage of the conscious mind. This later stage of our evolution coincides with the expansion of the prefrontal cortex of our brain, which is the area devoted to the elaboration of language and thought. Here, the sensory stimuli coming from the body, once they have been processed by the reptile brain and the limbic system (two primitive forms of our brain), are organised into a coherent image of ourselves in the world, so that we can shape our "selves" in the form of a story. It is shared conviction among some scholars, that relevant things that our ancestors learned via experience (e.g. fire burns, in darkness we are defenceless, a coiled shape might be a lethal snake, sunlight is necessary for life, water purifies dirt and infections, and so on) over millennia have become solid knowledge upon which our species relies for survival since ever.[5] Such knowledge has grown in our imagination in the form of a vast gallery of images upon which we have built narratives, stories, and myths.[6]

An archetypal approach to PTSD is interesting first of all because it implies a holistic understanding of the human being as a complex reality, the totality of which is always greater than the sum of its parts. From such a perspective, trauma is no mere mental illness but a complex condition that sees the body *and*

the mind interact in a dysfunctional way when the individual comes to grasps with their most haunting memories. This disables the risk of reductionist explanations of PTSD as a merely psychiatric disease and therefore prevents us from forgetting that the traumatic experiences affect the minds *as well as* the body (See Tick, *Warriors' Return*).

The impact of trauma and stress on the brain, and consequently on the cognitive and emotional health of people, is entwined with emotions and their body-and-mind interconnection: the individual response to trauma is a matter of *adaptation* rather than a passive state of illness (Wastell, *Understanding Trauma and Emotion*: xvi-xi and 60-61). PTSD has been investigated, in fact, not only by psychiatrists but also by cognitivists. The latter have been particularly interested in understanding the effect of stress on the brain,[7] and thanks to decades of field-studies today we know that exposure to stress can influence our ability to reconfigure our traumatic experiences into organic and contextualised memories (Porter and Peace, *The Scars of Memory*; Roozendaal and others, *Stress, Memory and the Amygdala*).

Excessive exposure to stress can prevent the limbic apparatus (where the hippocampus organises memories into a continuum, as it were, and therefore builds new knowledge) from processing the traumatic experience properly, which could eventually trigger PTSD (Isserlin and others, *Acute Stress Responses*: 426-427). "Glucocorticoids, stress hormones released from the adrenal cortex, are known to influence memory processes" (de Quervain and Margraf, *Glucocorticoids*: 366), and as stress builds, those hormones disable the limbic system until it becomes dysfunctional and ceases to frame memories within a meaningful context (see Bremner, *Traumatic Stress*; and Rachel Yehuda, *Stress Hormones and PTSD*). This causes the counterpart of the limbic system, the amygdala, to get the upper hand on our memory-building processes (Shin, *The Amygdala*).

The amygdala represents the most ancient part of our reptile brain and is designed to activate our sense of danger and therefore to quickly process sensory information in critical situations, activating the so-called "fight or flight" reaction (Adolphs and others, *Fear and the Human Amygdala*). Our ability to respond to danger and to survive largely depends on the amygdala (Dębiec and LeDoux, *The Amygdala*: 24). On the other hand, our ability to turn

experience into learning, and therefore to expand our knowledge and to adapt and improve, largely depends on the hippocampus and the limbic system. When one of these two systems ceases to work properly or even becomes dysfunctional, we have serious problems with processing experience and building memories. As a result, the kind of information that the "primitive" systems provide the prefrontal cortex with will determine what our story is going to look like (Sarid and Huss, *Trauma and Acute Stress Disorder*: 9). PTSD appears when our memories of traumatic experience remain scattered and decontextualized: simple sensory stimuli that recall the circumstances under which we experienced the trauma may arouse those memories that, lacking any connection to a wider context, burst out as vivid and raw as they were in the very moment of their original consolidation. This is the reason why some scholars state that traumatic memories are "special" and different from non-traumatic or emotional ones, in that they are scattered and fragmentary and can easily emerge as psycho-physical symptomatology when triggered by certain stressors that recall the traumatic experience (Sotgiu and Mormont, *Similarities and Differences*: 454). PTSD is a condition of stalemate in which the body and mind re-enact the same event and produce the same reaction to it. As a consequence, tackling PTSD means to allow the traumatised person to recall their haunting memories (by sensory or verbal stimulation) in a harmless and peaceful context, so as to allow those memories to be reconsolidated within a new context. When the person succeeds in embedding the traumatic memories in the broader continuum of their story-life, the trauma becomes just another experience (however bad) among many. The person, thus, reconciles with their past and accepts it as a part of what they are.

Roughly said, PTSD is the observable set of symptoms revealing that something went badly wrong in the elaboration of traumatic experiences and the related emotions. Pharmaceutical therapies may reduce some symptoms of PTSD, but only the deconstruction and reframing of the traumatic memories eventually disable PTSD. Such deconstruction can be carried out through art therapy (among other forms of therapy) and by pursuing a special form of intervention, namely the archetypal approach. This consists in focusing on the symbols, metaphors, and rhetorical/narrative structures that the person uses to tamper with or to mend their traumatic memories. In such a framework, art

therapy has gained much credibility upon a larger and larger number of practitioners and scholars over the last decades (Talwar, *Accessing Traumatic Memory*: 23-26).

From private to public. PTSD and its meaning for society

As far as coming out of the cage of haunting memories, guilt or hatred implies the achievement of atonement and healing on an individual plan, the dimension of PTSD is private. However, the private dimension of healing from war trauma should be looked at from a wider perspective in order to answer the question: how does the private sphere of PTSD impact the public domain of history? Our main objective is to reframe the human experiences mentioned in the following contributions in a wider context, to understand how and why PTSD is – alongside war – one rather pervasive element of our culture. The veterans' quest for healing and recognition as worthy members of their community, as well as their attempt to overcome hatred, is such an ancient need that it has eventually become an archetype in every warrior culture (Brooke, *Veterans' PTSD*: 3; and Id., *An Archetypal Perspective*: 5-6).

Western civilisation, despite its paramount attainments in the field of peace-making, has been for thousands of years a warrior culture. Still today, war is one of the most intense experiences that constitute our cultural heritage. War supplies our language with a great deal of metaphors and transforms our hard-wired drive to aggression into a cultural structure, in which humankind pours the best of its knowledge and intellectual potential, no matter how destructive the aftermath may be (Eibl-Eibesfeldt, *The Biology of Peace and War*).

Such omnipresence of war all around us urges us to understand PTSD in the broader frame of the public sphere, as narratives about war-related trauma are influenced by collective narratives and at the same time participate in shaping the same shared narratives. As Karl Jaspers stated in 1946, one people cannot be blamed as a whole for the crimes that a limited number of its citizens have perpetrated in war (Jaspers, *The Question of German Guilt*). However, when a nation loses a war its entire population has to pay for it. Thus, the private need for atonement and reconciliation is mirrored by the collective quest for public

atonement and reconciliation that unfolds on the plan of history. Personal narratives play a paramount role in connecting the two spheres.

In war and culture studies, particularly those conducted on prisoners of war, trauma is often represented as conflicting with the elevated model of masculinity that war requires from men of fighting age (Twomey, *Australian Nurse POWs*: 255-274), and this was the main reason why traumatic experiences were not part of the shared memory of wars before the mid-twentieth century. Certain experiences challenged not only masculine identities but also racial hierarchies and national myths of wars, such as the myth of the "soldier hero" (Dawson, *Soldier Heroes*). The "memory boom" that occurred in many western democracies in the 1970s and 1980s contributed to developing new understandings of the traumatic experiences of soldiers in war, and it was a key step to find a way to make sense of events that were painful for the individual or social groups. The creation of the clinical diagnosis of PTSD in the 1980s was instrumental to this process leading to the legitimization of traumatic memories of veterans, which were now no longer shameful and hidden. As Christina Twomey notes, PTSD is "a product of culture as much as science" (Twomey, *POWs of the Japanese*). In fact, before the creation of PTSD as an acceptable diagnosis, it was presumed that only those who were somehow predisposed to weakness, illness, or incapacity, could experience war-related trauma. PTSD removed that assumption, thus liberating the idea that events, rather than innate weakness, could be the cause of traumatic responses in otherwise healthy individuals. This model of trauma subsequently began to influence the way in which war veterans interpreted, remembered, and narrated their experiences.

Alistair Thomson famously conceived the idea of "memory composure" in his work on Australian First World War veterans, which explored how changes in the collective memory of the conflict influenced the way veterans constructed their memories of war-related experiences and narrated them in oral history interviews (Thomson, *Anzac Memories*). This notion of "memory composure" relates to the way we construct or compose, our memories in a way that makes us feel comfortable and in alignment with our past, present, and future lives, and it explains why traumatic memories of war were resurfaced after the development of clinical recognition of PTSD.

The journey from the hell of war to the "awakening" in a peaceful, higher state of awareness that veterans recount, ceases to be a private matter as soon as it is made public in the form of a book of memories or oral history interviews. As the individual story of the veteran struggling to overcome their PTSD becomes public, that discourse begins to involve a broader community and eventually the whole nation. And when the number of published personal narratives grows to become an entire segment of the book-market, something special occurs: private stories merge into one broad collective story in which the whole community can mirror itself to face its ghosts and haunting memories.

Once the private journey from PSTD to healing has become public, the legacy of war begins to transit toward new actors and groups that had no direct connection with war at the beginning. Novels, movies, drama, and other forms of fiction begin circulating. The discourse on war trauma transcends the private sphere and expands to include different characters and contexts, with gradual updating of the discourse following the agenda of public concern. What was at first a private matter has become a public tradition and sometimes this tradition survives for centuries of millennia thanks to the worth of some classic works. One example for all: we still read Homer's *Odyssey* in awe, in which we recognise the story of the traumatised veteran who struggles to find his way back to normal life in his homeland.

Veterans' accounts provide an invaluable source of truth about war, even when their authors tampered with their memories for the most disparate reasons. As Carlo Ginzburg once stated, one falsified or inexistent fact is by no means unusable: it must be considered for what it is, viz. a testimony capable of revealing much about the reality that produced it (Ginzburg, *Il giudice e lo storico*: 20). PTSD is one possible aftermath of the close encounter with war, and it might endure and change form so far as to turn itself into a component of collective identity. We should not, therefore, limit to thrive on traumatized veterans' individual healing, without asking if their suffering was inevitable. Actual reconciliation can only be achieved if an entire community (no matter whether local, national, or international) succeeds to understand that war-related PTSD, despite its being apparently private, is *always* collective because war is humankind hurting itself.

The contributions

This present issue n. 3 of the CEIWJ includes three kinds of contributions: three scientific articles authored by scholars; two personal narratives provided by a practitioner and a WW2 veteran and practitioner; a collection of creative writing, short essays, and a letter addressing the topic of PTSD from different angles.

Andrea Roxana Bellot authors the article ***"During a period of total despair, I picked up a pen": A Soldier's Song, Ken Lukowiak's Falklands War Recollections***. Lukowiak was a member of the Second *Battalion* Parachute *Regiment of the British Army* deployed to the Falkland Islands for the 1982 British-Argentinian conflict. After suffering for a long time from depression and post-traumatic stress disorder (PTSD), the private's creative drive pushed him into writing down his memories, to help him overcome his war traumas. He needed an organized, written account of his daily experiences during that time to make sense of the war, to understand what he had been through, and to heal and move forward. The paper will discuss how these recollections addressed major topics such as fear, the dead, and the enemy. Bellot embeds her interpretation of the memoir in a broader historical understanding of the context of the Falkland war, as an unexpected conflict fought by the British nation against a people almost unknown and for the possession of a tiny portion of land thousands of miles away. The author focuses then on the language and style of the book, as means by which Lukowiak expresses his emotional states of surprise, disappointment, and anger, as well as his need for being part of a group, namely his comrades with whom he shared the paratrooper-jargon. The article investigates the relationship between the encounter with the unknown in war and the following traumatic aftermath by focusing on the practice of writing as a way out of the depressive syndrome from which Lukowiak suffered for years. Bellot writes, "when he began writing, little did he imagine that writing would come to signify so much in his future life. Writing became his only way of making sense of the world and of understanding the war; writing saved him from a life of misery. Not only did writing help him recover from PTSD – it actually saved his life" (*infra*, p. 27).

Stefano Bellin is the author of ***The Crux of Violence: "Unheimliche" Encounters and PTSD in Santiago Roncagliolo's*** **Red April**. This article

explores how *Red April* analyses the experience and the consequences of a traumatic conflict, showing how close encounters in the context of war can lead to PTSD and how PTSD shapes the way human beings encounter each other during and after violent events. In his discussion, the author investigates the link between PTSD and the concept of the "uncanny", as articulated by Freud in the homonymous essay. In particular, Bellin examines how uncanny encounters bring into the open feelings, experiences, and behavioural patterns that had been kept hidden or that remain largely unacknowledged, thus blurring and calling into question our conceptions of selfhood, identity, and violence. With this aim in view, the author proceeds first by analysing the development of the armed conflict in Peru, showing how the killing methods and operating procedures of its actors turned several face-to-face encounters into deeply traumatic experiences. He then discusses *Red April*, focusing on how the novel establishes cross-referential relationships between close encounters, PTSD, and the uncanny. At the core of this article lies Freud's theory of the "uncanny" (*unheimlich*), which is connected to the psychological process of repressing traumatic memories, thus allowing them to endure and to re-emerge in the form of symbols, nightmares, and psychoses. Bellin argues that "close encounters, PTSD, and the uncanny thus form a sort of hermeneutic triangle in *Red April*. Each of them can be interpreted as a result of the combination of the other two factors. The encounters are 'close' not just because they involve coming up face-to-face with something, but also because they bring into the open things that are strangely familiar to Chacaltana [the main character of the novel] and that affect his own psyche. The PTSD he suffers is not due to just conflict-related stressors, but also to the fact that the latter reveal something he had repressed about his own past and self." (*infra*, p. 60-61). In other words, Bellin interprets this novel as an example of how the literary imagination can deal with the mechanism of repression of trauma, insofar as the poetic work on symbols, images, metaphors, and archetypes leads to face the "uncanny" content of the traumatised mind. Roncagliolo's exploration seems to be in line with the idea that traumatic experiences can trigger PTSD in people who previously – especially in their childhood – suffered from severe trauma that remained hidden and repressed. Chacaltana's exposure to violence as a child and then through his job as a policeman is the fertile ground where the horrible violence of civil war can plant the seeds of PTSD.

After two contributions focused on PTSD, war, and literature, **Patrizia Piredda** authors the article ***Reality vs. Propaganda. PTSD among Civilian Healthcare Staff and Patients and the Rhetorical Invention of the "War on Coronavirus".*** Starting from the assumption that PTSD is not only related to war and conflict, the author argues that "the recent Coronavirus-pandemic offers a remarkable case study of how the application of the notion of PTSD to civilian healthcare staff was framed within a media campaign that described the struggle with the epidemic as a war against the virus" (*infra*, p. 71). After politicians and the media in many European countries used the metaphor of the "war against an invisible enemy", healthcare staff were depicted like "soldiers" and "heroes" fighting bravely in the trenches on the frontline, and the communities were encouraged to support the effort of these brave professionals who risked their lives to protect the lives of many others. Such rhetorical "call to arms" was aimed at triggering an emotional response among the public, based on fear, and at encouraging the "patriotic" formation of a "second line" backing the "frontline", where the healthcare staff were deployed. By focusing on the critique of language and rhetoric, Piredda analyses the reasons why the media in the UK and Italy talked about the traumatic experience of healthcare staff involved in the treatment of Covid-19 patients by recurring to war-metaphors. As they did so, she claims, they blurred the condition of civilian healthcare staff with that of military medics who come back from combat zones, thus overlapping two different kinds of PTSD. In fact, despite the extensive similarity of symptoms, the causes of PTSD in military medics remain different from those of civilian medics. Therefore, the author claims that it is correct to talk about PTSD for healthcare staff involved in the treatment of Covid-19 patients, but that it is misleading and wrong to compare the epidemic to a war.

After the academic articles, we offer a different set of contributions, namely the insightful personal narratives by two practitioners who have worked for decades to help veterans affected by PTSD to deal with their traumatic past and to heal. **Thayer Greene** was an American infantryman enrolled in the 5th Army of General Patton during WW2 and fought in Germany in 1945. In his ***My "Close Encounters" in World War 2 Combat*** he recounts, after many a year, some episodes that re-emerged to his memory that testify to his state of mind as he was deployed in Europe. Among these, one, in particular, appears to be so

traumatic to have triggered severe PTSD, which lasted for about thirty years. The episode was a violent artillery shelling that Thayer had to endure in April 1945 for about one hour, during which he waited for his death in a state of utter helplessness. Thirty years later, Thayer attended therapy with a professional and for the first time found the way to let the traumatic experience emerge (*infra*. p. 104). After that experience Thayer understood that he could move on to help others to recover from their traumatic memories and became a therapist himself, an expert in Jungian archetypal therapy. What strikes in Thayer's testimony is that PTSD keeps people apart from being themselves in full. It is a sort of alienating state of mind that forces the traumatised person to remain stuck in the repetition of an event that has lost all connections to other events of life, no matter how deep does it remains buried in the unconscious mind, as a burning ache.

The last contribution is ***The "Manchu" Comes Home Narrative of An Early Psychotherapy with a Vietnam Combat Veteran*** by the Jungian therapist, healer, and poet **Edward Tick**, who recounts his first "close encounter" with war, occurred in the form of therapy sessions with a young traumatised veteran from Vietnam, in 1968. In Edward's own words,

> the narrative demonstrates several types of encounters. It shows the encounters and impact on a poorly raised young man relentlessly overexposed to combat trauma. It exposes the extreme hardship of daily living for such a man struggling to return home from war. It portrays a young psychotherapist striving to learn the ways of war and warriorhood and undergo a transformation in his personal and professional identity. It lays bare the extreme stress caused by harming others that society foists upon its veterans to carry alone. For both veteran and therapist, these close encounters over war and in the therapy experience opened worlds. (*infra*, p. 106-107)

This powerful testimony provides insight into the perilous practice of psychotherapy aimed at healing war veterans affected by PTSD, for at least two reasons: the first is mentioned by Tick as the need for the therapist to engage the veteran in dialogue and to accept the fact that such an experience will change not only the patient but the therapist as well. In a way, Tick's narrative could be read from the perspective of Hans-Georg Gadamer's theory of

dialogue as a "fusion of horizons", in which the respective views of the world and prejudices encounter one another and change. The second reason emerges from the precise description that Tick makes of the veteran's dreams, which accompanies the readers directly into the core of archetypal therapy. And finally, Tick's contribution advocates a humanistic approach to the treatment of combat-related PTSD as a complex practice that includes therapy, reconstruction of social bonds, dialogue, and above all radical critique of the "popularized mythic image of the warrior hero who can endure all horrors" (*infra*, p. 121). Until we will keep on thriving on such a false myth, soldiers will risk falling prey to PTSD as wasted people, who are neglected by their own communities.

The Appendix includes short prose by **Kate Dahlstedt** about her father, an American private who experienced the aftermath of the destruction of Hiroshima in 1945 as a member of the occupation force. We then publish a selection of poems by **Edward Tick** and by Vietnam veterans **Charles "Sandy" Scull** and **Brent MacKinnon**, followed by the letter that Vietnam veteran **Patrick Guariglia** wrote as an act of atonement and reconciliation (introduced by Pat's friend and former therapist Edward Tick). The last contribution is a short story about PTSD by **Gianluca Cinelli**.

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1 "Traumatic events that can lead to PTSD include: war, rape, natural disasters, kidnapping, car or plane crashes, assault, terrorist attacks, sexual or physical abuse, sudden death of loved one, childhood neglect or any shattering event that leaves someone feeling helpless and hopeless" (Dankiewicz, *War in the Mind:* 133).

2 For a brief review of the history of post-traumatic diagnoses, see also Wastell (1-27).

3 Such demeaning definition was in particular connected with hysteria: see Bourke (*Effeminacy*); and King (*Recovering Hysteria*).

4 As for the movie by Spike Lee, some criticism is due. This work proposes once more the misleading, yet dramatically effective, idea that PTSD is related to violence and homicidal madness. This is not the case in general, because veterans affected by PTSD mostly suffer from depression, substance abuse, emotional detachment, and social anxiety. Many veterans do not express their PTSD by harming others, but by harming themselves, sometimes up to committing suicide.

5 See by Scalise-Sugiyama: *On the Origins of Narrative*; *Food, Foragers, and Folklore*; and *Lions and Tigers*; by Carroll: *Evolution and Literary Theory*; and *The Human Revolution*.

6 See Frye's classical work about the presence and meaning of archetypes in the literary imagination, *Anatomy of Criticism*.

7 One of the most relevant and pioneering scholars in the field was Robert Sapolsky, among whose most relevant contributions on the effect of stress on the brain we recall the ground-breaking monograph *Stress, the Ageing Brain, and the Mechanism of Neuron Death*.