'It's Beyond Me':

Trauma, Combat and the Paradox of Mediation

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Acknowledgements

Abstract

Current theorising of trauma continues to suffer from Post-Holocaust understandings that render trauma as indefinable, yet the myriad representations produced across different discursive domains – testimony, documentary, film and art – challenge such claims. Rather it is *difficult* to define, plagued by the parameters of trauma – as having no "beginning", "ending", "during" or "after" as Laub contends – and is further hampered by its clinically inadequate categorisation as Post Traumatic Stress Disorder (PTSD) within the Diagnostic Statistical Manual (DSM). While the inclusion of PTSD in the DSM-III in 1980 promised to normalise the long history of trauma resulting from combat experience, its increasing and continuing expansion of categories since then has undermined this combat-specific diagnosis. Particularly, it fails to recognise the specific traumas intrinsic to soldiers who wage war as an occupation (specifically the act of killing), and the complex way in which PTSD is triggered in veterans (the political deceit and denial that accompanies the experience of the initial event). With 1 in 5 returned soldiers currently screening for PTSD, and more veterans having committed suicide than have died in combat, it is clear that there is a crisis in the way PTSD is theorised, recognised and understood.

This thesis provides a discursive analysis of contemporary media texts, proposing that discourses produced within these domains challenge, undermine and potentially remedy combat trauma's current "crisis of representation." While professionally produced documentaries and current affairs programmes were found to align with the political and ideological discourses prominent within the military and psychiatric professions, soldier-produced content – through raw video, art and digital pastiche – functioned as traumatic performances that produced personal articulations of trauma. Moreover, the televisual flashback succeeds in conveying the "traumatised subjectivity" through cinematic and aesthetic conventions that allow the viewer to see beyond the confines of the body and into the flashback as it is experienced by the eye-witness. In doing so, these texts help to construct social and cultural knowledge of trauma and PTSD and facilitate acts of bearing witness. Such articulations allow veterans to understand their own disorder as normal and are influential in the processes of healing and recovery.

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Introduction

The massacre of 22 Afghan villagers, the majority of whom were women and children, by US Staff Sergeant Robert Bales in March 2012 is, to borrow Caruth's words, the "haunting of one event by another" (2008: 150). Bale's self-proclaimed "act of cowardice" (Johnson, 2013) after four tours of duty in Iraq and Afghanistan echoes the horrific events in My Lai in March 1968, where over the course of four hours members of the American Division slaughtered over 400 unarmed civilians in the Quang Nai Province of Vietnam (Lifton, 1973, cited in Caruth, 2008: 164). Lifton argues the events at My Lai were a form of "false-witness", an attempt by the soldiers involved to make meaning from the seemingly meaningless war (cited in Caruth, 2008: 164). That is, the massacre at My Lai was a response to the gruesome deaths suffered by the men of Charlie Company weeks before (witnessed by troops of the American Division) and compounded by the death of a favourite sergeant, with his funeral occurring just one day before the events at My Lai (Lifton, 1973, cited in Caruth, 2008: 164). These deaths framed Vietnam as a "meaningless and senseless slaughter that could not truly be called war" (Caruth, 2008: 164), and thus the massacre of Vietnamese villagers became, for the soldiers involved, an attempt to retroactively make meaning from the horrific deaths they were failing to contextualise.

The massacre performed by Bales, like the one 44 years earlier at My Lai, should therefore be understood as a small part of a much larger problem. In enacting false witness, Bales makes a statement about the way in which combat produces traumatised subjectivities. The act of war is constructed around the performance of killing, from learning to kill during training (through exercises and simulations) to the indoctrination of ignorance and racism, and the constant deprivation that makes the act of killing "easy" (, 2006). Thus, Bales was sent to Afghanistan specifically *to* kill – expected (and expecting) to do so. Yet in fulfilling this act he is seen as a monster – a "man with no moral compass" (Johnson, 2013) – and in framing Bales as such, the consequence of false witnessing is rendered as an individual crime by a soldier out for revenge rather than part of the logic of a militarised culture. The military absolve themselves from responsibility even though it was the training he received pre-deployment that made him *want* to kill. While I do not wish to frame Bales entirely as an innocent victim – especially considering the horror that he enacted – it does acknowledge the

consequences of the military's production of traumatised subjects, and subsequently renders combat as a trauma in itself.

As more troops return home from combat, similar stories proliferate within contemporary news media. In February of 2013, *The Australian* reported the death of former Navy Seal Chris Kyle, a man "hailed as the deadliest sniper in US history" (2013), shot at a gun range by a 25 year old Iraq veteran who was suffering from Post Traumatic Stress Disorder (PTSD); a disorder for which Kyle established the FITCO Cares foundation to help manage (*The Australian,* 2013). In March 2013 an active-duty Marine killed two fellow service members before turning the gun on himself at a training base in Virginia (Simpson, 2013). The incident followed the death of seven of his training group after a mortar explosion during a live fire exercise (Simpson, 2013). Kaj Larsen explores the increasing number of veterans perpetrating crime on their return home in the documentary series *Vanguard*, stating that 121 Iraq and Afghanistan veterans were charged with murder prior to 2008 (2010). Yet this is not a new problem or specific to the contemporary wave of veterans, with estimates suggesting that half a million Vietnam veterans have been arrested or incarcerated in the US (Rubush, 2010) accounting for a quarter of all male inmates in the US in 1998 (Mumola, 2000: 1).

Caruth parallels the repetitive re-enactment of the past – exemplified by the recurring acts of violence enacted by veterans – with the re-experiencing of an event through flashbacks, nightmares and hallucinations symptomatic of PTSD (2008: 150). Termed as 'Intrusive Responses'*,* the recently published fifth edition of the Diagnostic Statistical Manual (DSM) outlines these re-experiencing symptoms as:

1. Recurrent, involuntary and intrusive memories
2. Traumatic nightmares
3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness.

(Veterans Affairs, 2013)

Rather than focus on the trauma of individuals, Caruth argues that repetitive cycles of events constitute war itself as trauma (2008: 105). Her claim attempts to place the events of Vietnam within a broader historical and political context, framing the war, and

its "insistent return" in Iraq and Afghanistan, as a national trauma (Caruth, 2008: 105). She proposes that the Iraq and Afghanistan wars are attempts to forget, erase and revise the history of Vietnam, yet contends that the political blindness, deceit and denial inherent in the production of war render the "psychological, political and cultural effects of war" as "not fully grasped" (Caruth, 2008: 152). Luckhurst expands on this point, claiming that "war studs the history of trauma with its own passages of fugue, where everything learnt is wiped away by a reiterative institutional amnesia" (2008: 51). In exploring the link between individual and collective trauma, Caruth implicates the government and military in creating the gruesome experiences within the war, whilst simultaneously making it "difficult to perceive the way in which it was being carried out" (2008: 152). While the events experienced by combatants within a war contribute to the production of their trauma, the inability to understand their role in the context of the war (or the purpose of the war itself) compounds it.

With President Obama stating that he will completely withdraw American troops from Afghanistan by the end of 2014 (Mardell, 2014) following the removal of troops from Iraq in 2011 (Ryan and Spetalnick, 2011), the US face the psychological aftermath of over a decade of combat, a reality that psychologists and psychiatrists alike agree the country is not prepared for (Foulkrod, 2006). US mental health organisations are being inundated with veterans suffering from the prolonged effects of psychological trauma, with as many as 1 in 5 screening positively for PTSD on their return (Williamson and Mulhall, 2009) and estimates suggesting that this number will rise to 1 in 3 within the next few years (Williamson and Mulhall, 2009). The inefficacy of treatment provision is reflected in the high rate of suicide among veterans – one every 80 minutes according to recent figures (Kristof, 2012b) – while Huff states that more returned veterans commit suicide than die in combat (2012: 43). Moreover, Williamson and Mulhall suggest that the suicide rate amongst active duty soldiers is also rapidly increasing (2009: 2). This attests to a crisis within the US military, government and health services, and their inability to provide adequate psychological care for returned veterans and active duty soldiers alike.

This crisis stems, in large part, from the culture within the military, whereby physical and mental strength is expected and weakness is understood as detrimental to one's ability to perform (Hoge et al, 2004, Castro, 2009). Yet, this crisis is equally

compounded by discourses within contemporary media that perpetuate and reinforce misconceptions about veterans and how the trauma of combat manifests. The narratives about Vietnam veterans in films such as *Taxi Driver* (1976) and *Rambo*: *First Blood* (1982) are recycled in contemporary films such as *Brothers* (2009) and *Home of the Brave* (2006) emphasising the trope of the angry, violent and vengeful veteran that is damaging to veterans and misleading to the public: the detrimental nature of such articulations can be seen in the earlier description of Bales as a man with "no moral compass" (Johnson, 2013). The prominence of the physically disabled or amputee veteran within popular films *Forrest Gump* (1994), *Born on the Fourth of July* (1989) and *Coming Home* (1978), while articulating an experience suffered by many veterans – serves to undermine and ignore the psychological factors of combat. Such discourses reinforce a 'cause and affect' type model, whereby an individual is exposed to a traumatic event and subsequently experiences symptomatic responses. Such a model defines PTSD as a response by innocent individuals, constructing a framework for who can and cannot be traumatised and subsequently absolving the military from accepting any responsibility.

Thus for many theorists, contemporary witnessing texts fail to "communicate the truth" of trauma (Guerin and Hallas, 2007: 2) thereby undermining its significance by "profan[ing] and trivialis[ing] a sacred subject" (Wiesel, 1989, xi, cited in Douglass and Vogler, 2003: 31). Such comments do not extend only to fictional cinema: for many theorists, an attempt to articulate trauma is seen as failing to adequately express the nature of something that is beyond cognitive and linguistic comprehension (Douglass and Vogler, 2003, Hutchison, 2010, Visvis, 2010, Tal, 1991). While eye-witness testimony is lauded by some as truly authenticating the existence of trauma by expressing knowledge known only by the individual who lived through the experience (Laub and Felman, 1992, Gilmore, 2002) others claim that the malleability and fallibility of memory renders testimony as insufficient in furnishing evidence (Loftus and Hoffman, 1989, Loftus, 1986, Hartman, 1995). Photographic images of trauma – such as journalists' pictures that publicised the horrors of the Holocaust and Vietnam to the public for example – are acknowledged by some as articulating what words are incapable of (Zelizer, 1998, Rabinowitz, 1994) and thus authenticates what memory cannot. Yet, the legitimacy of images are equally contested as they were often taken by

displaced witnesses that "spoke on behalf" of the eye-witness, and thus reduce them to "objects of pity or revulsion" (Guerin and Hallas, 2007: 8). Further, the contemporary documentaries and current affairs programmes that proliferate popular television are criticised by theorists like Rothe as spectacularising trauma, constructing it (and those who suffer from it) as a source of entertainment, thereby undermining the seriousness of its impact and violating those afflicted by it (2011). Yet I propose that these texts play a major role in the construction of social, cultural and political knowledge due to popularity and large audience reach.

While I acknowledge that many discourses surrounding PTSD are flawed – including the clinical definition of PTSD within the DSM, which is inadequate in defining the political, historical and ethical issues that construct and perpetuate combat trauma – I propose that the many representations that are produced regarding combat trauma equally provide discourses that contribute significantly to the production of social, cultural, historical and political knowledge surrounding the disorder. Thus rather than framing trauma as unrepresentable, the multitude of representations render it *difficult* to define: a "crisis of representation" as Caruth defines (2008: 5). That is, while trauma is triggered by a particular event or experience, it is ultimately compounded by an inability to articulate what this trauma *feels* like (due in part to the eye-witnesses' inability to 'know' their trauma initially), how it manifests itself or what it *means* to experience trauma and hence be *traumatised,* both to the public and more importantly within the veterans themselves (Caruth, 2008, Ashuri, 2010, Luckhurst, 2008, Brand, 2008). This thesis will, thus, explore the different knowledge claims produced across each discursive domain – testimony, literature, art, film and television – regarding their ability to 'authentically' represent and define combat trauma.

Methodology

Discourse analysis was the method used within this research in order to deconstruct the way in which PTSD is produced and given meaning within my chosen texts. Broadly speaking, discourse refers to practices of communication and representation through written, spoken or visual language, specifically concerned with "the discerning [of] rules that 'govern' bodies of texts and utterances" (Fairclough, 2001:

123). Foucault describes discourse as "practices that systematically form the objects of which they speak" (1972, cited in Mills, 1997: 17) and therefore can be seen as "something which produces something else [such as] a concept" (Foucault, 1972, cited in Mills, 1997: 17). Similarly, Hall defines a discourse as a "group of statements which provide a language for talking about – that is, a way of representing – a particular kind of knowledge about a topic (1992, 291, cited in Caldas-Coulthard and Iedema, 2008: 122). Fairclough suggests that discourses "not only represent the world as it is (or rather is seen to be) they are also projective imaginaries, representing possible worlds which are different from the actual world, and tied into projects to change the world in particular directions" (2001:124). Within this thesis, I will argue that PTSD is produced and given meaning within my chosen texts through the way it is portrayed, along with the potential meanings that are silenced. I propose that military and psychiatric discourses, for example, frame PTSD as a pathologically 'wrong' response experienced by selective individuals. In contrast, other discourses explore PTSD as a complex disorder linked to cultural and political contexts, regarding it as a collective phenomenon.

Torfing states that discourses create meaning through a relational system of oppositions – that is, as a series of inclusions and exclusions (1999: 3). He links this to Saussure's theory of sign systems as a "two sided entity", where a *signified* object, a cat for example, is brought into existence by an arbitrary "sound-image" – the word 'cat' or image of the animal for example (1981: 65 -67). More importantly, Saussure understands this sign system as made up "only" of differences, with no "positive terms" (1981: 120). Torfing uses the example of a term such as 'socialism' as producing meaning only from its oppositional relationship to a term such as 'capitalism' (1999: 87). Macdonnell states that discourses do not come into existence by themselves but rather are understood in relation to other, "ultimately ... opposing" discourses (1986: 3). Derrida points to the absence of fixed 'truths' within discourses, stating that meanings are constantly in flux and subject to "endless displacements and substitutions" (1978, cited in Moses, 2006: 18). Similarly, Torfing recognises that discourses are structured through "mutually substituting centres" (1999: 86) whereby knowledge is based on identifying truth as "presence" (Critchley, 1992: 20). For example, the "sound-image" (Saussure, 1981: 65 – 67) that represents the cat from the earlier example bears only an arbitrary relationship to the actual object –its name only represents the object through

learnt association. As such, Moses proposes that "dominant Western philosophies" privilege the knowledge of concepts through a "dichotomised understanding" of the world: "the designation of 'inside' and 'outside', or 'real' and 'unreal'" (2006: 18). Therefore discourses do not reflect truth-values, as they are merely arbitrary; rather, they can be recognised as representing a 'kind' of presence or 'partial' truth. As Moses summarises: "there can never be any factual basis which dictates the 'decision' necessary for the construction of determinate discourse" (2006: 19).

Therefore, as Klein, claims:

[to be] engaged in a discourse is to be engaged in the making and remaking of meaningful conditions of existence. A discourse, then, is not a way of learning 'about' something out there in the 'real world'; it is, rather, a way of producing that something as real, as identifiable, classifiable, knowable, and therefore, meaningful. Discourse creates the conditions of knowing (1987: 4).

What is important within my research is the way in which some discourses become dominant – included – while others become silenced or obscured – excluded. As an example, Fairclough points to the way in which "conventional medical science" is considered valid and truthful, whereas alternative practices are deemed "inferior" and "amateurish" (1992, cited in Mills, 2004: 16). Foucault coins the term 'power/knowledge' to explain the way in which political, cultural and social power structures (maintained by what he defines as "non-discursive institutions") allow some discourses to be considered 'truth' at the expense of others (1980, cited in Mills, 2004: 15). State and secular institutions, for example, afford power through their large resources and therefore can influence and inform dominant knowledge: "discourses exercise power in a society because they institutionalise and regulate ways of talking, thinking and acting" (Jäger and Maier, 2009: 35). Macdonell continues, stating that discourse can be "identified by the institutions to which it relates and by the positions from which it comes and which it marks out for the speaker" (1986: 3).

Therefore, discourse is understood by Marxist theorists in particular, as a vehicle through which "people are forced to believe ideas which are not true or in their interests" (Mills, 2004: 38). Fowler expands on this, stating: "discourse is speech or writing seen from the point of view of the beliefs, values and categories [that] constitute

a way of looking at the world, an organisation or representation of experience" (1981, cited in Mills, 2004: 5). That is, discourse is recognised as serving an ideological function, informing knowledge by naturalising, thereby making 'true' certain notions or ideas about the world: a phenomenon that Jørgenson and Philips recognise as "a distorted recognition of real social relations" (2002: 15). Sloan makes reference to the cult movie *The Matrix* (1999) as an analogy for understanding the power of ideology. The film depicts a system whereby humans experience day to day activities, yet these are merely dreamed and put in their consciousness by machines that control the Earth (Sloan, 2007, cited in Hook, 2007: viii). Discourse as an ideological apparatus, therefore, is generally understood as oppressive. Foucault explores discourses inherent within psychiatry as containing and maintaining understandings of mental illness:

> Psychology, both through its practices and through concepts that justify its practices, operates for the most part as an ideological apparatus. This means that its array of discourses and activities constructs and sustains systems of domination and oppression even as they appear to support self-understanding and well-being (cited by Sloan, 2007, in Hook, 2007: viii).

Sloan continues, stating that "Foucault saw psychological knowledge and practice as one of modern society's new strategies for disciplining and shaping the action of the individual" (cited in Hook, 2007: ix). Such an understanding informs my criticism of the DSM as an ideological apparatus that constructs mental illness as abnormal, thereby managing those diagnosed as such by producing what are and what are not 'normal' responses.

Yet Foucault recognises 'power' as distinct from the understanding of his liberal counterparts who define it as a "possession"; one that can be attained, taken from another or that violates "someone's rights" (1981, cited in Mills, 2004: 17). Rather, he suggests a more inclusive model of power, whereby it is "dispersed throughout social relations" and therefore both restricts behaviour *and* "produces possible behaviours" (Foucault, 1981 cited in Mills, 2004: 17). Therefore, while Foucault understands discourse as serving as an "instrument and an effect of power", he also concedes that "discourse is not simply that which translates struggles or systems of domination, but is the thing for which and by which there is a struggle" (1981: 52 – 53, cited in Mills, 2004:

38). Put more simply, discourse can be a vehicle whereby ideological discourses are presented and articulated, yet also function to allow these ideological notions to be contested and challenged. Mills, therefore, defines a discourse as the "site of contestation" (2004: 40). Foucault expands on this point, stating: "Discourse transmits and produces power; it reinforces it, but also undermines it and exposes it, renders it fragile and makes it possible to thwart it" (1978, 100 – 101: cited in Mills, 2004: 40).

The chapters that follow explore the ways in which PTSD is discursively produced within, and across, academic, psychiatric and contemporary visual texts. This thesis examines the contested meaning of combat trauma across these different discursive fields, constructing a framework for the way in which combat-related PTSD is made to mean within contemporary social, political, and cultural domains. To this end, I assess: what the public and veterans alike are being given to think about (and with) in terms of combat-related PTSD; how PTSD is given meaning through its discursive production, and how these discourses position PTSD in terms of 'right' or 'wrong' responses to combat trauma; and the kinds of trauma that are given voice to - that is, the trauma of being a victim, compared with the trauma of being a killer. In doing so, I make an argument that combat should be understood as a site of trauma and examine the ways in which the contested discourses surrounding the disorder make this claim apparent, or otherwise conceal it through what Caruth acknowledges as 'blindness, deceit and denial' (2008).

The ways in which the communicability of psychological trauma is attempted is, as yet, an underdeveloped area of research. Moreover, the extra-linguistic articulations intrinsic within contemporary discourses render these emerging forms of representation as worthy of academic research. Thus, this thesis analyses visual texts that have previously been overlooked within scholarly studies, such as current affairs programmes, fictional television dramas and soldier-produced content. These texts were chosen based on their accessibility, popularity and centrality of PTSD as a theme: the documentaries, current affairs programmes and television dramas were chosen on their affiliation with mainstream media outlets (and thus were acknowledged as significant due to their potential to broadcast to a large audience) while the soldier-produced content was chosen for the ways in which they effectively and affectively produced discourses of trauma from the soldiers' perspective. Given the contested discourses that

burden authentic representations of the disorder – and acknowledging Ashuri's point that traditional modes of language cannot adequately communicate that which exists beyond "sounds, words and images" (2010: 173) – an inclusive examination that encompasses a multitude of texts (and thus discourses) is necessary. Public understanding of PTSD relies on its representation, and it is the construction of social knowledge of the disorder that contributes to adequate screening and treatment for those suffering (DeAngelis, 2008). In light of the almost 2 million veterans who have experienced the horrors of Iraq and Afghanistan during more than a decade of war (Martinez and Bingham, 2011) – and given President Obama's promise to remove the last 68,000 troops from Afghanistan at the end of 2014 (Bumiller, 2012) – a critical analysis of the discursive production of PTSD is particularly urgent.

Chapter Overview

Chapter 1 theorises the concept of trauma, what it *is* and how it manifests itself, and how it is understood from sociological, cultural and psychoanalytic perspectives. This overview outlines the issues surrounding the representation and reception of trauma and PTSD. The intrinsically related concepts of witnessing and bearing witness are subsequently discussed, with the conflated nature of theorising these concepts outlined and revised, with the term witness coming to define both an individual who is present and 'sees' an event (eye-witnessing) and of testifying or giving evidence about that experience (bearing witness) (Oliver, 2001, Peters, 2001, Tait, 2011). . This literature review also outlines the way in which trauma, generally acknowledged within trauma theory as "unrepresentable" (Brand, 2008) has been articulated historically through and across medical, military and media texts.

Chapter 2 focuses on PTSD as a discursive concept within psychiatric and medical texts, focussing first on the history of combat-related disorders in general. Psychiatric texts form the basis for the definition and understanding of the disorder, and therefore an analysis of these examines the way psychological trauma was understood within early editions of the DSM, how the diagnosis of PTSD was conceived and how definitions and understanding of the disorder have changed over time. I assess proposals and scholarly articles on possible revisions to PTSD as a disorder for the DSM-V, published in

May 2013 (American Psychiatric Association, 2012). Such an exploration attests to the changing definitions and contested nature of PTSD over time and its eventual broadening as a category of illness. I use this conceptualisation of PTSD to inform an argument surrounding the specificity of combat trauma, claiming that combat-related PTSD should be given its own category within the DSM. A case study of soldier testimonials, taken from *The War Tapes,* Lisa Ling's *Our America: Invisible Wounds of War* and *The Ground Truth after the Killing Ends* is used to argue that the current definition in the DSM-V inadequately defines the complex issues surrounding veterans of Iraq and Afghanistan.

Chapter 3 focuses on representations of PTSD within the current affairs and documentary genres. Given their assertion of journalistic truthfulness (Lacey, 1998, Glasser, 1996) these texts play a crucial role in informing public knowledge concerning social, cultural and political issues and are often the first contact that publics will have with such issues. Yet through an analysis of a number of texts – CBC News' *The Ground after the Killing Ends* (Foulkrod, 2006), New Zealand produced *Attitude: Hidden Wounds of War* (Black 2012), Dateline Australia's *Stressed Out* (Lazaredes, 2012), Lisa Ling's *Our* America*: Invisible Wounds of War* (Smith and Terp, 2012), Ross Kemp's *The Invisible Wounded* (2012) and *Who Will Stand* (Valentine and Bedik, 2009) – I propose that this genre constructs a framework that spectacularises PTSD (Rothe, 2011) thereby reinforcing existing tropes surrounding combat and undermining their claim to sober representations.

Chapter 4 explores soldier-produced content as traumatic performances (Ashuri, 2010, Coonfield, 2007) that allow these individuals to communicate personal experiences of trauma, and circumvent the "crisis of affect" that burdens the communication of PTSD (S. Tait, personal communication, March 29 2013). I contend that the footage taken during combat within *The War Tapes* (Scranton, 2006) is a new form of testimony, as these are self-recorded and from the perspective of the soldier themselves. This footage lets the public view combat *as* soldiers do, whilst also allowing soldiers to experience, in retrospect, what they failed to grasp initially (Lifton, 1972, Caruth, 2008). Further, I propose that the soldier-produced art in Sarah Neeson's documentary short *Iraq, Paper, Scissors* (2010) – art constructed from military uniforms – articulates the embodied nature of combat by exposing the body in a traumatic

performance. Lastly, I frame the veteran-produced YouTube video *Tribute to US Soldiers Who Come Home With PTSD* (2009) as a new form of digital performance – a format particularly significant to a contemporary understanding of trauma due to its unavailability to veterans before Iraq and Afghanistan. Moreover, through an examination of user comments posted on this video, I contend that online formats can function as communities that can contribute to processes of healing.

Chapter 5 focuses on fictional television series *Homeland* (2011) and *Damages* (2011) and explores the ways in which these fictional renderings attempt to visualise the interiority of trauma through literary and visual techniques. Specifically, I argue that the aesthetics, cinematography and editing conventions of fiction mimics the partial 'seeing' and partial 'knowing' intrinsic to both the experience of the event initially and its haunting return as a flashback. Thus, this contemporary medium facilitates the *seeing* of the flashback that is otherwise concealed from sight, whilst also positioning the audience to see *as* someone experiencing a flashback. I frame my analysis through reference to the military and cultural 'blindness, deceit and denial' that Caruth suggests both constructs and perpetuates the trauma experienced by veterans (2008) arguing that the visualisation of the flashback makes public knowledge that is otherwise concealed. Thus, I acknowledge fiction as providing authentic representations of trauma, refuting claims that the genre cannot "imagine the unimaginable" (Wiesel, 1989, xi, cited in Douglass and Vogler, 2003: 31).

The arguments and analyses put forward within this thesis aim to construct a framework for the re-conceptualisation of combat trauma by proposing that the moral, ethical and political complexities that burden the disorder be recognised. Moreover, my analysis of contemporary media texts provides evidence that trauma – widely acknowledged as unrepresentable within post-Holocaust understandings – can be authentically articulated. These articulations can facilitate the construction of social and cultural understandings of PTSD, are influential in the processes of healing and recovery (Hesford, 1999, Gilmore, 2001, Shuman and Bohmer, 2004, Visvis, 2010, Bosmajian, 2009, Collie et al, 2004) and serve to allow veterans to better understand and cope with their own responses. While my analysis focuses specifically on PTSD within combat veterans, I argue that the ideas and concepts within this analysis relate to the understanding of PTSD in a broader sense.

Chapter 1: Trauma, Witnessing and the 'Discursive Knot' of Representation

Contemporary theorising of trauma continues to suffer from post-Holocaust understandings that render trauma as unrepresentable, yet such a claim is a representation in itself. Therefore this review steers clear of the "discursive knots" produced by such paradoxes (Rothe, 2011) and instead proposes that there are myriad representations that are produced across different discursive domains both pre and post-Holocaust, including testimony, literature, art and film. The multitude of representations deems trauma not as indefinable, but as *difficult* to define. This difficulty stems from the nature of trauma: it is not 'known' in the first instance, escaping understanding and therefore unable to be placed in a subject's existing comprehension of the world (Caruth, 2008, Ashuri, 2010, Luckhurst, 2008, Brand, 2008). As Laub states, trauma "has no beginning, no ending, no before, no during and no after [and hence its] absences of categories ... lends it a quality of otherness" (cited in Dawes, 2002: 136). Current definitions of trauma and what it means to experience a traumatic event are, hence, widely contested throughout academic and psychiatric discourses. Medical and psychiatric discourses frame trauma in a biological and psychical sense, attempting to categorise it within a 'cause and affect' type model: an individual is exposed to a traumatic event and subsequently experiences symptomatic responses. Influenced by Holocaust studies, this defines the traumatised individual as a 'victim of circumstance', thereby understanding trauma as 'owned' by the innocent and constructing a framework for who can and cannot be traumatised. Yet the status of the modern combat soldier complicates this frame, given that the current US Defence Force is constructed entirely from volunteers (Donnelly, 2010). Moreover, many contemporary theorists acknowledge the expectation of killing within a combat situation, regarding the soldier as both victim *and* perpetrator, and therefore contextualise combat trauma within broader political, social and ethical frameworks (Caruth, 2008, Ashuri, 2010, Tait, 2011, Castro, 2009). Setting up an exploration of combat trauma specificity in the following chapter, this review explores the different knowledge claims that are produced within each discursive domain regarding the ability to 'know', and therefore authentically represent and define, trauma.

What is Trauma?

Originally stemming from the Greek word trōma, meaning "wound", historical definitions have been framed within the medical understanding of the term as a physical wound or injury (Lidell et al, year cited in Baldwin, William and Houts, 2004: 8). Yet, Freud's seminal work 'Beyond the Pleasure Principle' understands trauma to be a "wound not inflicted on the body but upon the mind" that, unlike a physical wound, cannot be healed simply (cited in Caruth, 1996: 3). Freud's research framed psychological trauma around an overwhelming event, such as physical or mental abuse, accidents and disasters, or the experience of combat, which is "experienced too soon, too unexpectedly to be fully known and is therefore not available to consciousness" (Caruth, 1996: 4). Caruth, expanding on Freud's work, defines trauma in most general terms as an "overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena" (1996: 11). Caruth's definition summarises the paradox of defining trauma: trauma defines both the event that causes the psychic wound as well as the affective responses experienced in the aftermath of such an event. Yet while it is the initial event that is the catalyst to such symptomatic responses, and that which separates PTSD as a diagnosis from other anxiety disorders (Baldiwn, Williams, and Houts 2004, Richard, 2004) ultimately such an experience overwhelms the body and mind to the extent that it is not "processed or experienced in the full sense" (Brand, 2008: 198). Because "the outside has gone inside without any mediation" (Caruth, 1996: 4) Luckhurst suggests that the event is not acknowledged as traumatic until "after the fact" (2008: 5). The trauma of the event comes to 'live' in the body and exposes itself through symptomatic responses such as intrusive memories and somatic disturbances with the latent experience putting the internal and external facets into "a strange communication" (Luckhurst, 2008: 3).[1]

Therefore Caruth argues that what is central to trauma is not the event itself but rather the individual's belated "reception" of the event (1995: 4). Caruth's definition is tied to psychoanalytic theory, whereby the re-experiencing of trauma through dreams, flashbacks and hallucinations is seen as an unconscious attempt to retroactively make

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[1] As I will propose later, trauma should be understood as embodied as it is *felt* and *experienced* within the body.

meaning of experience. That is, trauma is understood as a "special form of memory" where affect is produced but no meaning is given to the event (Caruth, 1995: 4). This conception relies on a distinction being made between 'affect' and 'emotion'. Thrift states that affect differs from emotion in that the former are unconscious, "embodied practices" (2004: 60) – the act of laughing or crying as well as physiological responses such as sweating or increased heart rate (see Katz, 1999, Plantinga, 2009). While in contrast, emotions are socialised responses used to express affect and communicate its meaning – love, anger or horror for example. Here, affect can "increase or decrease [...] the ability of the body and mind alike to act" in either a "positive" or "negative" manner (Thrift, 2004: 62). Cognitive science suggests that during a traumatic event only the amygdala is active, which is the part of the brain responsible for producing affect and sensations in the body. The affect is too much to be cognitively processed in the "meaning making" part of the brain, namely the cerebral cortex, which remains shut down during the event (Caruth, 1995: 4). That is, the experiencing of the event is dissociated from the event itself: there are overwhelming affective responses, yet these cannot be placed in the context of the individual's experience. Therefore, as Tait suggests, trauma can be seen as a crisis of affect whereby those traumatised are unable to "'know'" what their affective responses "'mean'", and how to "'cognitively and culturally translate this affect into emotion'" (S. Tait, personal communication, March 29 2013).

Caruth, therefore, understands the re-experiencing of the event as more than just symptomatic of trauma, but rather as constructing and perpetuating the trauma through "repeated possession" of the body (1995: 4). She suggests that it is the intrusive re-experiencing of the event that is ultimately traumatising: "to be traumatised is precisely to be possessed by an image or event" (Caruth, 1995: 5). If, as Ashuri argues, trauma so "overwhelms the victims to the point that they are unable to know the occurrence that traumatised them" (2010: 173) then the event itself cannot, initially at least, be deemed by the individual as traumatising. That is not to say that the event should not be understood as a trauma; on the contrary, I propose that combat as an experience must be acknowledged as a site of trauma, elaborating beyond the canonical status of the Holocaust as defining contemporary understandings of trauma. Yet Caruth's theory of possession (1995) extends beyond this by defining trauma as constituted by both the

individual's response, and the historical, political and cultural contexts surrounding the repetitive "haunting of one event by another"; a phenomenon she sees in the re-emergence of Vietnam-era politics within the Iraq and Afghanistan wars (2008: 105). It is not just that the event is overwhelming on an affective level that is traumatising, but also that the experience cannot be reconciled with the meaning assigned to combat within military culture and political propaganda. Many soldiers, for example, are traumatised by their participation in killing the enemy, in contrast to the military's expectation of taking pleasure in it. Yet when they do take pleasure death– as exemplified by Sergeant Pink in *The War Tapes* in chapter 4 for example – the military betray these subjectivities by framing their actions as 'wrong'. The experience is other to the normative construction of combat, and thus is omitted and concealed. In doing so, the individual is pathologised and understands themselves as such. As Caruth suggests, the paradox inherent in the experience of trauma is "that the most direct seeing of a violent event may occur as an absolute inability to know it" (1996: 91 – 92). In this way, I understand and define trauma as a 'crisis', supporting my argument through Caruth's assertion of trauma as "a crisis of representation" (cited in Luckhurst, 2008: 5). Caruth explores the barriers inherent in the representation of trauma; the experience is cognitively displaced, unable to be processed and made to 'mean', and therefore incommunicable as coherent narrative (cited in Luckhurst, 2008: 5). Yet while trauma is difficult to articulate, representations are ubiquitous, raising the issue of what representations can be acknowledged as authentic – how they speak to the 'truth' of trauma – and how these representations can be used by traumatised subjects in processes of meaning-making, and subsequently inform public knowledge of the disorder.

Eye-witnessing and Bearing Witness

Discourses produced within post-Holocaust theory – claims of 'unrepresentability' and an emphasis on the status of the traumatised victim – are attempts to regulate *who* and *how* trauma can be articulated and continue to inform contemporary understandings of trauma representations. The Holocaust redefined the parameters of trauma, rendering what Tait calls the "survivor witness" (2011: 1223) –

an individual who saw, experienced and lived through the horror of the event – as the vehicle through which trauma can be made public. Yet as Tait contends, current theorising of the term 'witness' is encumbered by the conflation of the terms 'eye-witnessing' and 'bearing witness' (2011: 1222): that is, the term 'witness' comes to define both an individual who is present and sees an event (eye-witnessing) and of testifying or giving evidence about that experience (bearing witness) (Oliver, 2001, Peters, 2001, Tait, 2011). Moreover, media theorists use the term 'witnessing' to define the displaced presence and seeing available to audiences through visual media (media witnessing or vicarious witnessing) (Hirsch, 2004, Boltanski, 1999, Kaplan, 2005, Ellis, 2012, Frosh, 2006).

Oliver (2001) proposes the term 'witnessing' as a continuum, and as such contends that it be split into two facets – they being the first hand knowledge of the eye-witness and the communication of this experience, of "bearing witness to something beyond recognition that can't be seen" (2001: 16). For Oliver, eye-witnessing involves not just presence and seeing, but is an embodied, lived experience that is transformative in nature: the trauma is beyond recognition and sight, destroying the ability for subjects to know it themselves. It is through bearing witness to this experience that allows these individuals to re-establish themselves as a subject (2001: 7). Here, Oliver attempts to displace the notion of witnessing from the legal prerequisites that burden it: the requirement to provide 'truthful' and 'factual' accounts of an event (2001: 16). Tait suggests that Peters defines the act of bearing witness within these legal parameters, yet the term to 'bear' carries several meanings – "to produce, endure, suffer or be burdened" – and therefore describes the confusing polysemy of the term 'bearing witness' as referring to a "passive or objective practice or, conversely, one that is affected, partial, active and committed" (2011: 1222). Tait argues that conceptual clarity requires that the concept of 'bearing witness' refers to the practice of testifying to the traumatic experience (2011). Peters' definition of bearing witness fails to acknowledge trauma's embodiment, and hence its link with human experience. As such, Peters' assertion that objects – a bloodstain for example – can bear witness (2001: 718) are misguided as is Frosh's notion that the process can be performed by a "witnessing text" (2006: 274).

Peters does succeed, however, in acknowledging the dual role of witnessing, defining it as both an act of direct experience and as discourse about that experience to

others who were not present (Peters, 2001). Aligning himself with Oliver's definition, Peters states that to witness involves the "passive witnessing of seeing" (eye-witnessing) and the "active witness of saying" (bearing witness) (2001: 709). Here, the potentially impossible task of the eye-witness is to communicate a traumatic experience to those who were not present – to "report on knowledge that is uniquely available to him or her" (Ashuri, 2010: 177) – and it is this explication that is understood as the act of bearing witness by Oliver (2001) and Tait (2011). Peters constructs a hierarchy of witnessing, where he qualifies the 'true' witness as "present in both time and place" (Peters, 2001: 720) aligning with the notion of physical proximity outlined in the DSM's definition of PTSD: direct exposure or witnessing of an event in person (Veterans Affairs, 2013). He suggests that being present in time and displaced from the scene or present in space but "removed in time" is not constitutive of a witnessing role (Peters, 2001: 720 – 721) rendering trauma as specific to those who were literally present. It is this notion of lived experience that informs my definition of an eye-witness.

Yet I acknowledge that eye-witnessing is a problematic term, given its assertion of 'seeing' as a way of furnishing evidence both within journalism as well as within legal proceedings. The eye-witness is seen as a guarantee of objectivity, used to furnish evidence within mainstream news (increasingly through the use of amateur footage taken by individuals at the scene) and to give evidence in court. Besides the issues surrounding the malleability and fallibility of memory that burdens the ability for eye-witness testimony to be entirely objective (explored later in this chapter) the status of the eye-witness is about more than just seeing. The traumatic experience goes beyond sight by overwhelming all senses – physical sensation, sound, smells – and thus acknowledging the eye-witness as enabling objectivity distances the traumatic experience from the body that is present. The status of the eye-witness, I contend, is about the *presence* of the body. Yet, as Ashuri contends, Peters' hierarchy fails to acknowledge a fourth dimension: that of the witness absent in "both time and space" (2010: 176). That is, the nature of trauma renders an experience so overwhelming that the eye-witness is unable to cognitively process the event in the first instance, and thus distant in body and mind. Ashuri proposes that it is this implicit irony – constructing an historical concept of eye-witnessing through a discourse of "that which no one can bear witness to" (2010: 175) – that has dominated post-Holocaust theorising of the term.

Therefore, in constituting an eye-witness, I look beyond the "passive" act of spectating (Peters, 2001: 709) and understand the event as transformative and affective, while also implicating the eye-witness as party to the event: both as 'victim' or 'perpetrator' as is the dual role of the combat soldier.

Yet Frosh contends that media texts hail the audience as a witness through aesthetics that code them as 'truthful' and 'real', such as grainy and jerky footage inherent within raw video (2006: 274 – 275). Similarly, Ellis states that:

> Modern media place their viewers in the position of the witness, as the persons to whom testimony is directed […] The viewer of a TV news bulletin or documentary, or of factual footage streamed over the internet, sees in a way that provides an impression of directedness and objectivity that differs from the spoken or written account, however vivid or honest, of an eye-witness observer (2012: 122-123).

Both Ellis and Frosh overstate the power of the media in contending that displaced audiences can be placed within eye-witnessing roles. While media audiences may understand their experience as if they are an eye-witness, and be moved by it as a result, the distinction lies in the lack of other sensory input that is absent without presence, as well as the moral burden that is associated with this lived, embodied experience. Peters' witnessing hierarchy contends that presence alone does not constitute a witness, and thus does not exclude those merely learning of a loved one's death (as the DSM defines) as becoming traumatised for example. Yet contending that a displaced media witness can have authentic knowledge of an event (as someone who is present does) too broadly defines who can be considered an eye-witness, and raises questions about the legitimacy (and uniqueness) of what it means to be an eye-witness. Rather, these assertions better align with my definition of bearing witness.

While post-Holocaust theorists understand bearing witness as the process of testifying to experience, Tait contends that the process "is contingent on a *response* ... a *public reaction* that manifests as *action*" (2011: 1227) citing Katz's term "response–ability" to define this act (1999). Therefore, witness testimonies hail audiences to not just look but to take responsibility for what they see: bearing witness exceeds sight as seeing does not necessarily compel responsibility (Tait, 2011: 1226). Tait states that

bearing witness is "a mode of address that consists of an appeal to the audience to share the responsibility for an event, and is thus a site for the *transmission of moral obligation*" (2011: 1227). Moving the audience to act on images of suffering relies on more than just the "communication of facts" or the mere "concept of truth" (Tait, 2011: 1228). Rather, the eye-witness must communicate "that which cannot be seen; the embodied knowledge of suffering; the limit-experience that defies representation" (Tait, 2011: 1228). In doing so, the act of bearing witness is important for traumatised subjects to publicise their experiences, thereby reclaiming themselves as a subject and informing public knowledge of trauma (Oliver: 2011: 7). Similarly, Collins suggests that "trauma calls for acknowledgement, and carries with it an apparently ethical obligation for others to bear witness to it, to aid in its reconstruction" (2011: 6). Thus the act of communication by an eye-witness *and* the act of morally engaging with this testimony by an audience constitutes the practice of bearing witness. Within the context of this thesis, reference to bearing witness will be concerned with the practice of audience engagement.

Testimony

Douglass and Vogler state that an event can only be understood or acknowledged as traumatic through "the existence of a witness whose trauma authenticates ... the reality of the traumatic event" (2003: 36) and hence eye-witness testimony became the means of communicating "indispensable ... accounts of ... trauma" (Gilmore, 2002: 367, cited in Douglas 2008: 148). The narratives articulated by trauma survivors are understood as "implicitly authenticating experience that is presented as coming from personal memory" and, therefore, contemporary trauma studies have been preoccupied itself with gathering these "human documents" (Douglass and Vogler, 2003: 33 - 34). The Museum of Jewish Heritage in New York has over 80,000 hours of video testimony from Holocaust survivors, while the Museum of Tolerance in Los Angeles has a "Hall of Witnesses" where visitors can watch testimony on eight video monitors (Douglass and Vogler, 2003: 35). These archives record the testimonials of "living witnesses" attempting to represent both individual and collective trauma and, in doing so, account for the rupture in narrative history that accompanies the experience of trauma

(Douglass and Vogler, 2003: 35). The documentation of these testimonies on video functions as an archive for these narratives and allows publics to engage with these personal artefacts.

The Holocaust documentary, with its focus on survivor testimony, constructs the framework for contemporary notions of what it means to have been a survivor, and who can and cannot represent such an excessive event. Claude Lanzmann's nine and a half hour epic *Shoah* (1985) and its more contemporary companion, Oscar-award winning *The Last Days* (1998), came to represent the long and ever-increasing history of Holocaust documentaries.[2] Rabinowitz states that survivors in *Shoah* testify to "sights no one should ever have seen, sights never to be seen or spoken of, because the observers were meant to die" (1994: 28). Bernard-Donals and Glejzer propose that testimonies "resist the silence" that trauma attempts to enact on the sufferer and makes public an "authentic knowledge [of] resistance and survival" (2003: 4). Here, it is only the *eye-witness* who can attest to the transformative event, and it is through this testimony that the audience becomes privy to this 'silent history' (Hesford, 1999: 195).

Yet the legitimacy of survivor testimony as adequately representing traumatic experience is widely contested. Returning to the trope of unrepresentability, many theorists acknowledge the inadequacy of language in communicating the excess, 'truth' and 'reality' of traumatic experience (Douglass and Vogler, 2003, Hutchison, 2010, Visvis, 2010, Tal, 1991). Moreover, critics argue that the fallibility and malleability of memory render testimony as insufficient in providing evidential proof of an event, due to the gaps in cognitive knowledge suffered by the eye-witness and the influential nature of memory that can occur in retrospect (Loftus and Hoffman, 1989, Loftus, 1996, Hartman, 1995). In exploring a key testimony produced by a Holocaust survivor who witnessed the Jewish resistance at Auschwitz such critics discount her testimony due to historical inaccuracy (Felman and Laub, 1992). Specifically, she recounts having seen all four crematoria chimneys explode during the rebellion, while historical evidence indicates that only one was blown up (Felman and Laub, 1992: 59). Strejilevich concludes, however, that such criticisms are based on the understanding that

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[2] In 2013, Claude Lanzmann has produced another Holocaust documentary, entitled *The Last of the Unjust*, returning to interview Benjamin Murmelstein who he interviewed in 1975 as the only "elder of the Jews to have not been killed" (At http://www.le-pacte.com/international/upcoming-films/single/the-last-of-the-unjust/, accessed Nov 19, 2013).

testimonies "provide information and knowledge based on fact" but contends that "testimony after genocide does not abide by the rules established by the scientific/academic/legal apparatus" (2006: 701). Hence for Felman and Laub, this misrepresentation does not render the testimony as illegitimate as its value lies beyond factuality:

> The woman was testifying not to the number of the chimneys blown up, but to ... the reality of an unimaginable occurrence. One chimney blown up in Auschwitz was as incredible as four ... The event itself was inconceivable. The woman testified to an event that broke the all compelling frame of Aushwitz ... She testified to the breakage of a framework. That was historical truth (1992: 59).

Hence, the testimony explicates a 'reality' that can only be communicated by an eye-witness: one far removed from historical accuracy, exposing an "affirmation of survival" and "resistance" (Felman and Laub, 1992: 61 - 62). The 'reality' of this experience is articulated because of the "intimate", "subjective" (Strejilevich, 2006: 701) and "incomplete" nature of its content (Carey, 1987, cited in Zelizer, 2007: 411). For Laub, testimony should be acknowledged as a 'working through' of traumatic experience that functions affectively and, thus, is intrinsically tied to the process of bearing witness (Felman and Laub, 1992). Therefore, as Tait contends: "testimony, thus involves the attempt to translate affect into discourse in order to perform a response to trauma, and elicit an affective response that moralises the audience's future action" (2011: 1227).

Trauma Images as Testimony

The legitimacy of the trauma image is similarly contested within current theorising. Given the issues surrounding the fallibility of memory, images of the Holocaust are acknowledged by many theorists as visualising the gaps in cognitive knowledge suffered by traumatised subjects. Thus, the photograph became synonymous with proving the existence of the genocide, and due to its construction – the invisibility of the camera and its sense of objectivity (Barthes, 1978, Lacey, 1998) – the image was acknowledged as producing authentic representations of 'reality.' It was through journalists' pictures during the liberation of the concentration camps that the world became privy to the horrors of the Holocaust (Rabinowitz, 1994, Tait, 2011). For Zelizer,

these images not only functioned as visual testimony, but represented what eye-witnesses could not articulate as "words were not sufficient for conveying what they saw", thus tying the act of 'seeing' to the process of bearing witness (1998: 44 – 45). The subsequent suppression of such footage from the film *A Painful Reminder*[3] attests to the power of images to move audiences. Similarly, the images produced by journalists in Vietnam, particularly of injured and dead American soldiers, was influential in constructing the protest movement, and led to media restrictions during the First Gulf War (Baudrillard, 2001) as well as the sanctions placed on photographing dead or injured soldiers in Iraq and Afghanistan (Ashuri, 2010).[4] Such images, therefore, served to moralise war and "construct a framework for action" (Zelizer, 1998: 44 – 45).

Yet many theorists contest the ability for images to allow publics to bear witness. Rather than moving audiences to act on images of suffering, Ellis contends that visuality implicates those who see as complicit spectators (2000) while Rentschler similarly suggests that images present suffering as displaced and, therefore, something that audiences cannot be accountable for (2004). In returning to the Holocaust images taken during the Death Camp liberations, Guerin and Hallas state that these reduced "the suffering of Others to objects of pity or revulsion", as they were taken not by eye-witnesses but by those who "spoke on behalf" of them (2007: 8). Such criticisms propose issues surrounding the objectivity of journalists' images. In exploring the role of embedded photographers in warzones, Zelizer suggests that they narrowly visualise the battlefield and, thus, produce "pictures that are consonant with already existing notions of what wartime is" (2004: 120/124). In contrast, however, Zelizer proposes that the ability for the Death Camp images to move audiences occurred through the journalists being moved themselves, with the journalists later reporting that they were too affected by what they saw to remain objective (1998: 82 – 85). Tait summarises this, stating: "the desire for objectivity; for knowledge uncoupled from the body, central to law, science and journalism, cannot overcome the embodiment of active witnessing" (2011: 1223).

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[3] *A Painful Reminder* was produced for the deNazification campaign yet later deemed by the British government as "inflammatory to newly forged post-war alliances" due to the graphic images of corpses (Rabinowitz, 1994: 17).

[4] Up until 2009, there was a complete ban implemented by President George Bush on photographing returning coffins containing American soldiers (Ashuri, 2010).

Technological advancement, such as the video-capable mobile phone, has meant that subjective accounts of traumatic events can be produced by eye-witnesses and accessed almost immediately by publics via social media. Moreover, news media are using these amateur videos to report on events that their own journalists are not present at, or are too dangerous to send them to. Allan states that amateur footage during the 2005 London bombings became the ultimate way to bear witness to the traumatic experience as it documented "an angle to an event as it was actually happening" (2006: 152). Verclas and Mechael further suggest that amateur footage allows for a more personal 'experience' of trauma: "in countries like Afghanistan and Pakistan [it] is helping to illustrate what is happening through the eyes of people on the ground" (2008: 8). In recent years, amateur footage has allowed audiences to bear witness to the political crises in Syria, Libya and Egypt as well as the Afghanistan and Iraq Wars, where soldiers have begun wearing helmet-mounted cameras as a way to record their personal combat experience. The illusion of 'experiencing' the traumatic through amateur media is created by a point-of-view perspective and reality effects – "dim, grainy and shaky" footage (Allan: 2006: 152) for example – that code its content as 'real'. As these conventions are not marked by the techniques of framing and composure that a professional learns and are thus intrinsically amateur, many theorists consider the aesthetics inherent in raw video as placing the audience within the role of eye-witness (Frosh, 2006, Ellis, 2012, Hutchison, 2010, Hirsch, 2004, Boltanski, 1999, Kaplan, 2005).

While misguided in its attempt to link the experiential view produced by these reality effects and the transferral of this experience to a displaced audience, such an assertion does attest to a cultural shift that undermines post-Holocaust critique of the failure of the image to allow publics to bear witness to trauma. The acknowledgement of the 'reality' inherent within visual media representations of trauma seems to signal a renewed willingness to authorise the image as a source of authentic knowledge: that is a source of a spectator's experience of an event that provides both evidential proof and can elicit affective responses in the audience. This idea of knowledge goes beyond mere fact, as Guerin and Hallas propose, but succeeds in articulating "conscious experience" that bridges the gap between "historical past, memory and our contemporary identity" (cited in MacQueen, 2008: 72). It is the notion of "contemporary identity" (Guerin and

Hallas, cited in MacQueen, 2008: 72) that is significant to my exploration of combat trauma. While Tait suggests that Holocaust images were often criticised as they placed the viewer within the gaze of "someone complicit with brutality" (2011: 1226), I acknowledge the necessity for the dual role of the combat soldier – of victim and perpetrator – to be seen, articulated and acted upon by an audience. Therefore I propose that a film such as *The War Tapes* that utilises footage taken by soldiers during combat, in doing so exposing themselves as perpetrators of violence, articulates the 'reality' of combat.

Virtual Witnessing and Affective Experiencing

The aesthetics that code reality within amateur footage have come to code contemporary notions of truthfulness and have been borrowed by fiction film and television in an attempt to mimic the gaze of the amateur eye-witness. Fagerjord describes this as 'rhetorical convergence', or the "coexistence in one text of means of expression that we are used to regard as belonging to different media" (2003: 1). The *Blair Witch Project* (1999) uses entirely handheld camera footage that has been presumably pieced together to tell the fictional story of three amateur filmmakers who disappear whilst investigating a local legend called the Blair Witch, relying on a collection of shaky and dim shots as well as 'testimonies' to recreate the experience of heightened realism for the audience. Similarly, the film *Cloverfield* (2008) uses hand held cameras to narrate the experience of a group of teenagers during an attack on New York by unknown monsters, using conventions such as jerky movements, grainy footage and point-of-view shots to allow the audience to feel as though they are experiencing another's trauma. The use of these techniques in these horror movie examples are a means to immerse the audience in the 'realism' of the movie and therefore create an affective response to the traumatic.

Moreover, advances in filming and production techniques have created a way for traumatic experiences to be realistically re-created and mimicked. In doing so, as Ellis suggests, audiences are brought into a "relationship of direct encounter with images and sounds", thereby positioning them in "the experience of witness" (2000: 9). Tait suggests that the film *Saving Private Ryan* (1998), directed by Steven Spielberg, positions viewers

within the subjectivity of soldiers during the landing of US troops on Omaha Beach (2009: 341). She points to the camera shots that position the audience within the point of view of a disembarking soldier, with the camera shaking as shells explode nearby and the lens is "speckled with tissue and blood" from those wounded or killed close by (2009: 342). As the camera dips beneath the water, mimicking the view of a submerged soldier, the audience sees as he sees, "as bullets skim through the water, producing blooms of blood" and hears as he hears, with the sound track "ebbing and flowing" as 'we' bob on the surface of the water (2009: 342). Tait suggests that "this sequence then, provides the audience with a corporealised point of view, one that conjures a body within and responding to events, rather than the machinic eye of the objectifying camera" (2009: 342). Similar aesthetics have been used within military videogames to train prospective soldiers for combat, attesting to their success in articulating an experiential view and eliciting (and disciplining) affective responses. Thus, cinematic techniques can serve to "render how trauma symptoms feel to the victim" (Kaplan, 2005: 77) thereby mimicking and transmitting "post-traumatic consciousness" for the audience (Hirsch, 2004: 98, cited in Luckhurst, 2008: 181).

For Luckhurst, the mimicking of post-traumatic subjectivity occurs through the "sudden flashback, unsignalled by either voice-over or transitional dissolve, and which is prompted analogically by a graphic (or auditory) match" (2008: 180). Alain Resnais is regarded as inventing this contemporary cinematic manifestation in the film *Hiroshima Mon Amour* (Hirsch, 2004, Turim, 1989) where an unnamed female character, after spending the night with her Japanese lover, has an episodic flashback; the discovery of her former lover's dead body, a German soldier killed on the "eve of the liberation" (Luckhurst, 2008: 185). This juncture was portrayed from the woman's point of view and functioned to position the audience within the subjectivity of the woman (Luckhurst, 2008: 185). There are many examples that exist of flashbacks within contemporary fiction, both in film and television, increasingly as a way to represent combat trauma: the pre-Resnais film *Spellbound* (directed by Alfred Hitchcock) where a railway line triggers a World War Two flashback for a veteran, to the television series *Band of Brothers* (2001) where a train ride similarly triggers a flashback for a veteran that ends with him killing a young German soldier, and the more recent flashbacks in *Homeland* (2011) of being tortured while incarcerated as a Prisoner Of War (POW). For

Hirsch, the cinematic devices employed are disjointed, repetitive and displace time and knowledge, thereby mimicking the way flashbacks are experienced by traumatised subjects (2004, 98). Luckhurst contends that the visualisation of flashbacks within cinema pre-empted the DSM's acknowledgement of PTSD by decades, proposing that it was influential in the conception of the disorder and continues to shape the "psychological" and "cultural discourse of trauma" (2008: 183). Thus fictional representations of trauma can be acknowledged as visualising notions of trauma that are otherwise obscured and therefore counter the argument made by critics such as Wiesel who, prompted by the television series *Holocaust* (1978) claimed that visualising trauma on screen could not "imagine the unimaginable" (1989, xi, cited in Douglass and Vogler, 2003: 31).

Figurative Representation: Survivor Art

Just as cinematic aesthetics are acknowledged as mimicking the somatosensory and cognitive responses that are intrinsic to flashbacks – significantly, responses that are experienced within the body – the figurative testimony of survivor art can serve as "a communicable language of sensation and affect with which to register something of the experience of traumatic memory … a coming into language" (Bennett, 2005: 2). Artistic techniques such as form, texture, gesture, colour and words (or lack of these techniques) can be used to metaphorically articulate traumatic experience that is outside of the capabilities of realist language (Bennett, 2005, Henry and Ella Abramovitch, 2007, Douglass and Vogler, 2003). In acknowledging that trauma is not cognitively known and therefore resides within the body, the representation of trauma must be understood as visceral, just as art as a form of expression is acknowledged as such. Thus, every brushstroke and colour used for example, regardless of whether the work is directly linked to traumatic experience, should be acknowledged as part of the figurative language used to communicate trauma. Douglass and Vogler, in exploring Picasso's work 'Guernica', claim that artistic representations of trauma disrupt "conventional modes of representation – the visual rhetoric of rupture" (2003: 33). Picasso's aesthetics ("the flash of light from above illuminating a landscape of agony")

are seen by Douglass and Vogler as invoking "techniques of rupture" that "authenticate signs of trauma" of disturbed visual, temporal and cognitive space (2003: 33).[5]

The ability of figurative art to produce this visual rupture has led Douglass and Vogler to suggest that the representation of trauma is, therefore, "not dependent on direct personal experience or eye-witness of the events represented" (2003: 33). Bennett also concedes that artists who are not survivors may produce work that can "promote understanding of trauma" (2005: 2): American artist David Lowenthal, for example, utilises miniature children's toys to reproduce infamous Holocaust scenes and photographs them, both alluding to the status of the photograph as representing reality and the unreal nature of the event through the use of toys (cited in Douglass and Vogler, 2003: 32). While such works potentially articulate broad understandings of a traumatic past, they cannot be linked specifically to an eye-witness and therefore fail to produce more than a superficial representation.[6] Moreover, non-survivor art can be seen, albeit unintentionally, to undermine the horrors of the Holocaust. For example, English artist Alan Schechner inserts himself into Death Camp photos holding a can of Coke, while Polish artist Piotr Uklanski has re-imagined Western actors such as Clint Eastwood in Nazi roles, (Douglass and Vogler, 2003: 32/33), thus further commodifying Holocaust imagery.

In contrast, survivor art is intrinsically linked to the experiences that transformed the survivor, and therefore renders them as direct (albeit figurative) expressions of trauma. Such a claim is legitimised by the use of survivor art amongst other sources – photographs, oral testimonies, artefacts – that are widely acknowledged as authentically articulating traumatic experience. The Hiroshima Peace Memorial Museum, for example, houses works by survivors of the atomic bomb dropped by the US. during World War II, presenting the works in an adjacent building to artefacts and photographs taken in the aftermath of the event, functioning to provide a comprehensive 'experience' of the horrific ordeal. Many of these works are constructed from translated memories, of bodies piled like "lumber" or of people drinking "the black rain" following the A-Bomb drop (Peace Database, 2013), while others focus on colour

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[5] This is an important point to acknowledge, and one I will explore in greater depth within my own analysis of soldier-produced art in Chapter 4.
[6] The inability to verify Holocaust images as deriving from eye-witnesses (journalists) similarly burdened claims that acknowledged the image as allowing audiences to bear witness (Tait, 2011: 1226).

and form to produce a work intrinsically related to the affective response of trauma within the body (Peace Database, 2013). Similarly, survivor art sits alongside oral testimonies, photographs and other Holocaust artefacts at the United States Holocaust Memorial Museum (Bennett, 2005).

Conclusion

While the ability for trauma to be represented, and for these representations to facilitate the practices of bearing witness, continues to be contested, I have proposed that there are myriad representations that allow trauma to be explicated. Particularly significant are the technological advancements that have allowed eye-witnesses to capture their experiences on camera, acting as visual testimonies for publics and potentially re-authorising the image as a source of proof, thus legitimising the mass media as producing representations that can be borne witness to. As Ashuri states: "it is precisely media artefacts that invoke horror and pain all the more urgently, and hence it is only in and by the media that a traumatic event can be heard, witnessed and expressed in a way that will do justice to it" (2010: 189). This review has focussed largely on the necessity for trauma to be communicated as a means to inform broad public knowledge, yet the importance for traumatised subjects to articulate their experiences must also be acknowledged. Aligned with Oliver's proposal that articulating trauma allows traumatised individuals to reclaim themselves as a subject (2001: 7), theorists contend that publicising trauma is influential in processes of healing and recovery (Hesford, 1999, Gilmore, 2001, Shuman and Bohmer, 2004, Visvis, 2010, Bosmajian, 2009, Collie et al, 2004). These narratives are performative, allowing these individuals to attempt to contextualise their experiences and, hence, make it meaningful. Moreover, these narratives serve to legitimise the experiences of other traumatised subjects – reinforcing the notion that their responses are normal and that others experience them – and encourage others to speak out about their own experiences.[7]

Yet medical and psychiatric discourses continue to recognise trauma as an abnormal response, a point acknowledged by the DSM's very inclusion of PTSD as a

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[7] I will discuss this point within chapter 4, exploring the ways in which digital communities (such as YouTube) facilitate the expression of shared experiences.

'disorder.' Military culture, too, refuses to acknowledge the traumatic experiences intrinsic to combat, and instead stigmatises those soldiers who return traumatised as 'weak' (cite). Therefore, this cultural exclusion of psychologically traumatised subjects makes it difficult for veterans to articulate their trauma. The following chapter explores the specificity of combat trauma, discussing the way in which it is currently theorised, the way that this has changed over time and the problems inherent within these definitions, proposing that the complexity of combat trauma undermines the binary categorisation of PTSD that is currently used.

Chapter 2: The DSM, Combat Specificity and the Politics of PTSD

Why dost thou bend thine eyes upon the earth,
And start so often when thou sit'st alone?
Why hast thou lost the fresh blood in thy cheeks;
And given my treasures and my rights of thee
To thick-eyed musing and curst melancholy?
...
In thy faint slumbers I by thee have watch'd,
And heard thee murmur tales of iron wars;
...
And thus hath so bestirr'd thee in thy sleep,
That beads of sweat have stood upon thy brow
Like bubbles in a late-disturbed stream;
...

(*Henry IV,* Part 1: 2.3.86, in Bennet, 2011: 255)

The above passage from Shakespeare's *Henry IV*, portraying a wife's description of her husband's behaviour following combat, is acknowledged by Bennet as one of the first descriptions of PTSD, almost four centuries before its official recognition in the DSM-III, and articulates symptomatic responses inherent within the current categorisation of the disorder (2011: 255): avoidance ("*thick-eyed musing*"), restricted range of affect ("*curst melancholy*"), detachment or estrangement from others ("*so often when thou sit'st alone*"), difficulty falling or staying asleep ("*bestirr'd thee in thy sleep*") and recurrent distressing dreams of the event ("*In thy faint slumbers ... heard thee murmur tales of iron wars*") (Bennet, 2011: 255). Thus the traumatic nature of combat has been acknowledged for centuries and was ostensibly legitimised by the categorisation of PTSD in 1980 as recognition for the horrors experienced by servicemen during the Vietnam War (Caruth, 2008, Lifton and Shatan, 1972). Such acknowledgement promised to normalise the psychological impact of combat, by encompassing earlier definitions such as 'shell shock' and 'battle fatigue'. Yet the expansion of PTSD as a category of illness – a phenomenon labelled by McNally as a "bracket creep" (Baldwin, Williams and Houts, 2004: 40) – continues to undermine the

specificity of trauma experienced within combat. I propose that current theorising is inadequate in defining the political, historical and ethical issues that construct and perpetuate combat trauma. Thus, this chapter provides a framework for the reconsideration of combat-related PTSD clinically, focussing on the issues posed by the current theorising of PTSD, tracing definition changes over time and legitimising my claims through the inclusion of veteran testimonies.

Combat Trauma: Pre-Vietnam

A multitude names were given to the psychological instability presented by soldiers returning from combat. The term 'exhaustion' was used in the early 19th century, characterised by mental and physical "shutdown" and was treated by bringing the afflicted men to the rear before sending them back into battle (Parrish, 2008). Johannes Hofer's 'nostalgia' and Jacob Mendez Da Costa's 'soldier's heart' defined the symptomatic responses – heightened anxiety, sleep disturbances and melancholy – that categorised thousands of American Civil War veterans (Charvat, 2010: slide 9/22) while the term 'effort syndrome' categorised those during the early part of World War One who suffered from cardiac issues and physical exhaustion resulting from heightened stress whilst in battle (Parrish, 2008). 'Shell-shock' appeared during World War One, expanding on these earlier definitions and aligning with Freud's industrial-linked 'railway hysteria' that defined the physical injuries that occurred in "healthy and apparently uninjured" victims of a railway accident in 1876 (Freud, 1895: 60, cited in Luckhurst, 2008: 8). The name linked the shells that bombarded soldiers during warfare to the mental and physical 'shock' that presented itself as violent tremors and unexplained paralysis: in doing so, it came to define not just the individual experience of the traumatised soldier but the horrors of World War One as a whole. Thus Luckhurst suggests that shell shock came to "define for the first time … mass trauma" (2008: 51) that explored the relationship between "psychology, neurology, military bureaucracy, technology, the political imperatives of warring nations and public opinion" (2008: 51). Luckhurst proposes that World War One was constructed and perpetuated by technology that allowed armies to travel quickly where they were met with newly created weapons, more brutal than ever before (2008: 50). The destructive nature of

these weapons, coupled with the unpreparedness of these young soldiers – training lasted weeks rather than the months that contemporary soldiers receive – resulted in an estimated 200,000 British soldiers being discharged from duty suffering the effects of shell shock (Collie, 1916, cited in Leese, 2002: 9 - 10).

While the term itself recognised the events of World War One as traumatic, the military refused to acknowledge its existence, forbidding the term as a diagnostic category (*Report*, 1922: 4, cited in Luckhurst, 2008: 51) and instead claimed that presentations were "simulation or cowardice" (Luckhurst, 2008: 51). As such, psychiatrists were placed within combat units only to return soldiers back to battle (Charvat, 2010: slide 12), while in more extreme cases many were deemed deserters and executed (Luckhurst, 2008: 53). Arguably the military's rejection of psychic trauma derived from the small percentage of soldiers presenting with these responses, as well as the inclusion of the term within the category of 'hysteria.' Predominantly diagnosed within women, hysteria was denounced within military culture, while critics questioned the disorder due to seemingly faked symptoms and its transmittable nature (Leese, 2002: 4 and 2, cited in Luckhurst, 2008: 51). Politically, it was necessary to solidify pro-war sentiment, especially before conscription was introduced in 1916. Over 1.5 million soldiers signed up for combat during the first few months of recruitment (BBC Home, 2012); openly acknowledging combat as traumatic would have been crippling to the war effort.

This politicisation of mental illness carried on into World War Two, where the military began developing a nomenclature of psychological issues resulting from combat in order to "better incorporate the outpatient presentations (psychophysiological, personality and acute disorders) of servicemen and veterans" (American Psychiatric Association, 2013a). Heavily influenced by this research, the American Psychiatric Association released the *Diagnostic Statistical Manual: Mental Disorders* in 1952, which redefined combat trauma as 'Gross Stress Reaction,' categorised as a Transient Situational Personality Disorder. The term defined the "personality" changes inherent in individuals as they attempted to deal with "overwhelming fear" (American Psychiatric Association, 1952: 40). This diagnosis was given to those who had been "exposed to severe physical demands or extreme emotional stress," and was specific to combat and

"civilian catastrophe" (American Psychiatric Association, 1952: 40). It recognised individuals suffering from 'Gross Stress Reaction' as "normal persons who have experienced intolerable stress" (American Psychiatric Association, 1952: 40).

This definition did acknowledge the link between combat and traumatic response, yet the inclusion of stress caused by "civilian catastrophe" removed the combat specificity of the term 'shell shock.' When the revised second edition of the DSM was published in 1968, the diagnosis had disappeared entirely (Baldwin, William and Houts, 2004: 39). Andreasen proposes that such an omission was likely due to its publication during a "peaceful era" (2010), a proposal undermined by Lyndon Johnson's escalation in Vietnam during this time. Thus, I propose that the omission was about displacing the horrors of Vietnam – presented to the American public through news images – from the military and government departments that were accountable for them. The My Lai massacre, for example, exposed American soldiers as active and complicit within the mass slaughter of civilians, yet I contend that such (misdirected) retaliation to the death of American troops was indoctrinated during training and sanctioned by the military. Categorising trauma as a legitimate response to these events would acknowledge that Vietnam itself was traumatic and question the government's morality in sending troops there. Thus omitting it from the DSM functioned not just to individualise traumatic response, but to erase it completely. In contrast to the mass trauma of combat that the term 'shell shock' defined, this erasure cleansed the military of complicity, framing the stress responses occurring in "normal persons" (American Psychiatric Association, 1952: 40) as abnormal, and constructed the soldier as subject *only* to physical wounds and injuries. The lack of clinical acknowledgement, therefore, made it almost impossible for government departments such as the Veterans Affairs to offer psychiatric treatment to returned veterans (Andreasen, 2010).

Post Vietnam Syndrome to Post Traumatic Stress Disorder

When the Vietnam War ended in 1975, the strength of the protest movement had turned public opinion against Vietnam veterans who were seen as morally corrupt perpetrators of atrocity and, as such, did not align with the notion of the heroic veteran of previous wars. Recognition of Vietnam veterans was further burdened by the status of

the Holocaust survivor as the 'legitimate' figure of trauma; a victim of an event of such "weight and scale" (cited in Douglass and Vogler 2003: 24) that surviving it rendered the individual a "visionary figure" who became an icon for the affirmation of life (Luckhurst, 2008: 68). Yet Vietnam veterans themselves added momentum to the antiwar movement, lobbying the government for recognition of the trauma inflicted on them during service. Psychiatrists and fellow activists Lifton and Shatan, participated in veteran self-help groups, with their findings leading them to propose a diagnosis of 'Post Vietnam Syndrome' (1982, cited in Baldwin, Williams and Houts, 2004: 38). Such a definition stemmed from Lifton and Shatan's recognition of the distinct issues presented by these veterans from those of past wars, namely what they labelled "impacted grief", where "an encapsulated, never-ending past deprives the present of meaning" (Shatan, 1972: 35, cited in Baldwin, Williams and Houts, 2004: 38). That is, the morally ambiguous circumstances under which death occurred – as opposed to the "moral clarity" of previous wars (Baldwin, Williams and Houts, 2004: 38) – did not facilitate processes of mourning for fellow soldiers (Shatan, 1972: 35, cited in Baldwin, Williams and Houts, 2004: 38). Therefore these deaths could not be given meaning and symptoms manifested as "guilt for those killed or maimed, feelings of being duped and used by society, rage about being manipulated, hatred of others, self-alienating and doubt about the ability to love another person" (cited in Baldwin, Williams and Houts, 2004: 38). Lifton and Shatan further proposed the man-made stressors involved in combat as distinct from natural disasters (cited in Baldwin, Williams and Houts, 2004:38), challenging the previous diagnosis in the DSM-I.

Thus, 'Post Vietnam Syndrome' was devised as a means to specifically legitimise the trauma of Vietnam veterans as a way of facilitating treatment (Caruth, 2008, Shatan, 1972, Baldwin, Williams and Houts, 2004). Yet when it appeared within the DSM-III, renamed as 'Post Traumatic Stress Disorder', it no longer resembled the combat specific diagnosis Lifton and Shatan first defined and instead was used to categorise symptoms resulting from a number of traumatic experiences:

> The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, eg., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's own home

or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.

(American Psychiatric Association, 1980: 250)

As well as specifying combat as a "psychologically distressing event"(American Psychiatric Association, 1980: 250), other events such as rape, assault, natural disasters, car accidents, collapse of buildings or large scale fires were also acknowledged as producing the same physiological and somatosensory responses, with McNally labelling this expansion a "bracket creep" (2003, cited in Baldwin, Williams and Houts, 2004:40). The combat specific traumas championed by Lifton and Shatan were undermined by the inclusion of non-combat-related experiences that shifted the focus from the morally problematic Vietnam War to any experience of an event that is "markedly distressing" (American Psychiatric Association, 1980: 250).

Shatan proposed that it was the human-made element to war that differentiated it from other traumatic experiences (1982, cited in Baldwin, Williams and Houts, 2004:6). While many of the experiences included within the DSM's definition are equally the result of human activity – like rape, murder and physical assault – Shatan's contention goes beyond merely being traumatised by seeing harm (or potential harm) inflicted on others, or having it enacted on them. Rather, Shatan is concerned with the political construction of war, specifically the morally ambiguous way in which death occurred in Vietnam (Baldwin, Williams and Houts, 2004:38). That is, soldiers were sent to war and expected to kill the enemy, yet these actions could not be justified as within the "clarity" of previous wars (Baldwin, Williams and Houts, 2004: 38). Coupled with their blindness to the enemy – as a result of the guerrilla tactics of the Vietcong and the cultural ignorance indoctrinated through military training (Lifton, cited in Baldwin, Williams and Houts, 2004:38) – death in combat was understood as senseless, and thus soldiers felt betrayed by the political forces that put them there. Therefore, Vietnam soldiers became both victims and perpetrators of trauma – a dual role which the DSM fails to acknowledge yet is integral to the construction of the traumatised veteran's subjectivity.

While the definition of PTSD required having personally experienced an horrific event – a notion which separated it from other anxiety or adjustment disorders – this

"cumbersome phrase" (Shepard, 2001: xx) failed to make distinctions between events and thus the notion of what could be considered traumatic was widely contested, whilst equally positioning the victim *and* the perpetrator as subject to the same disorder. Jack Smith, a member of the DSM-III committee, for example, proposed that similar reactions occurred in a sport's captain who takes responsibility for his team's loss and soldiers and medical staff who feel guilt for the loss of life in combat (1982, cited in Baldwin, Williams and Houts, 2004:39).

The necessity of personal experience all but disappeared with revisions to the diagnosis in the DSM-IV, whereby a diagnosis of PTSD could be given to individuals who were spectators of an event or learned about the threat to a loved one, for example (American Psychiatric Association, 1994: 424). My exception to this expansion does not contest the ability for displaced experiences to produce PTSD: while Peters' witnessing hierarchy does not qualify physical displacement as a true witnessing role (2001: 720 – 721), displaced experiences *can* produce the symptomatic responses that define PTSD. Yet as Baldwin, Williams and Houts conclude, this expansion meant that there was "no longer a distinction between people tortured in a prisoner-of war camp and people who learned that a close relative was in an automobile accident" (2004, 40). Not only did this increased inclusivity steer further away from Lifton and Shatan's combat-specific diagnosis, it raised questions about the validity of PTSD as a whole. An experiment undertaken involving participants who believed they had been abducted by aliens, for example, found that 60% shared the "psychological signature" of PTSD sufferers (McNally et al, 2003, cited in Baldwin, Williams and Houts, 2004: 43). That an individual could be 'traumatised' in the absence of an actual event removed the distinction that made PTSD a unique disorder, due to its validation of human suffering (Baldwin, Williams and Houts, 2004: 44), and burdened its status clinically. As psychiatrists and psychologists are unable to verify the existence of a traumatic trigger and can only diagnose on the presentation of symptomatic responses, and given the increasing rate of individuals fraudulently claiming the disorder as a means to collect sickness benefits (including veterans) (Grohol, 2010), clinicians have become sceptical about diagnosing individuals with PTSD.

The contestation of the legitimacy and significance of the initial event was compounded by the DSM-IV's removal of the definition that deemed that same

experience as "markedly distressing to almost anyone" (American Psychiatric Association, 1987: 250), suggesting susceptibility was linked to a psychological weakness. Thus, the disorder that was created to validate the normal response to the Vietnam War by veterans had very quickly expanded to a disorder that could be produced by myriad events, yet that rendered the presentation of such responses as abnormal. Symptoms such as hypervigilance, disturbed sleep and exaggerated startle response that continue to be categorised as abnormal within the recently published DSM-V (Veterans Affairs, 2013) are important survival mechanisms for soldiers within a combat situation; they are responses learned within military training. Similarly, nightmares (understood within the DSM as an unconscious response in the aftermath of an event) are acknowledged by Castro as occurring in soldiers' pre-deployment as a result of thinking about what might occur during combat (Castro, 2009: 257). Thus, understanding PTSD from a purely symptomatic standpoint pathologises individuals having normal responses to abnormal experiences.

DSM-V: PTSD (Poorly) Revised

The DSM-V, published in 2013 after a fourteen year revision process, proposed to have more clearly defined what "constitutes a traumatic event" (Veterans Affairs, 2013: 1) in response to such validity issues, specifically acknowledging the role of occupational traumas in producing PTSD symptoms:

> 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

> (Veterans Affairs, 2013: 1)

This revision defined occupational traumas as experienced by victims of circumstance: the DSM-IV similarly acknowledged the soldier as victim of numerous combat-related traumas such as "terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp [and] unexpectedly witnessing a dead body or body parts" (DSM-IV,

American Psychiatric Association 1994: 424). Undoubtedly soldiers are prey to trauma on a daily basis, with Hoge et al stating that over 90% of Marines serving in Iraq and Afghanistan have been attacked or ambushed, received both artillery and small arms fire and seen dead bodies or remains (2004: 18). In the documentary *The Ground Truth After the Killing Ends*, Robert Acosta, a specialist in the US Army, testifies to an attack in Iraq that left him with irreparable physical damage:

> A grenade was thrown in my vehicle. I grabbed it to try and throw it back out and when I did that it fell down between my legs down on the floorboard ... it went off. It took my hand off, I got some shrapnel in my wrist, my right leg was broken, my left leg was shattered.

> (in Folkrod, 2006)

Similarly, Peter Alarid frames himself as a victim as he testifies to his experiences in Iraq as an army medic:

> So when I was in Iraq I was a medic and all the major fighting had stopped and we started seeing civilians [pause] a lot of them and [pause] burnt kids [pause] they are dismembered. I just can't get it out of my head [pause] the desperation and [pause] and when I close my eyes I see the desperate eyes of those people. They needed more help than I could give and we couldn't give it to them […] I know 99.9% of those kids died.

> (Smith and Terp, 2012)

Here, Acosta and Alarid's experiences are representative of the occupational hazards that are acknowledged as traumatic within contemporary medical discourse: Acosta is a victim of enemy attack while Alarid has been eye-witness to dismembered bodies. With the Stop Loss Policy legally requiring soldiers to stay deployed for longer than their originally-agreed period of enlistment (Riley and Daniels, 2004) soldiers are at greater risk of developing PTSD due to experiencing recurrent traumas. Statistics suggest that soldiers who have been deployed for longer than 6 months screen for mental health issues at a rate of 22% compared to 15% of soldiers who have been deployed for 6 months or less (Williamson and Mulhall, 2009: 7). Moreover, multiple deployments more than double the risk of developing PTSD, with screening rates of 27% present in

soldiers who have been deployed more than three times, in contrast to rates of 12% after first deployments (Williamson and Mulhall, 2009: 7).

Acosta claims that he was 'confused' by the initial attack, alluding to his cognitive displacement, and thus his PTSD is perpetuated by an inability to contextualise his experience. Similarly, Alarid's PTSD is compounded by the guilt and shame he feels for not being able to provide adequate assistance. Such responses align with those recognised by the DSM-V in "police officers" and "first responders" who are "repeatedly exposed" to traumatic situations during the "course of professional duties" (American Psychiatric Association, 2013b: 1) and yet the occupational hazards of the soldier are not acknowledged. Such an omission continues to recycle the trope of the traumatised victim, as legitimising the soldier as a traumatic occupation would make the medical profession complicit with violence. That is, the purpose of combat is ultimately to kill – to take the life of the enemy. The military expects and trains soldiers to perform this act, and thus for Castro, an ex-Marine himself, combat trauma needs to be understood within the context of an occupation in order to "understand what it is they've been through" (2009: 249):

> But what does it mean when part of your occupation as a soldier is to kill people or have someone try to kill you or see your buddy blown to bits? We train you to respond to these possibilities. We expect you to do your job when these events happen. You are rewarded for doing it well. The DSM ... ignores all of this, and the occupational and traumatic experiences are all just lumped together (Castro, 2009: 257).

While Castro acknowledges the act of killing as traumatic (as it goes against ethical and moral values), it is understood as necessary within war and thus should be recognised as an occupational hazard. Failing to acknowledge this moral difference results in a lack of recognition of the psychological impact of killing, understood by MacNair as the most "obvious" cause of combat trauma (2002: 9). In part this can be understood as a response to the current military system whereby the US Defence Force is constructed entirely from volunteers (McLaughlin, 2011) whereas the concession in the DSM-III-R regarding the trauma suffered by veterans who have "committed acts of violence"

(American Psychiatric Association, 1987: 248) was in response to those Vietnam-era soldiers who had been conscripted.

In order to reconcile this omission, MacNair has proposed the term Perpetration Induced Traumatic Stress (PITS) to account for the trauma suffered by those who commit violence rather than victims of it (2002); a notion that has received little recognition both clinically and academically (MacNair, 2013). Statistics seem to legitimise her claims, however, with 65% of Marines and 48% of US Army soldiers reporting killing enemy combatants whilst in Iraq alone (Hoge et al, 2004: 18), ostensibly accounting for the higher prevalence of PTSD within these veterans: an estimated 17% (Hoge et al, 2006: 1023) as opposed to rates of 3.6% in men and 9.7% in women amongst the general public (Veterans Affairs, 2013). Thus MacNair's term more adequately recognises the dual role of the combat soldier: as both victim *and* perpetrator. US Marine Corps Sergeant Robert Sarra testifies to the trauma of taking a life:

> We had been in a fire fight ... and I see this woman walking out in all black. She has a bag under her arm; she is wearing a burqa and she is walking out towards the armoured vehicle. And the guys on the Amtrak[1] start yelling, telling her to stop and raising their weapons ... If she blows up she is going to kill a bunch of those guys or wound a bunch of them ... Pulled out my rifle – took two shots at her ... the second shot I'm pretty sure hit her ... As she fell, she had a white flag in her hand she'd pulled out of her bag ... At that moment right there I lost it. I threw my weapon down on the deck of the vehicle I was crying and was like 'Oh my god, what are we doing here? What's happening? (in Foulkrod, 2007)

For Sarra, it is not specifically the act of killing that traumatises him, as his willingness to kill a suspected enemy in order to protect his unit can be justified in the context of war (although the insistent yelling for her to stop alludes to his reluctance to shoot). Yet killing an unarmed civilian in the act of surrender, known only in retrospect, cannot be moralised as duty and it is this notion that traumatises Sarra. While Sarra takes responsibility for the woman's death, thereby exposing himself as a perpetrator, his

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[1] An amphibious military vehicle

assertion of "what are we doing here?" equally frames the act as a military and government betrayal, as they were not sent to war to kill civilians.

The practices inherent within military training naturalises the act of killing: using war-cries such as "kill" during training, shooting at man-size targets referred to as "Bin Ladens", and using realistic video simulations to mimic killing during combat (Foulkrod, 2007). For Sean Huze, a Corporal in the US Marine Corps, such practices are about establishing a "sustained desire to kill" by conditioning a perpetual state of rage (in Foulkrod, 2007). Zack Bazzi, an Iraqi-born American soldier, states that the military purposely keep soldiers "ignorant" about Islamic culture and language as a means to breed "prejudice" (Scranton, 2006). That is, training revolves around dehumanising the enemy in order to understand them as different (the 'other'), and thus make them easier to kill. The documentary *The Ground Truth After the Killing Ends* shows soldiers being indoctrinated to use hate speech such as "ragheads" "or hajis" to refer to Iraqi civilians, while Charlie Anderson, a petty officer in the US Navy, recalls a song used during basic training as motivation:

> Bomb the village, kill the people, throw some Napalm in the square
> Do it on a Sunday morning, kill them on their way to prayer
> Ring the bell inside the School House, watch those kiddies gather round
> Lock and load with your 240, mow them motherfuckers down
> (in Foulkrod, 2006)

Sergeant Camilo Mejia testifies to his participation in the ill-treatment of Iraqi civilians whilst posted in a prisoner of war camp, and the killing of civilians in subsequent missions (in Foulkrod, 2006). Therefore, these practices are about conditioning soldiers to want to kill, and to take pleasure in doing so: Tait points to the contemporary practice of soldiers keeping images of corpses as "trophies of war" as testament to this (2011: 347). Sergeant Steve Pink, for example, testifies to his sense of pleasure at the sight of Iraqi corpses in *The War Tapes*: "I'm glad they're dead, that's one less guy we've got that's gonna fire an RPG at a Humvee, you know?" (in Scranton, 2006). Pink films the corpses – even as they are being eaten by dogs – and expresses his jealousy about not having killed them himself.

Yet the military later redacted the footage, deeming the images and Pink's voice-over as inappropriate. In doing so, the military ask Pink to recognise his pleasure as 'wrong', yet Pink counters this denial by asking: "if we are trained to shoot our weapons and kill these guys, how do you expect us to talk? Geez I'm sorry ... I don't know" (in Scranton, 2006). The denial of Pink's subjectivity through the redaction of his footage (which I will argue later in chapter 4 is what constructs his PTSD) shows the way in which the military attempts to obscure the reality of combat. While military training indoctrinates soldiers to kill, the military purposely omit the word from their manuals, while psychiatrist David Grossman contends that military psychologists and psychiatrists "will not use the word kill and they do not want to talk about killing" (in Foulkrod, 2006). This omission works to legitimise combat, as accepting killing (rather than in "self defence") as intrinsic to combat would require the military to also acknowledge the potential trauma of taking a life, and thus question the legitimacy of waging war. That is, it would be morally and ethically unacceptable to send soldiers to an experience that is known by the government, military and psychiatric services to be necessarily traumatic. Moreover, given that the current US Army is entirely made up of volunteers (McLaughlin, 2011) enlistments would be considerably lower if soldiers were told that they would be expected to kill, and that such an act would have (potentially) lasting psychological effects. So while the military indoctrinates soldiers to want to kill, they are failing in their responsibility of teaching soldiers how to unlearn this violent behaviour, instead reprimanding them for performing such acts outside of combat: 1.2 million veterans, for example, were arrested in 2007, making up almost 10% of the prison population (Johnson, 2011) while 121 Iraq and Afghanistan veterans were charged with murder prior to 2008 (Larsen, 2010). The introduction of 22 Veteran Courts across the US that take into account military and mental health history during sentencing (generally emphasising treatment rather than punishment) has begun to recognise this problem (Larsen, 2010) yet Kristof contends that the legal and penal systems are struggling to contain the increasing rate of violent crimes performed by veterans (2012a).

'Blindness, Deceit and Denial': Obscuring the Reality of PTSD

The political deception that constructed and perpetuated the war in Iraq – and continues to do so in Afghanistan (Caruth, 2008) – deems them as "morally ambiguous" in the same way Lifton and Shatan defined Vietnam (1982, cited in Baldwin, Williams and Houts, 2004:38). The Afghanistan war was deemed a retaliation for the terrorist attacks on the World Trade Centre on September 11th 2001 (whereby the Taliban and Al Qaeda terrorist organisations were held responsible), while the invasion of Iraq in 2003 was a response to suspicions that Saddam Hussein had 'weapons of mass destruction'. No weapons were found either in the lead-up to or during the almost decade long conflict (Associated Press, 2005). Saddam's regime was supposedly toppled in early 2003, yet US troops remained in country until the end of 2011(Ryan and Spetalnick, 2011). The uncertainty created in soldiers as a result of this seemingly meaningless war potentially contributes to the higher rates of PTSD in Iraq veterans than their Afghanistan counterparts: rates of 18% of soldiers and 20% of Marines compared to 11.5% of soldiers returning from Afghanistan (Hoge et al, 2004).

The mental health sector obscures the true psychological cost of these wars, downplaying the prevalence of PTSD within returning veterans. Kristof states that veterans kill themselves "at a rate of one every 80 minutes" (2012b: 1). More suicides are recorded every year from returned veterans than the number of troops killed in Iraq and Afghanistan combined (William and Mulhall, 2009). Yet, statistics reported by Veterans Affairs (VA) state that only 790 veterans attempted suicide per year, whereas over 1000 veterans are being seen for attempted suicide attempts per month (Seal et al, 2007: 476 - 482). Moreover, the rate of mental health professionals in country had dropped by more than half in 2007 (Williamson and Mulhall, 2009: 12), suggesting a decrease in the amount of soldiers needing psychological treatment. Yet Belasco states that there was an increase in the number of troops deployed to both Iraq and Afghanistan respectively in 2007, from 161, 000 to 172,000 (2009: 9), while the military themselves concede that the suicide rate of active-duty personnel rose in 2007 to 115 from 105 in 2006 (Kube and Johnson, 2009: 1).

The deception by the military and psychiatric profession further constructs PTSD as abnormal, serving to individualise the disorder by framing it as a pathological

response to experiencing war (Durand and Barlow, 2009, Castro, 2009). That is, the mitigation of statistics surrounding the severity of PTSD frames it as a disorder afflicting a minority of susceptible individuals. Combat is displaced from the collective trauma of soldiers, thus leading to questions surrounding the validity of PTSD as a diagnosis in returned veterans. In doing so it stigmatises those who have it and creates a barrier for soldiers to ask for, and receive, adequate care: a study by Hoge et al, for example, found that of those soldiers and Marines who met screening criteria for PTSD, only a small percentage had received help for their disorder, fearing that they would be treated differently or blamed for the problem by their unit leaders (2004: 21).

It is ironic then, given this deception and deceit, that the term "disorder" has been openly questioned by the military within the DSM's latest revision of PTSD, suggesting that it unfairly stigmatises soldiers and creates further barriers to asking for help (American Psychiatric Association, 2013b). Instead the military have requested a change to the term "injury", which "is more in line with the language of troops and would [therefore] reduce stigma" (American Psychiatric Association, 2013b): MacNair agrees with such a proposal, suggesting that the term "disorder" is suggestive of psychological abnormality, whereas the term "injury" acknowledges that combat trauma is "caused by a situation" (2013: 1). Moreover, "injury" encompasses the complex nature in which PTSD manifests amongst veterans:

> Harm or damage: an act or event that causes someone or something to no longer be fully healthy or in good condition.
>
> 1. a. An act that damages or hurts (wrong)
>
>   b. Violation of another's rights for which the law allows an action to recover damages
>
> 2. Hurt, damage, or loss sustained
>
> (Merriam-Webster Dictionary, 2014)

I propose that the definition regarding a violation of another's right summarises the way soldiers are positioned by the military: the inadequate care on return home, the refusal to acknowledge their part in the construction of violent subjectivities, and thus, the individualisation of PTSD. Given this criticism, I agree with the American Psychiatric

Association's response that it is the "military environment that needs to change" as a means to encourage soldiers to seek out treatment (2013b: 2). Yet I also criticise their response to the term "injury", whereby they claim that it may be too "imprecise" (American Psychiatric Association, 2013b: 2). While that may be a valid claim, the current categorisation of PTSD is equally imprecise, due to the impossibility of translating the subjective into the objective and scientific, and compounded by the "bracket creep" since its inception in 1980 (McNally cited in Baldwin, Williams and Houts, 2004: 40). The DSM sets arbitrary limitations on symptomatic responses, categorising the disorder on the presentation of one or two symptomatic responses from each category; seemingly as a means for medical practitioners to easily diagnose PTSD. Yet these same limitations construct a disorder that allows the medical profession to manage those who suffer from PTSD by producing notions around what are and are not normal responses to trauma: MacNair contends, for example, that PTSD's binary categorisation means that a traumatised individual could be deemed not at the level of a disorder by not meeting the requirements (2013) and thus receive no care. Thus, as Boone (2011) suggests, the paradox of PTSD is that "if you react normally to trauma you have a disorder [and] if you react abnormally, you don't" (19).

Conclusion

Current theorising of combat trauma, categorised clinically as PTSD, fails to recognise the specific traumas intrinsic to soldiers who wage war as an occupation (specifically the act of killing) and the complex way in which PTSD is triggered in veterans (the political deceit and denial that accompanies the experience of the initial event). Thus, rather than aligning with Lifton and Shatan's original combat-specific diagnosis of 'Post Vietnam syndrome' (or the Perpetration Induced Traumatic Stress as proposed by MacNair (2002) that recognises the traumatic experience of killing) the current definition ignores war as inherently traumatic and rather frames veterans who present with symptoms as abnormal. Moreover, the increasing and continuing expansion of categories constructs a disorder that is too broad and "imprecise" (American Psychiatric Association, 2013b) and thus contributes to veterans and the public's questions surrounding the validity and legitimacy of the disorder. Thus this

chapter provides a framework for the re-conceptualisation of PTSD clinically, given the inadequate representation of the complex and multidimensional ways in which the disorder presents in combat veterans.

The following chapters will expand on the veterans' testimonials explored within this section and propose that the gaps in representation left in the wake of the DSM's definition are reconciled by contemporary media texts: Chapter 3 will explore professionally-produced documentaries and current affairs programmes; Chapter 4 focuses on soldier-produced texts, while Chapter 5 is concerned with fictional television dramas.

Chapter 3: Current Affairs, Documentary and the 'Trauma Spectacle'

Given the problematic medical and military discourses that obscure the reality of combat trauma and strongly contribute to public understandings of PTSD, I propose that contemporary media can provide representations undermining these accepted discourses and, thus, better represent the complexity of combat-related PTSD. This chapter focuses on documentaries and current affairs programmes. Documentaries posit themselves as purveyors of truth, reflecting "with as little distortion as possible, a world to which their readers, viewers and listeners seldom have full and direct access" (Glasser, 1996: 784). They attempt to go beyond the constraints of the news bulletin and to provide in-depth accounts of lived experiences, both individual and collective. In the aftermath of the Holocaust, documentaries became the medium through which individuals could attempt to articulate their trauma to large audiences. By definition, these films attempted to document the event – to lay claim to the Holocaust as a trauma, and in doing so make public the 'silent histories' of those who survived it (Hesford, 1999: 195). These films brought testimony to the screen, allowing audiences to bear witness not only to the oral accounts of survivors but to view their pain: as Rabinowitz states, it is not necessary to have eye-witnessed the Holocaust in order to conceive it as a trauma, as one can merely "look at those who have looked and to hear their emotional testimony" (1994: 29). These films were about the individual and their experience, and were constructed as such through the invisibility of the camera and its director (Lacey, 1998). The documentary played a major role in informing publics about the Holocaust, and more importantly, of what it means to be traumatised.

More recently, current affairs shows, epitomised by shows such as *60 Minutes*, have attempted to bridge the gap between the longer runtimes of documentary film, the 'truth finding' missions of popular journalism and the dramatic spectacle of popular fiction media. That is, these shows attempt to 'package' the documentary into a format that works within primetime, generally encompassing three fifteen-minute stories per episode. As these shows are played on television, the stories align with issues that are deemed by the networks as interesting or worthy of being told. Due to their concise duration and emphasis on entertainment, current affairs stories are successful in engaging audiences and are often the first contact that publics will have with such

issues. Based on Nielsen statistics *60 Minutes,* for example, is one of the most popular television programmes in US. history (CBS News, 2014). Thus these shows play a major role in the construction of social, cultural and political knowledge by reaching audiences that would not normally seek out or watch a documentary film.

While these shows have their place within the contemporary mediascape (and their articulations of trauma are significant), I argue that they are ultimately superficial. I will explore the visualisation of the physically injured body as reinforcing discourses of heroism and bravery that underscore contemporary understandings of combat veterans. In conjunction with the absence of images of the American dead, these representations serve to legitimise combat, and justify America's presence in Afghanistan and continued presence in Iraq. Moreover, I propose that the narrative structure and host-driven format of the genre render them as trauma spectacles (Rothe, 2011), aligning my exploration with Stein's work on current affairs (2001). Texts I analyse include CBC News' *The Ground Truth After the Killing Ends* (2006), New Zealand produced *Attitude*: *Hidden Wounds of War* (Black, 2012), Dateline Australia's *Stressed Out* (Lazaredes, 2012), Lisa Ling's *Our America: Invisible Wounds of War* (Smith and Terp, 2012), Ross Kemp's *The Invisible Wounded* (2012) and the independently produced documentary *Who Will Stand* (Valentine and Bedik, 2009). With the exception of *Who Will Stand*, these texts can be understood as falling within the parameters of the current affairs genre.

The Media Spectacle

Mainstream visual media can be understood, in the Foucauldian sense, as discursive apparatuses that normalise particular notions of the world (cited in Hall, 2001). Deacon and Golding argue that the current mediascape has become a "public relations state" (cited in Davis, 2000: 1) whereby governments and corporations attempt to directly control the "flow of public information in the interest, not of rational discourse, but of manipulation" (Garnham, 1990: 107). That is, media owners have a major role in the construction of discourses, managing what information is disseminated and how audiences understand it (Norris, 2002). Rupert Murdoch, who owns News Corporation, has openly supported the wars in Iraq and Afghanistan and has used his influence to manipulate the informing of publics. *Fox News*, a subsidiary of News

Corporation, has infamously propagated right-wing political discourse throughout the wars, championing occupation and chastising those who challenge such claims. In an interview in 2009 with Geoffrey Millard, an 'Iraq Veteran against the War', Bill O'Reilly (host of Fox News' *The O'Reilly Factor*) states the PTSD rate of 80% amongst returning soldiers proposed by Millard is mere "propaganda by an anti-military crew" (O' Reilly, 2007). Here, the deregulation of media has allowed owners to enact their own political motivations: it has recently been reported that Murdoch attempted to accelerate British involvement in the War on Terror by phoning then Prime Minister, Tony Blair, to warn him of the dangers of delaying UK presence (Watt, 2012: 1).

Moreover, contemporary media is intrinsically profit-driven, and with their almost exclusive reliance on advertising for revenue, "the economics of the media put them primarily in the business of selling audiences to advertisers" (Windschuttle, 1988, cited in Hirst and Patching, 2005). It is important to acknowledge that all of the current affairs shows explored within this chapter, including the independently produced documentary *Who Will Stand* (which appeared on local networks in the US) were conceived for television. Content is chosen by networks on the strength of their projected audience share; that is, the more eyes on screen, the more advertising revenue that can be generated. For the producers of these shows it is important that content does not alienate audiences and, more importantly advertisers, and therefore these shows generally steer clear of content that might be controversial or offensive. Rather, these shows focus on entertainment, using visually appealing aesthetics and emotionally loaded narratives to create drama and suspense, thereby enticing viewers: as Stein contends, "style and personality predominate" within television (2001: 256).

Such a focus on entertainment leads Rothe to suggest that the genre spectacularises trauma, undermining the seriousness of its impact and violating those afflicted by it (2011). That is, trauma becomes something that is merely *seen* rather than allowing audiences to see *into* it and therefore those exposed as suffering can only be looked *at* rather than engaged with. Rothe explores Oprah Winfrey's 2006 holocaust commemoration as an example of this: filmed on site at Auschwitz, the Holocaust special uses a black and white aesthetic (reminiscent of *Schindler's List*), snowy façade and a complete absence of tourists, constructing an "otherworldly" and "eerie" scene that distracts from the horrors of Auschwitz (Rothe, 2011: 3) and instead renders it a "feel-

good story about the ultimate feel-bad experience" (Hoberman, cited in Rothe, 2011: 3). Ignatieff summarises the paradox inherent in the mediation of trauma through television:

> On the one hand television has contributed to the breakdown of the barriers of citizenship, religion, race and geography that once divided our moral space into those we were responsible for and those who were beyond our ken. On the other hand, it makes us voyeurs of the suffering of others, tourists amid their landscapes of anguish. It brings us face-to-face with their fate, while obscuring the distances – social, economic, moral – that lie between us (cited in Rothe, 2011: 49).

In proposing a distance between the traumatised witness and the audience, Ignatieff implicates television media as creating a "spectacle of suffering" (cited in Rothe, 2011: 6) whereby the audience comes to view the "suffering of others" as a form of entertainment, reducing them to a voyeur or "tourist … of anguish" (Ignatieff, cited in Rothe, 2011: 49). Thus, Ignatieff questions the ability for such spectacularised media representations to facilitate the act of bearing witness. I align my exploration of the images of disfigured or physically disabled bodies with Ignatieff and Rothe's criticism of television media, proposing that such images recycle the trope of 'the victim', whilst simultaneously producing discourses of bravery, patriotism and heroism that functioned as political fodder for the legitimisation of the wars in Iraq and Afghanistan. Two documentaries in particular, CBC News' *The Ground Truth After the Killing Ends* and *Who Will Stand,* emphasise the physical injuries suffered by soldiers during combat: the former visualises three individuals recovering from major physical injuries, while the latter focuses on "the post war plight of the severely wounded" (Internet Movie Database, 2008) as they embark on a bike rally raising awareness for wounded soldiers returning from battle.

The "Wrong" Body? Representations of Physically Disabled Veterans

A large proportion of veterans of Iraq and Afghanistan are returning from combat with major physical injuries, due in large part to the advance in technology (such as kevlar vests) and medicine reducing the number of combat deaths: estimates suggest

that sixteen soldiers are injured for every one death in the Afghanistan and Iraq Wars, as compared to two soldiers injured for every one death during World War II and Vietnam (Achter, 2010: 47). Thus, Achter proposes that "damaged bodies occupy a central role in communicating the meaning of contemporary wars" (Achter, 2010: 47). The increasing rate of physical injuries in veterans returning from combat renders its representation as imperative: Steve Robinson, the Executive Director of the National Gulf War Resource Centre explains that the "number one injury [during combat] occurs from bullets and bombs" (in Foulkrod, 2006). Significantly, the physical injuries sustained by veterans within *The Ground Truth After the Killing Ends* and *Who Will Stand* attest to their combat experiences, in contrast to the problematic representation of psychological trauma as discussed previously: the grenade attack that blew Robert Acosta's hand off is proven by the appearance of a prosthetic hand, while Denver Jones' spinal injury, resulting from a Humvee accident, is visualised through the use of a walking stick, for example (Foulkrod, 2006). In representing these physical injuries, the visible transformation of the witness is testified to (a practice understood by theorists such as Oliver as paramount to the status of the witness), and thus the body performs the "excess of an event that transformed him or her" (Ashuri, 2010: 177). Thus these images become an accessible and efficient way of representing trauma to displaced audiences, allowing traumatic experience to be validated through the ability to link physical injuries to a specific 'cause' or 'trigger': this is an important point given the struggle traumatised veterans face in the midst of criticism concerning the legitimacy of PTSD.

Achter regards the images of physically disabled soldiers as rendering "the story of war in efficient [and] emotional terms" (2010: 46) while Ashuri similarly proposes that "exposing the body that survived the war" allows the body to function as a "conveyor of pain" (2010: 183). While these images present significant representations of combat trauma to audiences (potentially for the first time), I propose that the focus on efficiency and emotionality (Achter, 2010: 46) ultimately render trauma as entertainment. In the first instance, the physical injuries suffered by these veterans are emphasised through shot selections that signify them as "wrong" (Achter, 2010: 49): as Acosta relays the grenade attack that resulted in the loss of his right hand[1], the camera slowly zooms out from a close-up shot of his face to expose his prosthetic arm, while still

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[1] Acosta's testimonial can be read in chapter 2.

shots depicting Melissa Stockwell in a wheelchair and during rehabilitation highlight her amputated leg, lost as a result of an improvised explosive device (IED) attack whilst serving in Afghanistan. Thus Stockwell and Acosta's physical injuries frame them as victims of an unjust enemy, with their personal accounts of grenade attacks and IED explosions further validating this discourse. Similarly, the amputee veterans in *Who Will Stand* are equally categorised as victims of enemy combatants, with high-tech prosthetics and specially made bikes emphasising their disabilities. While both *The Ground Truth After the Killing Ends* and *Who Will Stand* attempt to balance the injured victim frame by depicting non-injured veterans testifying to their status as victims of military betrayal (their lack of adequate treatment as one soldier states, or the direct orders from the military to "kill, kill, kill" as another testifies to for example (Foulkrod, 2006)), ultimately the visualisation of the injured veteran recycles narratives surrounding bravery, heroism and patriotism that function to legitimise the war effort. That is, they have lost limbs fighting for the freedom of their country and thus deserve to be recognised as heroes. Moreover, the visualisation of their injuries implicitly reinforces the stereotype of the dangerous, Western-hating Arab terrorist: the brutality of their injuries becomes an allegory for the brutality of the insurgents who ostensibly inflict harm. Such discourses validate continued military presence by the US: President Bush regularly utilised photo opportunities with physically injured veterans during his term in office as public relations stunts, such as running with veterans Neil Duncan (who lost both of his legs in Afghanistan) and Max Ramsey (who lost his left leg in Iraq) on the White House Lawn in 2007 (Achter, 2010: 57).

Achter acknowledges the significance of Bush running with these veterans, proposing that "injured bodies" are regularly depicted within sporting or exercise settings as a means to symbolise a sense of "wholeness": "the veterans' midday jog with the president works as a testament to their recovery and bodily well-being" (2010: 56/57). Thus the technologies that visually renders these veterans as disabled – prosthetic limbs and wheelchairs for example – equally frame them as physically capable and thus construct the body as a symbol of recovery. The veterans in *Who Will Stand* complete the bike rally with the help of arm-powered bikes that allow these veterans to conquer their severe leg injuries and in doing so they become "no different than any ordinary or able-bodied" individual (Achter, 2010: 57). Thus the injuries

suffered by these veterans in *Who Will Stand* are a "problem overcome" (Achter, 2010: 50) framing the trauma of combat as easily reconcilable. Such a notion contradicts discourses articulated elsewhere in the film, such as unemployment, substance abuse, relationship problems and the barriers to adequate care for veterans following their transition from combat to civilian life. Moreover, the use of disabled veterans within sports contexts function to displace the injuries suffered within combat away from the political institutions that are responsible for them, instead framing the body as a symbol of conquering adversity: George Bush described running with Duncan and Ramsey as "incredibly inspirational" and proposed that it should be "inspirational for anybody who has been dealt a tough hand" (Achter, 2010: 57). In describing the men's injuries as a "tough hand l", Bush frames the cause as the result of "simple and ordinary bad luck" (Achter, 2010: 57) rather than as a consequence of his government sending them to war. Thus, the physically wounded, yet capable, veteran can function to "tame the harshness of war and erode the argumentative grounds for questioning it" (Achter, 2010: 46).

The New Zealand produced documentary *Attitude* provides a contrasting discourse to this flawed representation of injured combatants. The series showcases the physical and mental disabilities faced by one in five New Zealanders as a means to normalise them, with the episode *Hidden Wounds of War* (which aired in New Zealand on Anzac Day, 2012) focussing on combat veterans suffering from PTSD. Tanya Black, the show's wheelchair-bound narrator, travels to the US where she interviews numerous veterans about their struggles living with PTSD. Significantly, the wheelchair that earlier framed Melissa Stockwell as disabled within *The Ground Truth After the Killing Ends* is used within *Hidden Wounds of War* to visualise the host's 'wellness' in contrast to the psychologically 'unwell' veterans that she interviews. This visual juxtaposition functions to disarm the viewer, asking them to dissociate physical injury as a pre-requisite for experiencing trauma and, in doing so, redefining what it means to be traumatised and to have an 'unwell' body. Rather, it is the unmarked and physically proficient body of the veteran that exposes itself as 'unwell': Adrian Veseth-Nelson[2] testifies to his struggle with alcohol ("drinking myself to sleep every night"), constant reliving of his experiences ("there were my dreams and my nightmares [that] were with

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[2] Veseth-Nelson is creator of 'Invisible Wound', a charitable trust that seeks to offer Veterans and their families a "variety of programs and opportunities", at no cost, as a means to help with recovery and rehabilitation (For more information, visit http://invisiblewound.org/about-us/).

me everywhere I went") and his inability to feel safe at home, showing the pistol, assault rifle and shotgun that he has in his bedroom. Thus, the visually 'intact' (yet psychologically 'unwell') body performs the internal trauma that is obscured through images of physical disfigurement, highlighting "the lacuna inherent in the representation of trauma, namely that the trauma resides in what cannot be seen, or what is only partially seen" (Acton, 2004: 63).

Yet the "whole-bodied" veteran is also used to politicise war (Achter, 2010: 51). In his 2007 State of Union address, President Bush introduces Tommy Rieman, a veteran who showed "exceptional courage" during a mission in Iraq, when he used his "body as a shield", protecting "his gunner" and helping to "repel a second attack" (cited in Achter, 2010: 51). As well as reinscribing the hero narrative that vindicates the role of the soldier within combat, Reiman's physically intact body contradicted issues raised by anti-war lobbyists who regarded Bush's "controversial war policies" as endangering the lives of those men and women sent to war (Achter, 2010: 51). His intact body, even after being "shot in the chest and arm" and receiving "shrapnel wounds to his legs" (Bush, 2007, cited in Achter, 2010: 51) visually attests to his 'wellness.' Reiman's body is used by Bush to epitomise the "patriotism and sacrifice" (Achter, 2010: 52) intrinsic to soldiers, and thus functions as a useful recruitment tool. Yet I propose that representations of physical intactness, as symbolised by Reiman, or of physically 'whole' and capable veterans (Achter, 2010: 57), such as the veterans in *Who Will Stand* who are rendered intact by the use of prosthetics, may function to re-victimise trauma sufferers by failing to acknowledge the psychological trauma that accompanies physical injuries.

Such a notion is elucidated during *The Invisible Wounded* as Ross Kemp interviews Simon Peacock, a soldier who suffered severe injuries to his legs after a grenade explosion whilst serving in Afghanistan. Peacock's girlfriend, Katie, states that:

> People are too quick to judge and say 'Be grateful – at least you have two working legs and two-working arms' and you're a good looking guy. But what they don't see is how it works psychologically for that person (Kemp, 2012).

Here, Katie explains that Peacock's physical injuries, articulated through his visible limp (and accentuated next to the normal gait of Kemp) is what constructs social understanding of his combat experience. Significantly his physical recovery (albeit

"slow" as Kemp explains) renders him as 'well' – his "two working arms and two working legs" testament to this. Thus representations of physically 'wrong' bodies (and their 'recovered' counterparts) function as symbols of recovery that obscure the psychological trauma intrinsic to combat, displacing blame away from the military and government departments that sanction war and, in doing so, frame these bodies as something that can only be *looked* at rather than engaged with.

Narrative Structure as Constructing a Barrier to Engagement

The structure of current affairs shows similarly construct a barrier to audience engagement, with Stein contending that the "form" and "pace" of the medium presents the act of "tuning in [as] all [audiences] can do" (2001: 267). Just as the recovery of injured veterans framed physical trauma as a "problem overcome" (Achter, 2010: 50), the narrative of recovery presented in Lisa Ling's *Invisible Wounds of War* (produced for television by the Oprah Winfrey Network) proposes the issue of psychological trauma equally reconcilable. The documentary focuses on Peter Alarid, a US medic who served in Iraq, as he embarks on treatment for his PTSD after remaining silent about his experiences (even to his wife Andrea) on his return. During the opening scene, Ling presents Alarid's PTSD as problematic for him and his family stating: "Peter Alarid can't sleep. He's on high alert like he was during combat in Iraq 8 years ago. His kids are safe in bed and his wife is worried." His personal struggles are further emphasised later as the camera follows him to a baseball diamond where the sounds of bats hitting balls and children's voices makes Alarid relive his experiences, mimicked through the intruding sound of helicopters and low bass notes resembling explosions. As the documentary continues, Alarid's journey for help takes him to The National Veterans Wellness and Healing Centre in New Mexico, a facility that uses alternative forms of therapy to treat veterans (and their families) who are struggling with the effects of PTSD. After participating in activities such as 'spiritual reclamation' (where Native American Singing Bear asks veterans to learn to love themselves again) and 'equine therapy' (where the taming of wild horses helps veterans to learn communication skills, trust and impulse

control) Alarid eventually testifies to his traumatic experience of seeing dead and wounded children whilst serving in Iraq.[3]

Thus *Invisible Wounds of War* frames Alarid's psychological trauma as reconciled: after his testimony, Peter states that "I feel happy", while Ling states that "his spirit has come home" (Smith and Terp, 2012). Peter's recovery is proven through his interaction with his wife, whereby the latter scenes show them laughing, smiling and being intimate with one another in contrast with an earlier interview with Andrea where she states: "At this point he is so closed off to me and the kids I wonder why we are even forcing him to be around us" (Smith and Terp, 2012). Therefore, Alarid's breakthrough in therapy is not only significant on a personal level but is framed as saving their marriage. While the breakdown of marriage is a significant issue for returning soldiers, with the annual divorce rate of veterans as high as 10.5% compared to 8.7% in non-combatants (Negrusa and Negrusa, 2012: 20), I propose that Ling focuses too much on Alarid's failing marriage. Although framed around Alarid's PTSD, *Invisible Wounds of War* emphasises their marital struggle through interviews with the couple, as in the excerpt below:

> Ling: "Where would you say you are right now in your marriage?"
>
> Peter: "We don't get along at all … and we hardly ever talk to each other; we don't communicate at all."
>
> (Smith and Terp, 2012).

Ling follows Peter's statement by suggesting that the retreat is "a last resort" for their marriage (Smith and Terp, 2012). The documentary functions as a love story, articulating the reparation of a failing marriage and, in doing so, closely aligns itself with the genre specific tropes of television soap operas. Alarid's marriage is constructed as a source of entertainment for audiences, building drama and suspense through Ling's narrative and recycling the stereotypical "happy ending" that is prominent within mainstream fiction television and Hollywood blockbusters (O'Shaughnessy and Stadler, 2005: 234). Such a spectacle serves to displace audiences from engaging with Alarid's PTSD in favour of the more entertaining narrative of romantic reconciliation.

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[3] Alarid's testimonial can be read in the case study within chapter 2.

Alarid's psychological rehabilitation (and subsequent reparation of his marriage) is resolute and positive, making the viewers' social or political action unnecessary. As Rothe proposes, narrative structures such as this "proclaim that no matter what happens [...] there will always be a happy ending when good wins over evil, victims become survivors [...] thus teaching consumers that the socio economic status-quo need not be changed through political action" (2011: 3). Given this fact, the documentary can only be understood as engaging audiences merely to *watch*, positioning them as voyeur rather than media witness. Frosh contends that the media insulates viewers "from any kind of ethical or emotional responsibility to those represented on screen", describing the screen "as a barrier as much as a window" (2006: 281). That is, while popular journalism attempts to make audiences emotionally engage with the shows, their focus on entertaining ultimately displaces such emotion as a conduit for responsible action. The resolution inherent in such narratives, as Rothe explores, functions to propose a solution to the problem and therefore suggests that the problem has been solved, creating a "barrier" for action (Frosh, 2006: 281).

"Deeply Disturbed": Constructing Victims and Criminals

Similarly, the ways veterans are represented within these documentaries construct them as trauma spectacles and function to create a barrier to engagement for audiences. Stein proposes that current affairs programmes predominantly frame individuals as either criminal or victim (2001: 255), aligning with my exploration of how veterans are framed within Ling's *Invisible Wounds of War,* Ross Kemp's *The Invisible Wounded* (as victim) and Dateline's *Stressed Out* (as criminal). Rothe contends that "contemporary narratives of victimhood and suffering are autobiographical, relayed orally in a manner of heightened emotions and broadcast on television" (2011: 49). While the traumatic events experienced by these individuals deem their autobiographical and emotionally charged testimonials as legitimate – with many post-Holocaust theorists acknowledging testimony as authentically representing trauma (Laub and Felman, 1992, Gilmore, 2002) – it is the contemporary act of presenting testimony on television that serves to spectacularise the victim. During his testimonial in *The Invisible Wounds of War*, Alarid is filmed in close-up as his lip quivers, tears run

down his face and he struggles to talk through the lump in his throat. The camera stays on him throughout his 'performance', deviating only to depict his wife in tears, and Ling with tissues in her hand. Thus the heightened emotionality that Rothe describes (2011: 49) becomes presented as something to look at and to take pleasure from, and in doing so removes the audience's ability to bear witness by positioning them as voyeurs. Gary Moss, a veteran of the Falklands War, is similarly depicted in *The Invisible Wounded*: he is filmed in extreme close-up, with tears welling in his eyes, as he explains to Kemp how he constantly relives his combat experiences (although he does not elaborate on these) (Kemp, 2012). For Rothe, media representations of the "pain of others", as in the examples of Alarid and Moss, unethically "transform traumatic experience into entertainment commodities" (2011: 5).

The framing of Benjamin Barnes as a dangerous criminal in *Stressed Out*, while in contrast with the narrative surrounding Alarid and Moss, equally functions to spectacularise trauma. During the opening scenes, host Peter Lazaredes introduces 24 year old Barnes, a veteran of Iraq, as "on a collision course with trouble" before narrating that Barnes wounded four people in "a fit of rage" at a New Year's Eve party and later killed a park ranger who merely wanted him to "fit chains to his tyres" (2012). A testimonial from Kevin Bacher, a park ranger who was at the scene, attests to Barnes' violent character, stating that he shot his victim without allowing her time to "get out of the car", and in doing so, imposed a "violent agenda on this place of peace" (in Lazaredes, 2012). This frame is furnished visually through numerous still shots depicting him in a prison uniform (with particular emphasis made of his tattoos) or brandishing weapons, while Lazaredes' voice-over states he was "deeply disturbed and armed" (2012). These images present Barnes as emotionless and cold (a convention used frequently within popular crime/reality shows such as *America's Most Wanted*) emphasised as the camera zooms in and lingers on his face. The *America's Most Wanted* aesthetic is continued as a re-enactment of Barnes as he "fled into the wilderness" is filmed with a hand held camera to mimic his movements and code the scene as amateur. This scene is interspersed with still shots taken from actual news bulletins, depicting images of police cars and armed officers, with the news reader alerting residents to "not contact him at all" (in Lazredes, 2012).

While the framing of Alarid, Moss and Barnes attempts to convey the problems suffered by veterans on their return from combat (overwhelming emotion, guilt and reliving of experiences as in Alarid and Moss, and uncontrollable anger as in Barnes) these serve to propel existing notions of PTSD as a set of dualities, as either victim *or* perpetrator. My case study in chapter 2 undermines such binary categorisations, proposing that soldiers should be acknowledged as victim *and* perpetrator; a distinction that differentiates soldiers from other individuals suffering from PTSD. Even as these documentaries attempt to counter these frames (Kemp interviews a veteran of the Falklands War who aggressively recounts his experience of shooting an enemy soldier, while Lazaredes interviews the widow of an Afghanistan veteran who committed suicide, for example) their examples inevitably fall within victim *or* perpetrator frames. In doing so, the complex relationship between the traumatised individual and the institutions that produce this suffering is obscured (Campbell, cited in Stein, 2001: 255). The role of the military and government, who send troops knowing the psychological damage it causes, both through eye-witnessing (as Acosta and Moss testify to) or committing an act of violence that was consistent with military training in a combat situation (yet untaught on return as in Barnes' case), remains invisible.

As well as providing one dimensional representations of traumatised individuals that are detrimental to the construction of public knowledge surrounding PTSD as a disorder, this character framing is presented as a source of entertainment for audiences which creates a barrier for social engagement. The framing of Barnes, for example, reinforces discourses of the 'angry and out of control' combat veteran that was popular within post-Vietnam media. Douglas contends that perpetrators of violence are harder to identify with (2008: 150) thus disabling an audience's attempts to bear witness. Douglas makes her argument through an exploration of perpetrator testimonials in the film *Bom Bali* (a documentary about the terrorist attacks in Bali in 2002) whereby she suggests these frame the perpetrator equally as victim, facilitating audience engagement (2008: 150). The heightened emotionality depicted in the framing of victims positions them as spectacles to be looked at and thus removes any responsibility for the audience to act on these images of suffering.

Hosts: Superficiality, Spectacularisation and the Struggle for Screen Time

The presence of a host within the current affairs genre also serves to spectacularise trauma, with their status as 'host' placing them in a role of power that serves to undermine the authoritative experience of the witness (2011: 63). Following the structure of mainstream news production, current affairs shows utilise reporters to introduce and inform publics about events or experiences that they are otherwise unaware of, serving to "honour the traditional idea that knowledge of learned experts is superior to that of laypersons" (2011: 63). While Rothe concedes that these shows attempt to represent the notion that trauma is "grounded in the experience of the witness" through their emphasis on interviewing survivors, for example (2011: 63), it is ultimately the host that presents traumatised subjects to audiences through their own narrative. Kemp and Ling introduce the traumatised subjects that appear in their documentaries, with Ling's voice-over describing Alarid's struggle with PTSD during the opening scene of *Invisible Wounds of War*, while Kemp describes Peacock's experiences in Afghanistan (and on his return home) during a piece-to-camera at the beginning of *The Invisible Wounded* (2012). Moreover, both Ling and Kemp structure the content of the interviews through direct questions that are used to elicit specific responses: for Ling, her questions surrounding the future of Alarid and his family are focussed around framing his desire to be a better husband and father ("What do you want to be?"), while Kemp's questioning of Peacock is concerned with presenting the broader social issues surrounding PTSD ("Do you think it's hard for guys like yourself to come forward and admit that they have mental health problems?").

Such accounts serve to efficiently present significant issues regarding PTSD to audiences whilst potentially articulating the trauma that these individuals struggle, or would otherwise neglect, to testify to themselves. However, I propose that the presence of the host inevitably undermines the experience of the witness. During an interview with Katie in *The Invisible Wounded*, where she attempts to testify to her own trauma over Peacock's thoughts of suicide, Kemp fills the silence left by Katie:

Katie: "Sometimes, when Simon gets really low, you say … he says um… sorry… it's hard."

> Kemp: "He says he wants to kill himself. He's threatened to kill himself, hasn't he?"

> (Kemp, 2012)

While Kemp's intrusion is seemingly meant as a means to help Katie explicate her experience, it also functions to fill the emptiness that theorists such as Brand and Elaesser acknowledge is representative of trauma in itself: Brand proposes that trauma can be performed by 'nothingness' (2008: 207), while Elaesser contends that "trauma affects the texture of experience by the apparent absence of traces" (2001: 199). The cognitive, and thus affective, displacement of trauma from the subject in the first instance constructs and perpetuates trauma: it is this gap in knowledge that produces the flashbacks and nightmares intrinsic to PTSD. The existence of pauses in language, as exemplified by Katie, attests to the void left in the wake of traumatic experience: for Peacock this void in experience leads him to want to end his life, while it is the inability for Katie to understand this notion that creates her own traumatic void. The emptiness of language represents the incommunicability of loss, pain and grief, thereby functioning as a significant articulation of trauma in itself. Thus, as Ashuri suggests, such representations act as a "wordless testimony [which] serves to symbolise the personal trauma of the witness" (2010: 185).

Ling's narrative within *Invisible Wounds of War* equally functions to impede the representation of trauma by transforming Alarid's PTSD into a media commodity (Rothe, 2011: 5). During the course of Alarid's treatment, Ling uses overly dramatic rhetoric as a means to sensationalise Alarid's story and 'sell' audiences the drama of the show: after interviewing Alarid and his wife Andrea, Ling's voiceover poses the question "will they be on the same side of the battle front?", while in the lead up to Alarid's testimonial Ling asks "but will he have the courage to expose his pain?" Importantly, Ling poses these questions before scheduled ad-breaks, presenting the outcome of Alarid's rehabilitation as a 'cliffhanger', a convention frequently used within television soap operas and drama series in order to maintain audience viewership. Alarid's illness is further sensationalised through shots showing Lisa Ling emotional herself: during his testimonial, for example, the camera zooms in on Ling on the verge of tears, while later as Alarid receives a one-on-session with Singing Bear off-camera, Ling breaks down in

tears as she hears him scream "I love me", following which she addresses the camera stating "this is amazing ... I hope he finds peace." While it would be unfair to suggest, as Stein might claim, that her emotion is fictional or exaggerated (2001: 259) the choice to include this footage is intriguing. I propose that it reinforces the notion of taking pleasure in looking at suffering (as discussed earlier in regards to the framing of victims) and thus functions to both commodify Alarid's and Ling's suffering.   More importantly, Ling's emotional performance subverts the audience's attention from attempting to bear witness to the suffering of Alarid to witnessing Ling bearing witness to Alarid's suffering. Ling becomes the focus of the show and it is her suffering – her affect caused through her engagement with Alarid – that the audience is hailed to be moved by and respond to.

Similarly, the audience is directed to engage with Kemp's suffering within *The Invisible Wounded.* During the opening scenes of the documentary Kemp addresses the camera and explains his personal experiences in Afghanistan as an embedded journalist with a British Battalion:

> I first went to Afghanistan in 2007. Since then, I've spent over 6 months filming with the British Army on the frontline. During that time, I met many soldiers, some of whom were wounded and, tragically, others who were killed (2012).

Following this monologue, Kemp is depicted looking visibly upset at a memorial (seemingly for the soldiers that died while he was filming) while flanked by soldiers in full military outfits. In another scene (following footage of Kemp during his time in combat taken from the series *Ross Kemp in Afghanistan*) Kemp revisits a training base where he states: "But even for me, coming back here and hearing those screams and shouts and listening to those rounds going off, it conjures all sorts of images – places that I've been to in Afghanistan." In exposing himself as a participant he attempts to remedy the gap created by the normatively objective practice of journalism, and in doing so the audience is directed to focus on Kemp's experiences and suffering caused by his participation in Afghanistan. Campbell contends that hosts are destined to become "stars" of shows due to them appearing on camera more than the subjects they are representing (cited in Stein, 2001: 255) yet Ling and Kemp go beyond this status and become interwoven within the narrative of the documentary due to the visualisation of their own personal experiences. In doing so, Ling and Kemp direct audience engagement

away from the veterans that these documentaries attempt to represent and on to themselves.

Conclusion

Undeniably, current affairs programmes and professionally-produced documentaries play an important role in articulating trauma, presenting discourses that attempt to challenge the ways in which combat-related PTSD is understood to large audiences through mainstream media outlets. Yet while these documentaries succeed in part (*The Ground Truth after the Killing Ends* provides insight, through interviews with veterans that counter discourses peddled by the military and medical professions) they ultimately suffer from production and ideological constraints that undermine these representations and instead render them as superficial and flawed. I have argued that the visualisation of the physically injured body functions as a trauma spectacle (Rothe, 2011) depicting the disabled body as a symbol of patriotism and heroism and, thus, legitimised American presence in Iraq and Afghanistan. Further, the physically capable body is rendered whole within the documentary *Who Will Stand*, through the use of prosthetics for example, presenting a discourse of recovery that undermines the psychological impact of physical injuries. Moreover, the narrative structure, the binary framing of veterans and the host-driven nature of these shows insulate viewers from acts of bearing witness (Frosh, 2006: 281). Ling presents a narrative in *Invisible Wounds of War* that requires no responsible action, while in conjunction with Kemp's *The Invisible Wounded* the audience is directed to take pleasure in watching the suffering of others. Lastly, the presence of the host displaces audience engagement from the veterans that these shows are attempting to represent. In the chapter that follows, I propose that soldier-produced content – from footage taken during combat, to paintings and YouTube videos – can address the problematic representations presented within the current affairs genre.

Chapter 4: Soldier-Produced Content, Crisis of Affect and the 'Traumatic Performance'

The problematic discourses exposed within the previous chapter are due, in large part, to the genre-specific constraints that are intrinsic to mainstream media and popular journalism. The political and ideological agendas of those who own and produce these shows, for example, influence the way in which trauma is represented and thus perceived by the audience. Moreover, hosts mediate the traumatic expression of those veterans who appear on these shows through their own presence on screen and direct questioning of subjects. In contrast, soldier-produced content allows veterans to circumvent issues of mediation by others and arguably facilitate a more authentic representation of trauma. This may produce "intimate" and "subjective" (Strejilevich, 2006: 701) accounts that attest to personal experience. Historically poems have been used by soldiers attempting to express their combat experience to those who were not present, such as the famous poem 'In Flanders Field' written by Canadian field surgeon John McCrae during World War One as a reaction to the death of a friend during battle (The Great War, 2008). This is a continuing tradition, with veterans of Iraq and Afghanistan placing poems written in response to their own combat experience on websites such as webpoetry.co.uk. Similarly, 'Songwriting With: Soldiers' is a program run by musicians to encourage and help soldiers to articulate their experiences through song: to "tell more stories, and to bring new songs to life" (Smith, 2013).

For critics such as Penn, the figurative language of poetry and song can "reach, through metaphor, one's sensory and emotional experiences" in a way that spoken language fails to do (2001: 33). Yet other critics point to the inability of any written language to articulate traumatic experience, as it relies on the subject's ability to translate affect into words (S. Tait, personal communication, March 29 2013). The historically rich tradition of expressing trauma through art (as utilised by survivors of the Holocaust and the bombing of Hiroshima and Nagasaki during World War Two, for example) facilitates the expression of trauma through the figurative representations of colour, shape and form rather than spoken or written language. What is more significant within the wars in Iraq and Afghanistan, however, are technologies such as miniaturised cameras, which were unavailable prior to these wars, and allow veterans to film their

personal experiences during combat. This circumvents some issues surrounding truth, memory and the fallibility of written language. Moreover, the widespread use and popularity of the Internet during this period has introduced an outlet for veterans to produce their own content and disseminate it publicly to large audiences.

I suggest that these forms of expression help to visually articulate what these veterans and active soldiers potentially cannot due to what Tait defines as a "crisis of affect" (S. Tait, personal communication, March 29 2013). That is, in the aftermath of the traumatic event the body is so overwhelmed with feeling that the individual does not recognise *how* or *what* they are feeling due to an inability to cognitively and culturally translate this affect into previously learned emotion (S. Tait, personal communication, March 29 2013). As Hirsch summarises: "the mind goes into shock, becomes incapable of translating the impressions of the event into a coherent mental representation" (2004b: 98). Such a concept acknowledges the disparity between affect and emotion that was explored within chapter 1, namely that affective responses are *felt* in the body (Thrift, 2004, Katz, 1999, Plantinga, 2009) without being *recognised* or *understood* as specific emotions. Aside from cognitive science that suggests that the meaning part of the brain (the cerebral cortex) shuts down during a traumatic event while the amygdala (the part of the brain responsible for producing sensations and affect) remains active (Caruth, 1995: 4), the military are responsible for conditioning soldiers not to *feel*: not to feel scared about the prospect of killing, or to feel guilt, remorse, sadness or empathy for victims. Bennett suggests that trauma survivors "inhabit a place of total affect and [are] drained of affect altogether ... Pure affect, no affect: 'it hurts, I can't feel anything'" (2005: 5).

While defining trauma as a crisis of affect recycles discourses regarding the difficulties of its representation that continue to burden contemporary trauma studies, this chapter proposes that amateur content potentially reconciles the problems inherent within verbal and written communication by allowing veterans to 'perform' their trauma. The term 'performance' can be broadly defined as a presentation, expression or revelation (Coonfield, 2007: 158 - 176) taking its meaning from the performances by actors in theatre, film and television. Actors perform aspects of a subjectivity to an audience, revealing themselves and in doing so bringing into presence something that would otherwise be hidden from knowledge (Felman and Laub 1992, Ashuri, 2010). For

Laub, a traumatic performance involves "the transformation of an abstract absence into an articulated statement and an inaccessible past into an obtainable narrative" (in Felman and Laub 1992, cited in Ashuri 2010: 178), with Coonfield contending that this transformation occurs *within* and *through* the body (2007: 172). More than just transferring "exclusive knowledge" (Ashuri, 2010: 180) to those not present at the event (a revelation), a traumatic performance also relies on the reception of this by an audience (Felman and Laub 1992, cited in Ashuri 2010: 178). For Ashuri, it is the process of communicating pain to another that allows the traumatic event to be comprehended by those performing its excess (2010: 178). Thus, I propose that soldier-produced content is performative as it is revelatory and expressive of the "embodied" experiences of veterans (Coonfield, 2007: 172-174), legitimising this claim through a case study of three texts: the independently-produced documentary *The War Tapes*, the documentary short *Iraq, Paper, Scissors*, and the veteran-produced YouTube video *Tribute to US Soldiers That Come Home with PTSD*. Moreover, a discourse analysis of comments left on *Tribute* will be used to claim that formats such as YouTube can serve as digital communities that form in response to traumatic performance.

The War Tapes: Performance as Revelation

Professing to be the "first war movie filmed by soldiers themselves" (Internet Movie Database, 2006), *The War Tapes*, directed by Deborah Scranton, is composed of footage taken by six soldiers from the National Guard through the use of helmet-mounted cameras and hand held camcorders. Derrida states that the power of the camera, an otherwise "impersonal technical device", is to ostensibly give "testimony *as* a witness [own emphasis]" (cited in Dant, 2012: 172), forcing into the audience's consciousness an event or experience "apparently without intervention, without mediation" (Derrida and Stiegler, 2002: 92, cited in Dant, 2012:173). Amateur videos, for example, are being increasingly used in mainstream media as a way of connecting those who were not "present at the events (in time, space, or both)" to the eye-witness who took it (Ashuri 2010: 175). Yet Derrida clarifies that such claims potentially over-emphasise the power of the medium (cited in Dant, 2012) thus aligning with the assertion made by Peters' witnessing hierarchy that an object cannot witness (2001). It

is, rather, the individual who records the footage that should be acknowledged as an eye-witness. Yet in the case of *The War Tapes* it is the eye-witness who films, and thus this footage (particularly that of Sergeant Steve Pink) provides visual testimony and enables him to bear witness to personal combat experience. This footage reveals (at least in part) what traumatised these men and represents an experience that these men otherwise cannot.

A scene toward the end of the film visualises Pink and other soldiers involved in a fire-fight with enemy insurgents. The two-minute-long scene is constructed from handheld and helmet-mounted footage and begins with American soldiers storming a potential enemy stronghold. The footage from Pink's helmet camera visualises his hands and weapon, taking on the aesthetic produced within first-person shooter games such as *Call of Duty* and positions the audience within the subjectivity of the eye-witness. The scene continues as diegetic sounds of gunfire and shell bombardments are heard, with a tense battle between the insurgents and Pink's unit following. The action is mediated through the erratic and jerky movements of Pink's camera with much of the action unseen by the audience due to the angles at which the footage is taken. That is, as the camera is helmet-mounted, the audience sees *what* and *how* Pink sees. It visualises the way in which soldiers are constantly vigilant, in fear for their lives and, perhaps more importantly, aren't necessarily privy to the event in the first instance. The camera is connected to his body, revealing Pink's personal experience of combat through a performance of the body: the action is dictated by the movements of the camera and thus Pink's trauma becomes intrinsically linked to his body.[1]

The graphic nature of Pink's footage elsewhere in the film distinguishes it from the documentary footage explored previously. Pink's footage is disturbingly graphic, depicting images of dismembered corpses with Pink taking particular care to visualise the men's faces in close-up. This intrusive, and arguably ethically questionable act functions to perform Pink's internal feelings towards the enemy: they are less than human and therefore do not deserve the dignity in death given to American soldiers. Pink later states in an interview to camera that he felt that he "needed to film" the bodies and can, therefore, be understood within Lifton's theory of "false-witnessing": an act of revenge against the 'enemy' for the death of American troops (cited in Caruth, 2008:

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[1] The embodiment of trauma will be discussed in greater depth in relation to *Iraq, Paper, Scissors*.

164). In contrast, the footage taken of Sergeant Smith, an American soldier wounded during the fire-fight, is treated with much more respect. The footage is constructed predominantly as a mid-shot, with Smith's body obscured by soldiers as they carry him off on a stretcher. His face is only briefly visible later in the scene, partially obscured by the helmet he is wearing and the choice of mid-shot. Instead of visualising Smith's injuries, Pink verbalises them through a voice-over as he reads a journal passage from that day:

> Sergeant Smith of First Squad got shot in the leg. Entered through his calf and blew out the front of his shin, shattering the bone, exposing flesh and fat and muscle like hot pizza cheese sliding from the slice (in Scranton, 2006).

While Pink feels okay about verbalising Smith's injury, his refusal to film his injuries attests to the moral complexity of death within combat. The images of Iraqi corpses are not traumatising for Pink, as their deaths are a justified action expected by the military agencies that sent him to war, and legitimised by Smith's subsequent injuries. As Pink states:

> For nine months I had never seen these guys face to face. I mean I'd heard the bullets crack over my head [...] I felt, you know, proud for the job the guys in first squad did. I felt jealous that it wasn't us ... that we weren't able to get those guys and kill them (in Scranton, 2006).

Pink is "proud" of the deaths of these men, even "jealous" that he had not been directly involved in the killing. Here, Pink's footage and accompanying voice-over frames him as a perpetrator of violence and therefore reveals a discourse obscured within psychiatric and medical discourses. As explored earlier, the DSM defines PTSD within discourses of victimhood, proposing that the disorder is triggered by witnessing (either directly or indirectly) a traumatic experience (Veterans Affairs, 2013, American Psychiatric Association, 2013b). Yet Pink's footage depicts him actively *participating* in violent acts. The act of waging war deems such acts necessary, yet the visualisation of aggression by American soldiers is hidden from (and by) mainstream media. Pink is not traumatised by his involvement in these violent acts (acts ultimately expected of him by the military forces that sent them there) but rather as a result of the military deeming his behaviour 'wrong'. After being shown to commanders, Pink's footage of the Iraqi corpses being

eaten by dogs was redacted by the military, on the grounds that it was too graphic and disturbing. Instead, Scranton depicted this scene through photographic stills of the dead bodies accompanied by a testimonial by Pink where he describes his feelings about the redaction:

> So I hand in the tapes – and someone said the first sergeant was physically upset [...] maybe that means his stomach got sick, I'm not sure. But it was deemed unappropriate [sic] footage ... probably because of my commentary while filming [...] At one point along came a dog and there was like human flesh around the body and the dog, you know, picked up some flesh and started eating it. And I didn't have a problem with it and neither did any of the other guys I was with (in Scranton, 2006).

Pink understands his actions in allowing the dogs to eat the corpses as appropriate contextually. As explored within chapter 2, the process of military training is to indoctrinate soldiers to hate the enemy, to treat them (as Pink does) as less than human. Therefore, it is the military's framing of Pink's behaviour as wrong that in retrospect is ultimately traumatising for Pink. It undermines his actions during combat and diminishes the meaning of the injuries and deaths suffered by American soldiers. As he states in an interview to camera:

> What the fuck are we doing there? We better get that oil. The US Army is not the Peace Corps. That's not why we are there – for money and oil [...] This better be about money, and if we don't get that money, then all the lives that are gone right now [...] they are all in vain.

Such a statement articulates Pink's sense of disillusionment with the war: he feels exploited and betrayed by a military that sent him to do the very job they have chastised him for doing. In redacting the footage, the military frame Pink's violent behaviour as an individual characteristic rather than a response indoctrinated and expected by the military. The refusal for the military to sanction Pink's behaviour destroys the "moral order" that Shay argues is inherent within the military, inflicting major psychological distress on Pink (1994: 5 – 6).

The graphic nature of Pink's footage is potentially problematic, particularly as it is filmed from Pink's perspective. Tait suggests that this point-of-view frame potentially

positions audiences to "identify with those who kill rather than their victims" (2009: 348). Such an argument has led to the recent banning of the fiction film *Maniac,* with the film, entirely shot in point-of-view from the perspective of a serial killer, deemed by New Zealand censors as inviting audiences "to enjoy cruel and violent behaviour" (Bizzaca, 2013). Similarly, a post on an online message board, entitled 'This movie is everything I dislike about some American Soldiers', chastises Pink for his attitude towards the war:

> I can't speak for everyone in their company, but as for the three men specifically featured in this film, it felt as if they were doing whatever possible to "up" their war experience into some fascinating, blood-and-guts epic [...] The entire film left me feeling like I was watching a small group of gun-slinging cowboys and it really left a sour taste in my mouth (Vardackwin1: 2013).

This comment suggests that the graphic nature of the footage, understood by Vardackawin1 as a means to glorify the experience of war, creates a barrier to audiences empathising morally with those who filmed it. While Vardackawin1's response is understandable, Deborah Scranton, the director of the film, included such footage "in order to moralise war [and] in doing so crafting an argument against [it]" (Tait, 2009: 345). That is, the graphic footage of Iraqi corpses is included, alongside Pink's explicit testimonials, revealing what war does to soldiers. It is not a means to glorify war or to expose Pink as a morally corrupt soldier. Rather, it makes a statement about what is expected of soldiers during war and the way in which this affects soldiers psychologically, framing combat as a site of trauma.

As much as footage produced during combat can perform trauma to displaced audiences, its ability to remain present after the initial event also allows veterans to "recover their repressed narratives" (Ashuri, 2010: 175). Peters suggests that the fragility of the event, one which was not fully grasped in the first instance, can be reconciled through the "durability" of recorded footage that "survives in multiple times and spaces" (2001: 718). It therefore functions as "substitute eyes and ears" for witnesses who were not cognitively present at the event (Peters, 2001: 707). For many veterans, this technology allows them to relive their experience in retrospect – to understand and to 'know' what traumatised them in retrospect. The footage taken during combat by Pink in *The War Tapes*, for example, allows those men on the mission

to relive the event and to understand it as traumatic. Smith's injury suffered during the battle is particularly traumatising for many of the men as it is unclear exactly how Smith was injured. The ability to relive this event, therefore, allows these veterans to "see what cannot simply be grasped" (Lifton, cited in Caruth, 2008: 167).

Yet as discussed previously, Pink's trauma is not necessarily triggered by his experience in battle but rather as a response to his ill treatment from the military – being made to reframe his behaviour from acceptable to morally wrong. While the original footage of the dog incident was redacted, *The War Tapes* as a film lives on to articulate discourses proposing war as a site of trauma and questioning the military's treatment of soldiers. The experiential footage in *The War Tapes*, therefore, functions to justify and legitimise Pink's PTSD to audiences. Perhaps more importantly, it functions for Pink to relive his experiences, thereby justifying and legitimising his PTSD to himself. Psychiatric and medical discourses attempt to frame trauma as a disorder suffered by individuals rather than a collective response to an excessive event, while the redaction of Pink's footage functions to deflect blame for his PTSD away from the military: although through the process of making public this redaction, the military is framed as responsible (in part) for Pink's PTSD. It is important for Pink, and other veterans, to be able to conceptualise combat as traumatic in order to understand their PTSD as a 'correct' response to their experience rather than a pathological one. In revealing trauma to displaced audiences, this footage is equally revelatory to the soldiers themselves.

Iraq, Paper, Scissors: Performance of the Body

Iraq, Paper, Scissors, a documentary short directed by Sarah Neeson, is a companion to her Academy Award nominated film *Poster Girl* and follows a group of five veterans with PTSD as they attempt to make meaning from their past combat experience (Neeson, 2011). Specifically, the 'Combat Paper Project' invites veterans to transform their military uniforms into paper, and then subsequently into art (Neeson, 2011). Therefore, while the footage in this documentary is professionally produced, *Iraq, Paper, Scissors* has been included in this chapter due to the significant and personal discourses of trauma produced through the works of the veterans. These works are performative in two respects: the transformation of the uniform by Iraq veterans is both "embodied" due

to the body's involvement in the destruction and reappropriation of the uniform into a canvas, while the works themselves express interiority (Coonfield, 2007: 172 – 174).

Coonfield states that a "performance is embodied" (2007: 172) acknowledging the role of the body as *doing* rather than *being* (Butler, 2004, cited in Coonfield, 2007: 172). A performance is understood as the presentation of the body as an act of communicating experience (Goffman, 1967, cited in Coonfield, 2010). In the first instance, the very presence of the body is testament to the excess of an event (Ashuri, 2010). As Raya Morag summarises: "the visibility of the trauma seems to be first and foremost the visibility of the human body (Morag, 2008: 4, cited in Ashuri, 2010: 182). Ott states that trauma is an affective "sensory experience" that is felt in the body (2010: 41) thereby rendering the body as the site of trauma. Similarly, Frederickson claims that the body is the initial site of trauma and although not necessarily understood cognitively, trauma is imprinted and "remembered" within the body (1992, cited in Luckhurst, 2008: 73). Understanding trauma as 'known' only within the body renders the performance of the body as a 'true' and direct representation of traumatic experience.

In acknowledging the body as a site of traumatic performance, it is important to understand combat as embodied. The psychological damage these soldiers are dealing with (and trying to undo) is a direct result of the acts that their bodies were asked to perform and participate in during combat. During service a soldier's body becomes owned by the military and used as a tool of war. The body is asked to perform acts that would be morally reprehensible and illegal outside of combat. The body kills, maims and tortures and is expected to feel pride and pleasure in performing these acts. Specifically, the limbs drive the tanks, shoot the weapons and control the missiles and drones. The body, therefore, takes on negative connotations and is understood by returned veterans as inherently destructive.

Yet such acts were performed exclusively whilst wearing the military uniform. These uniforms thereby link these veterans to a traumatic past, with one veteran in *Iraq, Paper, Scissors* explaining that the uniform "stands for destruction, chaos and death" (Neeson, 2011). The destruction of the uniform, an act at the very heart of the Combat Paper Project, should therefore be understood as performative. The project was initially

conceived by Iraq veteran Drew Cameron, working through his traumatic combat experience by cutting his uniform off his body while wearing it (and photographing the process). He later describes the act within the documentary as "unexpectedly good and empowering" and a "release" (in Neeson, 2011). The act makes a defiant statement against the political institutions that wage war and the military's treatment of soldiers during and post-combat. The uniform symbolises American nationalism - bravery, heroism and victory - for the public and soldiers alike. Yet for soldiers in *Iraq, Paper, Scissors* the uniform is a reminder not only of the experience of combat itself, but of the betrayal inherent in war as a political act – much like Pink experienced as a result of the redaction of his footage. Leonard Shelton testifies to this feeling stating: "I feel like I've been used and I don't want to represent what used me anymore ..." (in Neeson, 2011). The uniform becomes a tangible reminder of a traumatic past, and therefore its destruction severs a symbolic link with the past as a way of reclaiming the present. Likewise, veteran Eli Wright testifies in the film: "to come back and take that symbol, that piece and destroy it [provides] that feeling that you're moving on from that" (in Neeson, 2011).

The destruction of the uniform is performative in two respects. First, the act of shredding, cutting and tearing the uniform functions somewhat like a flashback for the audience. Numerous close-ups depict veterans shredding their uniforms with razors, visually attesting to the destructive nature of the body and how it performs this destruction during combat. This is an important visual analogy, as it completes the traumatic body politic underscored previously: the physically injured and disabled returned veteran, the injured or deceased Iraqi soldier, and the physically well body that participates in combat. Yet, the discourse of the 'violent veteran' is undermined through the subsequent reappropriation of the uniform into a piece of art. One veteran states: "we take something horrible and turn it into something positive ... for four years we wore this and killed and bled and sweated" (in Neeson, 2011). Another veteran describes the uniform as "old dirty rags ... that are full of bad memories" which can be transformed into "good" ones through its reconstruction as art (in Neeson, 2011). The negative actions performed whilst wearing the uniform are figuratively transformed through its destruction. As Leonard Shelton remarks: "I cut that uniform into shreds and

it felt so good – it was very liberating. I fucking loved shredding that uniform" (in Neeson, 2011).

The use of hands in the transformation of the uniform – the shredding, pulping, dying and painting of the combat paper is an attempt to repurpose the body. These simple tasks allow veterans to use their bodies to construct rather than destruct - to understand their body as positive rather than negative. Neeson explores the positive effect of this act, proposing it is transformative and therefore healing (2011). One particular scene involves Lovella Calica, the director of 'Warrior Writers'[2], as she attempts to console veteran Leonard Shelton as he testifies to his continuous and intrusive memories of combat. In response, Calica asks him to replace these memories with images of his time spent creating art: "see your hands – yesterday, remember? You had your hands in that pulp – that purple pulp … you were a bundle of joy [yesterday]. You were bursting with joy" (in Neeson, 2011). Collie et al attest to the physicality involved in creation as potentially healing, as it busies the body and the mind and allows relief, albeit intermittent, from intrusive memories whilst also lowering levels of hyper-arousal (2004: 160). The veteran's body acts to perform trauma for viewers and to reconcile this trauma through the reappropriation of the body, thus potentially rendering this performance as healing.

Art: Literal Expression, Figurative Representation

While the embodied process inherent in the destruction of the uniform should be acknowledged as performative in itself, the transformation of the uniform into a piece of art is also performative: a figurative *expression* of trauma. A performance, as Coonfield contends, is an act of "expressive" communication, one which "invokes and implies" others (2007: 173). In acknowledging that trauma is not cognitively known and therefore resides within the body, the representation of trauma must be understood as visceral. Artistic expression, itself understood as intrinsically related to affect and emotion (Bennett, 2005), is a vehicle for the representation of trauma. Bennett states that art acts as a "kind of visual language of trauma and of the experiences of conflict and

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[2] Warrior Writers' is a non-profit organisation, championing the use of verbal and visual expression as a means of healing. For more information visit www.warriorwriters.org.

loss" which registers "the true experience of violence or devastating loss [and therefore] lays claim to an experience owned by someone" (2005: 2-3). The expressive nature of art performs trauma through shape, form, colour and content, a figurative language that goes beyond the constraints of testimony to communicate what it *means* and how it *feels* to be traumatised.

Douglass and Vogler, in exploring Picasso's work 'Guernica', understand that art can represent trauma through the "visual rhetoric of rupture" (2003: 33). I take the term "rupture" here to mean a disturbance and explore the works within *Iraq, Paper, Scissors* as a rupture within visual space as well as a rupture of artistic form, shape and colour. The opening of the documentary introduces John Michael Turner as he mixes red and charcoal paper pulp together, while a scene that follows depicts Turner throwing red pulp onto a charcoal coloured canvas. Here, Turner's bodily expressions are performative, his aggressive actions in the latter scene externalising feelings of anger and frustration. Aesthetically, the red colour in both scenes visually alludes to blood and flesh, with the texture created by the wet pulp serving to visualise the sort of graphic scenes depicted and verbalised by Pink in *The War Tapes*. Such an interpretation is backed up by Turner's accompanying voiceover, with his artistic expression potentially visualising the aftermath of a fire-fight with an enemy insurgent: "I pulled the trigger, it was my decision and now I have to live with it" (in Neeson, 2011). Turner's work functions to visualise his personal trauma, the splashes of red on grey a rupture on the canvas.

A print entitled 'Broken Bottle' produced within the Combat Paper Project depicts four pill bottles with toy soldiers stuck in three of them, while a toy soldier spills out of the last one (in Neeson, 2011). Such an image aligns with the irony implicit in Banksy's street art, who uses similar images to "foster a more critical and reflective debate in public circles" and to politicise issues around "global ethics" (Brassett, 2009: 219). Banksy's works rupture visual space, appearing throughout cityscapes on buildings, bridges and walls. More importantly, the politically divisive content of his work functions to rupture our assumptions about the world, and the ideologically loaded discourses of public culture. 'Broken Bottle', I argue, functions as a visual rupture in both ways and is therefore intrinsically performative. The content of the print mediates a discourse surrounding the preoccupation of treating soldiers using prescription

medication. The first three soldiers seemingly attempt to escape the bottles, referring both to the fight against the medical profession who force medication on them and the day to day battle of trying to 'find' themselves under a slew of drugs. Such a discourse is verbalised by Drew Cameron:

> How quick they are to use these highly synthesised, highly designed pills ... I can't sleep – boom tranquilisers, or I have pain – boom Percocets ... it keeps coming you know ... and then they're all looped up and jacked up on this whole slew of stuff and they're expected to be cognizant and perform?

> (in Neeson, 2011)

Here, 'Broken Bottle' attempts to rupture knowledge surrounding the treatment of returned soldiers through the personal narrative of Cameron that, although shared by thousands of veterans, is concealed from public knowledge.[3] Thus, the soldier-produced works in the Combat Paper Project are figuratively expressive, performing trauma through colour, texture and irony, and thereby allowing the representation of trauma to go beyond more orthodox modes of communication.

Digital Performance: Performing Trauma Online

The increasingly low cost of handheld cameras and editing software has created a new outlet for veterans to create their own content and to place it on the Internet as a means for publics to "comprehend, judge and act upon it" (Ashuri, 2010: 173). This new form of testimony bridges the gap between the live footage of *The War Tapes* and the figurative representation of the survivor art in *Iraq, Paper, Scissors*. Specifically, the YouTube clip *Tribute to Soldiers Who Come Home With PTSD* is a video created by a veteran of Iraq under the pseudonym BadSnake711, whilst undergoing treatment for PTSD (2009). Constructed as a pastiche of images, some taken of BadSnake himself, the three and a half minute clip is set to the heavy rock song 'Never Too Late' by Three Days Grace. I argue the interspersing of owned and borrowed images, in conjunction with the

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[3] Sanchez exposes a similar discourse in *Damages*, where he is leaked information from a fellow veteran detailing the medical professions failure to adequately treat PTSD sufferers while in theatre. In one particular scene, a soldier pleading to his psychiatrist that he is not ready to return to combat is met with "just take the pills, am I clear? See *Damages*, season 5.

music and lyrics of the accompanying song, is an attempt to circumvent BadSnake's self-proclaimed "crisis of affect" (S. Tait, personal communication, March 29 2013) described in the written description of the video: "As I cannot describe to my loved ones how I feel inside, I wanted to share this and give an idea of what we go through" (BadSnake711, 2009). The articulation of BadSnake's personal trauma within *Tribute*, therefore, makes the clip revelatory and performative in the same way as *The War Tapes.*

The clip is broken into seven distinctive sections each depicting a different set of images, with the cycling of these images closely aligned with major structural and mood changes within the song. The structure of these images, and the images themselves, chronologically narrate BadSnake's experiences during combat and his struggle coping with these on his return home. Soft finger-picking guitar starts the clip and sets the initial mood for the song, with the accompanying images introducing BadSnake pre-deployment: still images of him drinking with friends, embracing his girlfriend and enjoying Christmas with his family. This lyric segues into the next section, with images of BadSnake in combat accompanying the heavier musical change into the song's chorus. Within this section, he is depicted in full military uniform, holding weapons and driving armoured vehicles, and as the chorus continues these images become equally 'heavy', culminating in stills of burnt out trucks and windscreens shattered from gunfire. The third section returns to the more mellow, sombre guitar part of the verse, and is this time accompanied by images of symbols that code the death of American soldiers: flag draped coffins, burial monuments, and mourning families. The music again gets more intense (both in terms of volume and layers of instruments), returning to the chorus for the fourth section as the images become more graphic in nature, focussing specifically on stills of Iraqi casualties: graphic images of dead and disfigured Iraqi children, piles of dead civilians, body parts displaced from bodies. The bridge that follows stays musically similar to the chorus, with images of crying soldiers during battle and at memorials for other soldiers being cycled quickly. Once more, the music returns to the soft guitar part of the introduction, accompanied by a short montage of images visualising physically injured soldiers. These range from stills of men on crutches, to those needing to use prosthetic limbs and a veteran wearing a prosthetic eye. The final chorus is a montage that intersperses images of serene landscapes, seemingly of his hometown, with graphic and emotional images from combat similar to those previously shown.

Visually, the different sections articulate the complexity of combat trauma. It is important to acknowledge the use of pastiche: an "artistic work consisting of a medley of pieces"" (Oxford Dictionary, 2014) and constructed "wholly or chiefly of motifs or techniques borrowed from one or more sources" (Dictionary.com, 2014) – in articulating the complex trauma experienced by BadSnake. It is borrowed images, in combination with images of BadSnake himself, that serve to publicly communicate feelings that are otherwise unknown to him and hence incommunicable. The first two sections, for example, present personal images of BadSnake pre-deployment, as well as during combat. The former structures the narrative, chronologically visualising the transformation of BadSnake from small town boy to traumatised soldier and in doing so renders the clip as a personal performance of BadSnake's individual experiences in Iraq. The chronological narrative also functions to point to combat as the site of trauma, visualising BadSnake as happy before his combat duty. Images of BadSnake are absent from the final sections of the clip yet rather than diminishing his personal articulation of trauma, this visual absence attests to his psychological fracturing: his visual disappearance symbolises his feelings of having lost his pre-deployment self.

The second transition – to the symbolic death images – figuratively represents the grief of loss and death. The flags and burial monuments, as in the examples from the previous chapter, stand in for the body that has perished – they articulate discourses of bravery, heroism and a sacrifice for their country. While such symbolic substitutions function in documentaries to legitimise combat through the removal of the physical body, the use of these within *Tribute* undermines these discourses. Rather than legitimise combat, these images visualise BadSnake's personal experience of having lost men during battle and the guilt he may have for still being alive while others have perished. Moreover, the depiction of crying families (with one image depicting a small child standing in front of a flag draped coffin) articulates the wider reach of trauma – the way in which the trauma of combat becomes 'taken over' by those left behind.

The following section, presenting images of dead and wounded Iraqi children, visualises the trauma of being asked to participate in ethically problematic acts, much like the footage of Iraqi corpses was included in *The War Tapes* by Scranton as a means to "moralise" and question war (Tait, 2009: 345). These images are intentionally shocking, visually confronting audiences in order to move the body to revulsion thereby

serving as a vehicle for publics to bear witness to the suffering of others. It is irrelevant whether BadSnake took the images, or whether what is visualised is what he actually witnessed; in choosing these images, these graphic representations become an expression of his trauma – not just what he may have seen but *how* he understands this tragedy.

The next section visualises the lasting physical effects that combat has on the body and the emotional toll that this has on the veteran and their families. It is unclear as to the full extent of BadSnake's physical injury, given only a single shot of BadSnake lying in a hospital bed during the second chorus and the latter disappearance of his body from the clip entirely. The stills depicting the numerous physical injuries do not focus on visualising BadSnake's own injury, but rather articulate a broader concept around what it *means* to be physically damaged – not just the lasting physical constraints, but the stigma and shame of being rendered physically incapable. The invisibility of his injured body in the latter part of the clip suggests BadSnake doesn't want to be seen, expressing his feelings of shame regarding his injury through pictures of severely injured veterans.

The final section focuses on coming home from combat, with the images of landscapes juxtaposed with combat images attesting to the inability to fit back into 'normal' life. The graphic scenes of corpses and blood soaked streets interrupt the serene and aesthetically pleasing images of country hillsides and city skylines. This "brutal splicing" of images functions to visualise the trauma of re-experiencing the event as nightmares and flashbacks (Luckhurst, 2008: 205). While the pictures of BadSnake's hometown serve to visualise his present, the graphic images of dead Iraqis that intrude show that his presence is in fact "frozen" in the past (Luckhurst, 2008: 205).[4]

Aside from the images themselves, the construction of the clip functions to move audiences to *feel* what it is like to be traumatised. The images shown are varied in their content, with abrupt cuts between images of dead children and crying soldiers asking audiences to constantly shift their emotional responses - from empathy, to revulsion, to sadness. The speed at which the images cycle, with over 140 images presented within the three and a half minute clip (with the longest section being thirty seconds) is visually

[4] Leading on from my account of the rupturing of images of BadSnake's hometown with graphic images of Iraqi casualties during the last section of this clip, I will explore the way in which aesthetics function to mimic the intrusive nature of traumatic flashbacks within chapter 5.

overwhelming for viewers, constructing a clip that cannot be cognitively understood in the first viewing. In this way, it mimics the overwhelming nature of the events experienced by traumatised witnesses and the way in which these cannot be contextualised in the first instance. The song itself compounds these feelings, with the minor key of the guitars constructing a sombre mood, while the heavily distorted guitars and throaty style of the singer puts the viewer in a state of unease: heavy rock music such as this has been used recently by the American military to torture prisoners of war held at Abu Ghraib for this reason (Smith, 2008). Ultimately, these factors contribute to overwhelm the audience, thereby creating a "crisis of affect" for the audience (S. Tait, personal communication, March 29 2013), in that they do not know *how* or *what* they *are* or *should* be feeling. Hirsch describes such an affective transferral as 'vicarious trauma, whereby the audience's responses mimic that of the witness whose point of view they are viewing though (2004).

The lyrical content of the song constructs the narrative of *Tribute*, and subsequently functions as an expression of BadSnake's traumatised subjectivity. The images of BadSnake pre-deployment during the introduction, framing him as happy and content, are disrupted by the lyric "the world will never be what I expected." This signals a shift to the combat images presented in the first chorus and alludes to BadSnake's assertion of his experiences in combat not being what he expected – an acknowledgement of the type of blindness created through the military's propagandist training. The segue to the crying soldiers elucidates the trauma of having lost a part of oneself through participating in these acts, underscored by the lyrics during the bridge: "The world we knew won't come back, the time we've lost can't get back, the life we had won't be ours again." Similarly, the chorus lyrics read:

> Even If I say, it'll be alright. Still I hear you say, you want to end your life. Now and again we try to just stay alive. Maybe we'll turn it all around, 'cause it's not too late. It's never too late.

The first half of the chorus expresses the loneliness, helplessness and suicidal thoughts felt by those suffering from PTSD. Yet the last half of the chorus provides a message of hope, echoing the sentiments expressed by BadSnake himself in the description of the video: "To all of the US vets out there, you are not alone and people just want to help"

(2009). The song lyrics become an expression of BadSnake's own subjectivity, revealing the trauma that he was not able to put into words himself, yet also renders BadSnake in a supportive role, making a gesture to other veterans that things can get better. Therefore, BadSnake's revelation as traumatised in *Tribute* articulates PTSD to civilians while also providing a framework for other veterans to acknowledge, and perhaps come to terms with, their own trauma. I will expand on these ideas in the section that follows, exploring the role of this clip as facilitating the sharing of post-traumatic identities.

Digital Communities: Sharing Stories, Constructing Identity

Plant defines an online community as "a collective group of entities, individuals or organisations that come together either temporarily or permanently through an electronic medium to interact in a common problem or interest space" (2004: 54). Plant continues that online communities function to allow publics to "reach out and connect to other human beings and secondly to obtain knowledge" (2004: 51). I argue that YouTube functions as an online community, specifically through the ability for YouTube account holders to post comments in response to video content and for the author of the video to reply to these. In relation to *Tribute*, comments generally portray shared experiences either from veterans themselves or from friends and family, or are used to leave messages of support and hope. Warnick and Heineman state that this kind of social-media interactivity functions to facilitate identification and suggest that this works "when an audience feels they share the same worldview and life experience as the rhetor" (2012: 96). Although Warnick and Heineman focus predominantly on the construction of a political identification within online outlets during the 2008 US Elections, such a definition acknowledges social media's ability to unite identities through shared experience or understanding and therefore the use of YouTube comments can be seen as a way for a post-traumatic identity to be shared.

In the first instance, *Tribute* functions to construct social knowledge surrounding combat as traumatic, and PTSD as a legitimate response to such an experience. Importantly, user comments attest to the success of the video in expressing the trauma of combat to civilian publics, with Hcliffbana stating that "[I] haven't been there but it helped me understand." Similarly, Lydpad thanks BadSnake for helping them to "better

understand our loved ones with PTSD" while 001009006008 expresses that "it helped me see a lot of what my boyfriend goes through." This shared sense of understanding results in numerous expressions of support for not just BadSnake but all veterans: "If I could shake your hand and look you in the eyes or give you a hug and try to make it alright I would. You're not alone" (Hcliffbana). Another poster, Dakota Brittanny, states the video has moved her to want to become a "nurse in the army." These responses are more than just supportive, but rather express a desire to act in response to Badsnake's suffering– to bear witness to it. In accepting bearing witness as an ethical hailing of the audience to not just see but to respond through speech or action (Tait 2009) online communities such as YouTube facilitate such practices.

Preece states that members of online communities help each other by "empathising about common problems and exchanging information about symptoms and treatment" (1999: 74). Although specifically concerned with online communities discussing broader medical issues, Preece's work suggests that online forums provide a space for individuals and families alike to share similar experiences through the comment threads (1999). Preece suggests that such shared experiences construct an empathetic framework that functions to encourage fellow sufferers to seek help (1999: 74). BadSnake's footage seems to serve as a precedent for others to follow, not necessarily by creating their own videos (although creating 'video responses' to existing videos is an integral part of YouTube) but by articulating personal experiences of combat trauma. That is, in revealing himself BadSnake invites others to do so too, as 2007albright and 93CFD do in the excerpts below:

> I feel like I lost part of me in iraq and I can't seem to find her anymore. The old me is lost forever and I am only left with this overwhelming guilt, nightmares and silent screams. It can't be erased no matter how many pills VA shoves down my throat. I will never be the same [sic] (2007albright, 2009).

> after 6 years of therapy, loads of medicine and years of depression, ive finally reached acceptance that ive got ptsd and tbi. i still have a lot of bad days but overall i dont hate life anymore. thanks again for your video and thanks for giving me a place to speak my mind [sic] (93CFD, 2009).

I argue that online communities can potentially facilitate open discussion more effectively than traditional individual or group therapy. Much of this can be attributed to the ease of 'revealing' oneself anonymously online through pseudonyms or avatars. As Song suggests, this anonymity allows individuals to "share their deepest, darkest secrets without risking their personal privacy. Their 'true selves' can be revealed, free from parochial judgements" (2009: 1). Thereby, online forums potentially become the first port of call for many veterans and their families to share their experiences.

As well as facilitating anonymous discussion a video such as *Tribute* exposes the creator as traumatised. For many veterans therapy is seen as futile as their therapists have not experienced combat themselves and therefore 'don't understand' their condition (Hoge et al, 2004: 21). In this way, Badsnake711's video may provide an alternative for veterans unsure of where to go. In a comment posted by 93CFD, he claims that "I just saw my va shrink this morning and she says I'm fine ... I disagree but who am I to say how I feel?" A later comment continues stating that "...my shrink is about worthless." Since being posted on YouTube in 2009, 93CFD has frequently commented on the video, sharing his personal experiences suffering with PTSD as above. Yet, more importantly 93CFD has responded to other comments, providing messages of support for those struggling with PTSD. For example, LadyD1464 comments: "Maybe it wouldn't be so hard for our friends and family to understand how we change from who we used to be [sic]". Through his response, 93CFD becomes a pseudo therapist by providing hope and support to other veterans:

> no, the friends and family never do fully understand ... i thought everything was cool until my hand tremors from the meds... now i feel like they are staring at me...its a tough road and if its not one thing its another... just remember that you aren't the only one at the party and that suicide is not an option...stay strong [sic].

While only individuals who have created a YouTube account have the ability to post comments in response to videos, the majority of content within the site can be accessed by anyone with Internet or mobile data capabilities. Therefore non-YouTube account holders can still engage with the comments, and while they may not actively contribute to the discussion themselves, the content of these comment threads may contribute to the understanding and construction of personal identities.

Yet, while the examples above provide a framework for YouTube as a forum for healing, some posters used the comment threads to disrespect returned veterans and even to question the legitimacy of their disorder. Comments posted by andrew94433 and marciasx010x respectively, represent this absence of empathy:

> Last time I checked all Americans soldiers are volunteers, so in your great wisdom, you willingly subject yourself to harm ... go figure ... ptsd? More like dumbshit syndrome dickheads [sic] (andrew94433, 2009).

> Words of Advice to all soldiers Overseas or @ home: 'Don't be a Fucking Pussy' PTSD is a fucking joke ... 2 tours in Iraq ... still not crying bring it JIHAD!!!...see if your Fabled Allah can save you from these 5.56mms!!!! [sic] (marciasx010x, 2009).

While online forums allow for constructive comments to create a shared post-traumatic space, YouTube is publicly mediated whereby comments are filtered by the amount of likes or dislikes they have rather than by a third party and therefore does not necessarily discriminate between productive comments and the ignorant and misguided opinion of posters such as andrew94433[5]. A less public forum such as the medical and health forums discussed by Preece (1999) or the PTSD forums for veterans only on military.com could be more beneficial in this respect. Yet the strength of YouTube lies in its huge audience-base and ease of access: it is inevitable that comments such as those above will be posted yet this does not diminish the significance of such sites in creating an online community. Importantly, posters can directly respond to these negative comments, as former military medic D. Sternberg does:

> "To masiasx010x; Nobody's a 'pussy' for serving proudly, sucking it up and driving on. TBI and/or PTSD isn't a choice. It's like any other battlefield injury and if you want to 'conserve the fighting force' so we can keep serving, it has to be treated. If you're a soldier then you know this is true or you're in deep denial and it will effect your unit effectiveness at some point. Drive on, but don't be an a-hole [sic]."

While the publicness of a forum such as YouTube can result in inflammatory comments like those above, the ability for these to be responded to legitimises YouTube's status in

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[5] The original poster of the video can delete comments made by others, or other users can report comments as 'spam or abuse.' But in the case of Badsnake711 reading such a comment could be destructive to his already fragile mental health.

constructing a community that connects veterans with one another and allows a forum for these veterans, and publics alike, to collectively discuss PTSD as a disorder.

Conclusion

This chapter has explored soldier-produced texts as personal performances of trauma. Pink's footage of combat in *The War Tapes*, the figurative expression of the veteran produced art in *Iraq, Paper, Scissors* and the pastiche of *Tribute to Soldiers Who Come Home With PTSD* are intrinsically linked to the veteran's body. Expanding on Peters' assertion that these texts function as "substitute eyes and ears" for the viewers, these personal performances place the viewer within a traumatic subjectivity as a means to *feel* trauma (2001: 707/711). In doing so, these texts attempt to remedy the communicative paradox inherent in testifying to an experience that they cannot describe in words. Therefore soldier-produced content can be acknowledged as a new form of testimony that contributes significantly to contemporary understanding of trauma. Yet these texts are relatively unknown compared to the popular televised current affairs shows of the previous chapter or the fictional fare of recent films and television series depicting traumatised veterans: *The War Tapes* and *Iraq, Paper, Scissors* are both independently-produced films while *Tribute to US Soldiers* has had a mere 74,000 views since being uploaded in 2009. Thus in the chapter that follows, I turn my focus to the popular television drama series *Homeland* and *Damages*, specifically exploring the way in which flashback scenes attempt to mimic traumatic affect within the viewer.

Chapter 5: Visualising the Invisible – Aesthetics of the Televisual Flashback

In the previous chapter, I proposed that soldier-produced texts place the audience within a traumatised subjectivity, allowing them to *feel* trauma through the use of conventions intrinsic to amateur media. The first-person perspective of Pink's footage in *The War Tapes* allows audiences to see *how* and *what* the eye-witness sees during combat, while the construction of the YouTube clip *Tribute to US Soldiers who Come Home With PTSD* – utilising emotionally overwhelming images, quick cuts between shots and sombre backing music – serves to overwhelm the viewer, mimicking the response of the witness whose point of view they are viewing through. In this chapter, I propose that the aesthetic and cinematic conventions intrinsic to television extend on the visualisation of the traumatic experience produced through amateur media. That is while amateur media succeeds in visualising traumatic experience – moving viewers to feel as those suffering from PTSD do (and thus potentially reconciling issues of representation caused by what Tait defines as a "crisis of affect" (S. Tait, personal communication, March 29 2013) – fictional television can go beyond the constraints of the body and visualise the symptomatic flashback that is understood as being where "trauma truly resides" (Luckhurst, 2008: 147). The flashback as a special kind of memory, existing as dissociated from the individual, is generally beyond recollection and thus remains concealed within the body. Yet the conceit of these televisual representations is that the flashback is experienced as if it were filmed, positioning the audience within the protagonist's subjectivity as they watch the memory that he experiences *as* he experiences it. Thus by visualising the internal, fictional television can potentially remedy the communicative problems that accompany those who suffer from PTSD.

Borrowing conventions from cinema, the televisual flashback has become increasingly prominent within contemporary television dramas as a way of representing traumatic experience. For example, the mini-series *Band of Brothers* (2001) depicted a veteran having a flashback to killing a German Soldier, while the more recent Australian drama series *A Place to Call Home* (2013) features a soldier deeply distressed by his flashbacks of combat, committing suicide as a result. In the *NCIS* (2012) franchise, a two-

part episode focuses on an Iraq veteran with PTSD who struggles to contain recurring flashbacks of an ambush that ended in the death of a squadron member. While critics of fictional media suggest that such spectacularised articulations of trauma could not "imagine the unimaginable" (Wiesel, 1989, xi, cited in Douglass and Vogler, 2003: 31), Luckhurst proposes that the visualisation of flashbacks within cinema pre-empted their acknowledgment in the DSM by decades (2008: 183). Fictional articulations of trauma have significantly influenced the conception of the disorder, and continue to shape the "psychological" and "cultural discourse of trauma" (Luckhurst, 2008: 13).

This chapter focuses on a close analysis of flashback scenes within the recent drama series *Homeland* and *Damages*. I first explore the way in which aesthetic and cinematographic conventions allow the viewer to see beyond the surface of the body and into the flashback whilst the eye-witness experiences it. This convention reveals a notion of trauma that is otherwise concealed. Then I explore Lifton's argument that the traumatic flashback – defined by Lifton as a "persistent command to see" (Lifton, cited in Caruth, 2008: 164) – is an unconscious attempt to place the un-grasped event within memory. Expanding on this claim, I propose that the flashbacks within *Homeland* and *Damages* are attempts to see beyond the militarial deceit that compounds and perpetuates both men's trauma. I conclude that cinematic techniques intrinsic to fiction succeed in mimicking the symptomatic and somatosensory responses that, as Caruth suggests, constructs and perpetuates trauma (1995) thereby "conveying the experience of the traumatised subjectivity" (Luckhurst, 2008: 178).

Flashbacks: Where Trauma Resides

Caruth defines trauma as an "overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena" (1996: 11). As the body and mind is so overwhelmed during the event initially, the event is unable to be "processed or experienced in the full sense" (Brand, 2008: 198), and thereby enters the body "without any mediation" (Caruth, 1996: 4). Given the eye-witness's cognitive displacement from the event, it is *only* within the flashback that the traumatic event exists and therefore *only* within the flashback that the veteran can be connected to the

event. Hence for Caruth the flashback is the "enigmatic language of untold stories – of experiences not yet completely grasped" (1996, 56, cited in Luckhurst, 2008: 186) – and is, therefore, where "trauma truly resides" (Luckhurst, 2008: 147).

Thus the flashback should be understood as "the most unique aspect of the PTSD diagnosis" (Green et al, 1985: 409, cited in Luckhurst, 2008: 147). Yet trauma theorists widely acknowledge that the importance of the intrusive image has been ignored within medical and psychiatric discourses (Brett and Ostroff, 1985, Luckhurst, 2008). Brett and Ostroff contend that there is a "neglect of imagery" within current clinical understandings of PTSD due to a failure to acknowledge the significance of the content of the flashback (Brett and Ostroff, 1985: 409/442). Such a claim is substantiated by the latent recognition of the flashback as a symptomatic response in the revised DSM-III-TR in 1987, 7 years after the official recognition of PTSD as a disorder (Luckhurst, 2008: 182). Understandably, the internalised nature of the flashback makes it difficult for psychiatrists and psychologists to observe and authenticate its existence: mental illnesses as a whole suffer from these issues, with those suffering from schizophrenia experiencing visual and aural hallucinations, while moods are experienced internally for those with bipolar and depression for example. Baldwin, William and Houts suggest that it is the necessity for clinical practitioners to have to 'infer' rather than observe trauma – as can be done with physical wounds – that leads many critics to dispute PTSD's existence (2004: 40). Moreover, the inability to "integrate or process the traumatic image" (Luckhurst, 2008: 147) deems it difficult for eye-witnesses to organise it "on a linguistic level" (van der Kol and van deer Hart, 1991: 442 – 443, cited in Luckhurst, 2008: 148). For others, the fragmented and intrusive nature of the flashback – compounded by the fallibility and malleability of memory – render its recollection problematic.

Luckhurst (2008) and Hirsch (2004) propose that these representational issues are remedied in part, however, through the "specific stylistic devices" employed within fiction – "mise en scene, montage [and] conventions for marking point-of-view and temporal shifts" (Luckhurst, 2008: 177) – that function to go beyond the constraints of the body and visualise this otherwise concealed aspect of trauma. Despite criticisms directed at fiction's ability to authentically represent trauma – with Holocaust survivor Eli Wiesel condemning any attempt to "imagine the unimaginable" on "screen" as

"profan[ing] and trivialis[ing] a sacred subject" (1989, xi, cited in Douglass and Vogler, 2003: 31) – other trauma theorists argue that it is precisely the cinematographic conventions and editing techniques of fiction that construct it as a "cultural form closely attuned to representing the discordances of trauma" (Luckhurst, 2008: 177). The cinematic flashback within the film *The Pawnbroker* (1965), the television movie *Sybil* (1977), and the post-Vietnam blockbuster *Rambo: First Blood* (1982), for example, construct the texts as post-traumatic spaces, exposing these characters as traumatised by revealing their concealed experiences. Similarly flashbacks in *Homeland* and *Damages* structure the optic through which the audience understands trauma, allowing the audience not only to observe the experience that 'triggered' the trauma, but to see beyond the surface of the body and into a traumatic memory *as* it is experienced by the eye-witness*. Homeland* follows Marine Sergeant Nicholas Brody (played by Damian Lewis) on his return to America after being incarcerated as a prisoner of war in Iraq for the past eight years. Suspected of being 'turned' by insurgent forces and potentially plotting an attack on home soil, Brody is surveilled by CIA agent Carrie Mathison (played by Claire Danes). Brody's first flashback occurs during a CIA interrogation in the episode 'Pilot' (Cuesta, 2011a) where questions concerning his incarceration result in a flashback to his torture. As the camera slowly closes in on Brody's face, the scene cuts to a naked Brody hanging by his wrists and surrounded by dark figures. He is then lowered to the floor, where another close-up depicts Brody's severely wounded face, before the camera exposes his captor, Abu Nazir, as if from Brody's perspective.

This flashback reveals the trauma experienced by Brody whilst in captivity while also exposing (in part at least) the complexity of his trauma: it visualises his relationship with Nazir (in contrast to his failure to acknowledge having met him during his interrogation) and alludes to the trauma caused by the death of Nazir's son Issa (which will be explored later on in this chapter). As the episode continues, a conversation with the wife of Marine, friend and fellow prisoner Tom Walker prompts Brody to re-experience Walker's death. His initial re-experiencing of the event is constructed through a shot-reverse-shot sequence depicting the vicious beating of Walker (seemingly by his captors) as Brody looks on. Yet as the flashback returns later during the episode, different shots and camera angles reveal that Brody himself beat Walker to death on the direct order of Nazir (Cuesta, 2011a); an act that traumatises Brody due to

his participation in killing his friend – a trauma that goes beyond the Perpetration Induced Traumatic Stress (PITS) intrinsic to combat that MacNair acknowledges as traumatising in itself (2002) – and the guilt of doing so to save his own life.

Season 4 of *Damages* introduces Chris Sanchez (played by Chris Messina), a veteran returned from duty with High Star, a private security firm contracted by the government to provide security to "high profile targets".[1] Sanchez struggles to come to terms with the deaths of three of his squadron on a supposedly 'routine' mission and hires Ellen Parsons (played by Rose Byrne), a lawyer and old school friend, to file a wrongful death suit against the company. Sanchez's initial flashback occurs at the beginning of 'There's Only One Way to Try a Case' (Kessler, 2011a). Having locked himself in the bathroom of a public bar Sanchez has a flashback to this previous mission, introduced by the increasing noise of gunfire. Sanchez is seen in full military uniform, clutching his weapon and seemingly ready to enter a building. The camera angles switch from being behind his shoulder, as if accompanying him on the mission, to close-ups of Sanchez's face. As the flashback continues (interspersed with scenes of Sanchez in the present), an off-screen voice is heard repeating the word "Sanchez" louder and louder (which through subsequent flashbacks is revealed to be the voice of one of the dying men calling out to him) (Kessler, 2011). Sanchez re-experiences this mission throughout the series, clearly linking his trauma to the death of the men: the grief he feels for his friends, his sense of failure as a leader and feelings of guilt as the lone survivor. Further, as will be explored later in this section, the repetitive nature of his flashbacks results from his inability to understand the events of that day: an unconscious attempt to see beyond his cognitive blindness into the political deception that constructed the event as a trauma.

These intrusive images expose the experiences that precipitated Brody and Sanchez's PTSD. Yet unlike Pink's real-time amateur footage in *The War Tapes*, these flashbacks visualise the dissociated way in which the traumatic event is initially experienced, and in turn, remembered. Given the cognitive shutdown of the brain during the event in order to "allow [the soldier] to function and do [their] job" (Kemp 2012), the experiencing of the event is dissociated from the event itself. Within the

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[1] 'High Star' can be seen as a front for real firm KBR, a company providing everything from weapons to food within the wars in Afghanistan and Iraq. Pink comments in *The War Tapes* about KBR's interest in making money and disinterest in human lives, defining Iraq as the "cheese war" because of this (2006).

documentary *Attitude: Hidden Wounds of War* (Black, 2012), veteran Adrian Nelson states that he experienced traumatic events during combat like they were "snapshots" or "whole scenes" from a movie. Here, Nelson acknowledges the ability for the eye-witness to experience a traumatic event as if from outside of the body. And if the event is displaced from the mind, then memory of the event (exposing itself through unconscious flashbacks) is, as the DSM acknowledges, also dissociated from the body (Veterans Affairs, 2013). The appearance of Brody and Sanchez within their respective flashbacks places the audience within the subjectivity of these men as they view their own trauma from outside of themselves. The third-person perspective in which these flashbacks appear is a cinematic convention for the representation of memories and serves to provide plot information for the audience. Remembrance occurs from the first-person, potentially framing this representation as inaccurate. Yet I argue that the third-person perspective authentically articulates the dissociative state in which the flashback is experienced.

Many critics argue that the inaccuracy of memory discounts it as authentically representing a traumatic event. Memory is understood as fallible and malleable by many critics, due to the gaps in cognitive knowledge suffered by the eye-witness and the influential nature of memory that can occur in retrospect, and thus insufficient in providing evidential proof (Loftus and Hoffman, 1989, Loftus, 1986, Hartman, 1995). Yet just as Laub understood the misrepresentation of facts within the Holocaust testimony (explored during chapter 1) as testifying to something beyond mere fact (Felman and Laub, 1992: 61 - 62), the fallibility of Brody and Sanchez's memory does not undermine the 'reality' of their trauma. Rather, it depicts the subjective and personal way in which these men experience (and are affected by) the event.

The Flashback: A Command to See

For Caruth the flashback functions as "an unintegrated, not fully conscious insistence of sight against the will and consciousness of the survivor" (Lifton, cited in Caruth, 2008: 164). Given the involuntary nature of the flashbacks and the traumatising nature of their occurrence (exemplified by Brody huddling in the corner and Sanchez's thoughts of suicide following their re-experiencing), many theorists propose that these

flashbacks occur as unconscious attempts to banish the event from memory (McNally, 2004: 1) or as a failure of active memory to terminate the event (Horowitz, 1976, 93 cited in Luckhurst, 2008: 148). Yet my understanding of the flashback is informed by psychoanalytic theory, whereby its occurrence is a "persistent command to see" (Lifton, cited in Caruth, 2008: 164). That is, the eye-witness *wants* to remember the traumatic experience as it is the gaps in cognitive knowledge that serve to compound and perpetuate it. And thus trying to remember is a process of trying to make sense of their experience in order to construct a coherent narrative.

Aside from representing the way in which it *is* memorialised, therefore, the third-person perspective potentially visualises Sanchez and Brody's unconscious attempts to retroactively *view* the event from a different angle in order to bring it into a cognitive present. For Sanchez and Brody, flashbacks serve a greater purpose than just a "command to see" (Lifton, cited in Caruth, 2008: 164) beyond the gaps of sight, knowledge and memory. Rather they function, as Lifton contends, as an attempt to "wake" the eye-witness "up" to the political blindness intrinsic to the way in which war is waged: that is, a "command to recognise the moral truth of atrocity, and the political truth of the deception that facilitated the war" (1973, cited in Caruth: 2008: 164). For Caruth it is the "manufacture of blindness, deceit and denial" that compounded the trauma of the Vietnam War (cited in Tait, 2011: 9), with Lifton contending that the Iraq War (and larger 'war on terror') mirrors the traumatic experience of Vietnam in terms of the wilful blindness it relies upon (1973, cited in Caruth, 2010: 169).

Daniel Ellsberg outlines the political deception of Vietnam in his 'Pentagon Papers' through an exploration of what he describes as the "stalemate machine" (Caruth, 2008). Over the course of the war each President neither significantly escalated nor fully withdrew from Vietnam through fear of losing the next election: "escalation would mean further loss of life, and withdrawal would mean acquiescence to communism" (Tait, 2011: 9). Instead partial escalation was chosen, even with the knowledge this would end in a stalemate, with the public deceived as to the reason for this decision. In the next phase, the small success caused through the slight escalation of troops –the temporary withdrawal of the enemy – was deemed as a sign of "impending victory" (Caruth 2008: 156) and used to justify the escalation in the first instance; a process whereby successive leaders reproduced self-deception. Drawing on Caruth, Tait states

that "if the traumatic event, in this case the Vietnam War, itself defies a sense-making frame because the rationale for it is based on deception; then that deception becomes part of the trauma, part of the inability to cognitively process the event" (2011: 9).

While Sanchez is clearly traumatised by the death of his squadron members – his affection for a photo of them together attesting to this – his trauma is compounded by what he describes to a therapist in the first episode as a mission "they never should have been on" (Kessler, 2011a). Thus his repetitive flashbacks are an attempt to *see* into the extent of military deceit that has occurred (yet that Sanchez is not entirely aware of). The true nature of the mission is revealed through a flashback in the episode 'There's a Slew of Ladies With Bad Things to Say About the Taliban' (Kesssler, 2011c) yet this time from the perspective of the man who instigated the mission, Jerry Boorman (played by Dylan Baker). While Sanchez understands the event as a routine mission to acquire enemy targets, Boorman's flashback reveals that it was undertaken for personal gain: to rescue Boorman's illegitimate Afghani child and take him back to the US. It is the sight of the boy in the aftermath of the deaths of his men (again visualised through Sanchez's flashback) that alerts Sanchez to this political deception, asking Boorman "who the fuck is this guy and what happened to my men?" Yet his displacement from the event as it was happening keeps him blind to the scope of the deception. Sanchez is so desperate to see beyond this blindness that when told by a commanding office that a suspected Afghan terrorist killed his squadron (Kessler, 2011c) he is more than eager to enact "false witness"[2] and return to Afghanistan. Sanchez's repetitive flashbacks, therefore, articulate a command to see (and to retroactively grasp) the deception that constructs his trauma.

While I have so far only explored the flashbacks to Brody's incarceration and his participation in the death of Walker, Brody's trauma is equally underscored by military deceit. Brody's experience, unlike Sanchez's, is not a deceit from *within* the US Military, but from an outside party. The episode 'Crossfire' (Nachmanoff, 2012b), narrated almost entirely through Brody's flashback, follows Brody after his incarceration as he takes on the role of teaching English to Nazir's son, Issa. As his flashbacks continue the audience sees the bond grow between Brody and Issa and his onetime captor, Nazir. Having

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[2] The retroactive justification of death by taking the life of another, which Lifton contends is exemplified by the My Lai massacre during the Vietnam War (cited in Caruth, 2008: 164)

turned to Islam, Brody teaches Issa how to pray, as well as teaching him soccer. Towards the end of the episode, a drone strike ordered by the US Defence Secretary, strikes the complex they live in killing Issa and hundreds of other civilian children (Nachmanoff, 2012b). Brody is understandably traumatised by the death of Issa; yet it is the deceit in which his death occurs that compounds his trauma. Specifically for Brody, it is the US Defence Secretary's failure to accept his role in the deaths of innocent children during a televised press conference:

> The images being broadcast on some news outlets around the world of the bodies of 83 dead children, allegedly killed in the strike, we believe to be false … created by the terrorists for propaganda purposes (Nachanmoff, 2012b)

His trauma manifests as anger towards the US. Defence Secretary for participating in what Brody deems as "war crimes," constructing his own willingness to enact 'false witness' against the Defence Secretary – failing in his first attempt but succeeding in Season Two when he eventually kills him after tampering with his pacemaker. What I find intriguing about Brody's trauma is that it is his sight – his awareness of the political deceit inherent in the drone strike – that frames his trauma. Yet his flashbacks can still be acknowledged as a "command to see" (Lifton, cited in Caruth, 2008: 164): a command to *continue* to see the events, to not forget them as a means to keep the memory of Issa alive. Brody's flashbacks equally become a "command to see" (Lifton, cited in Caruth, 2008: 164) for the audience, allowing them to bear witness to such deception.

Mimicking the Traumatic Subjectivity: Partial Seeing and Partial Knowing

Aside from exposing the initial trigger to Brody and Sanchez's trauma (and the more complex political blindness that perpetuates it) the flashback also visualises the traumatising nature of re-experiencing the event itself: the intrusive, repetitive, fragmented and dissociative experience (Turim, 2001: 207) that for Caruth is more than just symptomatic of trauma, but rather constructs and perpetuates it through "possession" of the body (1995: 4). The televisual flashback functions to "convey the experience of the traumatised subjectivity" (Luckhurst, 2008: 178) through cinematic and aesthetic conventions that mimic these symptomatic responses: the abrupt cuts between images that serve to overwhelm the viewer or their intrusive appearance that

disorientate and fragment the audience's gaze for example. In doing this, flashbacks in *Homeland* and *Damages* successfully mimic the 'partial seeing' (and thus 'partial knowing') intrinsic to both the experience of the initial event and its haunting return as a flashback.

Flashback scenes in *Homeland* and *Damages* articulate the "experience of the traumatised subjectivity" (Luckhurst, 2008: 178) by visually overwhelming the viewer. Black contends that what is central to the articulation of trauma within contemporary visual media is the representation of 'reality' and therefore no image (however gruesome) must be "left unseen" – a process he defines as the "graphic imperative" (2002: 10). Thus, the inclusion of visually confronting images within Brody and Sanchez's flashbacks – such as scenes of Brody being tortured and forced to beat his friend Walker to death, or the wounded body of one of Sanchez's men – serve to move the audience's body to revulsion, thus mimicking the affective response of Brody and Sanchez themselves during the event.

The aesthetic and cinematic conventions used to establish the scenes as flashbacks further overwhelm the viewer. The respective flashbacks are both constructed using desaturated colour and grainy film stock. Aside from coding them as occurring in the past (and thus visually differentiating them from the linearity of the rest of the storyline) the sepia colouring contrasts with the vividness of the blood within these scenes thereby emphasising its graphicness. The accompanying soundtracks for both Brody and Sanchez's flashbacks attempt to induce feelings of tension and unease in the audience. Sanchez's is introduced by sounds of gunfire, immediately placing the audience in a state of unease, with the majority of the soundtrack comprised of Sanchez's own heavy breathing and the off-screen voice repeating the word 'Sanchez' (Kessler, 2011a). Brody's flashbacks to his incarceration and the beating of Walker similarly move the viewer to feel tense (Kessler, 2011a) with Brody's screams of anguish and panic respectively rupturing the otherwise complete silence. Moreover, the intrusive and rapid nature in which graphic images appear in Sanchez's flashback (with one scene cycling rapidly between images of a blood-soaked wall, an anonymous flesh wound and a close-up of a dead soldier) as well as continuous perspective changes (with the camera shifting between close-up shots of his face, shots taken from behind his

shoulder and those that mimic Sanchez's gaze (Kessler, 2011a)) combine to create a scene that is visually overwhelming and thus cannot be processed by the viewer initially.

Therefore while Ellis contends that the camera allows a new form of witnessing, whereby the audience can see "from more angles, closer and further away, in slow and fast motion, repeated and refined" (2000: 11), he qualifies this by stating that this "seeing is equally a partial seeing, constructed from fragments of larger testimonies and segments of longer shots and sequences" (2012: 126). That is, while the camera allows the viewer into the body to view the traumatic re-experiencing of the event, the abrupt, intrusive and "brutal splicing of images" (Luckhurst, 2008: 205) disrupts their gaze, mimicking the way in which the event – and its intrusive reoccurrence - is only partially seen by the eye-witness. Sanchez's initial flashback occurs abruptly – "unsignalled by either voice-over or transitional dissolve" (Luckhurst, 2008: 180) – intruding on the viewer's gaze (as it does Sanchez's) and immediately taking the audience off guard. Such a sudden visual intrusion mimics both the speed at which a traumatic event occurs within combat *and* its abrupt appearance (against the will of the eye-witness) as a flashback. The audience's gaze is switched to a disorienting scene (against their will) where they are given no context as to why they are seeing it and, in doing so, their lack of cognition becomes a barrier to their *sight*. The images that make up these flashbacks reinforce this partial seeing: as well as abrupt transitions between images (allowing the viewer minimal time to view them) the images are cropped and often separated in time, thereby concealing as much as they expose. The audience is positioned within a dissociative memory that can never be fully *seen* and thus constructs the viewer as partially sighted.

As explored earlier, both Sanchez and Brody's flashbacks occur as unconscious attempts to *see* beyond their blindness, both in a cognitive sense and as a means to "wake up" to the political deception that compounds their trauma (Lifton, cited in Caruth, 2008: 164). Moreover, their very appearance – and the repetitive structure of Sanchez's in particular – articulates the way in which this inability to *see* the event (and thus make sense of it) leaves the eye-witness frozen in time (Luckhurst, 2008): unable to leave the past behind and therefore unable to live entirely in the present. This state of traumatic limbo (one that perpetuates and compounds their PTSD) is constructed through the cinematic flashback that "abolishes time and reimmerses you in the visual

field of the inaugurating traumatic instant" (Luckhurst: 2008: 147). The appearance of Brody and Sanchez's flashbacks suspends the present narrative placing the audience within a disjointed sense of time and place. The audience exists both within Brody and Sanchez's present *and* past (and thus their cognition is split between these two states) thereby mimicking the "disintegration of the memorial self" (Luckhurst, 2008: 205) suffered by PTSD sufferers who are unable to place the traumatic event within a *present* memory.

Moreover, the narrative structure of *Damages* as a whole functions to disrupt the chronological 'knowing' of the audience through the use of flash-forwards. The season is introduced in the episode 'There's Only One Way to Try a Case' through a flash-forward, known by the audience as such only retrospectively: a long, slow motion shot follows a young Muslim boy as he makes a sandwich, then walks through an unknown house, enters a room and presents it at the feet of an unknown soldier (Kessler, 2011a). Aesthetically and cinematically similar to Sanchez's flashbacks – using saturated colouring, abrupt jump cuts, camera angles that partially reveal and are shot from a perspective that shifts between third-person and point-of-view – this flash-forward continues to intrude on the narrative until the end of the season, ultimately revealing Sanchez's capture by Boorman.

Aside from revealing a further level to Sanchez's complex trauma, the introduction of the flash-forward further fragments the viewer's sense of time and place, asking them to exist within a narrative past, present and future. Thus, as Luckhurst suggests, the fracturing of "linear temporality" – presenting plots "backwards, in loops or disarticulated into mosaics that only retrospectively cohere" (Luckhurst, 2008: 178) – serves to further disorient, overwhelm and confuse the audience, mimicking the fragmentation of Sanchez's subjectivity as a result of his PTSD. For David Lynch, director of 1990's television drama series *Twin Peaks* – acknowledged by Luckhurst as a series exploring trauma in a broader sense (2008: 200 - 202) – it is the longer runtimes intrinsic to television (with a series such as *Homeland* appearing over twelve 50 minute episodes) that allows this "narrative time" to be "slow[ed] down and open[ed] up" (cited in Luckhurst, 2008: 199). Such a claim does not frame film as unable to represent trauma through flashbacks: Ashuri's exploration of flashbacks in the film *Waltz With Bashir* (2008) – an animated documentary which follows the director Ari Folman, a

veteran of the 1982 invasion of Lebanon, as he interviews fellow veterans in order to reconstruct his own memories of conflict – provides a compelling argument to the contrary, for example (2010). Yet given that PTSD is categorised as increasing in severity over time (Veterans Affairs, 2013) television's ability to tease out the flashback over a series that lasts months (or even years) adds a temporal dimension to television that film can only gesture at. Thus fictional television can effectively articulate the sense of fragmentation – both cognitively and personally – experienced by PTSD sufferers.

Sobchack suggests that these aesthetically rendered affective symptoms "invite spectators to see, hear and experience" trauma *as* the character they see on screen and thus facilitate "affective mimicry" within the audience (Sobchack, 2004: 117). I do not wish to suggest that the act of media witnessing is traumatising in itself, although some theorists contend that exposure to affective material can produce such a phenomenon (Hirsch, 2004). Rather, this "affective mimicry" (Sobchack, 2004: 117) provides support for theorists who suggest that fictional portrayals of trauma can facilitate acts of bearing witness (see Ellis, 2012 Palantinga, 2009). Such a claim is highlighted through a fan post on an internet message board about *Homeland*:

> Homeland is able to make me sob and tremble just by thinking of a couple emotional scenes ... throughout the seasons I did become Carrie and Brody and Saul and Dana and felt all their distresses and emotional struggles respectively so it was painful for me [sic] ... (methfairy, 2013).

If bearing witness is contingent on a response from the audience in relation to images of suffering "and to *share* the responsibility for an event [my emphasis]" (Tait, 2011: 1227), then Methfairy's assertion that she "felt" the suffering of the characters – and thereby 'became' them – suggests such a response. Such a process is facilitated through the way in which television shows hail the audiences to emotionally engage with the well-being of the characters: a response that Dant acknowledges as a celebration of a shared, "collective conscience" (2012: 158). Such emotional engagement occurs holistically as a consequence of the serial nature of television, whereby a character can be developed over multiple episodes and seasons allowing audiences to become invested – and connected – to the characters over time.

Yet Dant questions television's ability to facilitate acts of bearing witness, arguing that television is designed to "entertain, amuse [and] stimulate" and thus the "aesthetics of televisuality enable individual programmes to raise moral issues without resolving them, leaving the viewers with an ambivalence that would be unsettling if the pleasure of the imagery were not so satisfying" (2012: 87). Dant's claim aligns with Rothe's argument that television spectacularises trauma, constructing trauma as something that is merely *seen* rather than allowing audiences to respond meaningfully (2011). Understandably, fiction's ability to facilitate action beyond that of empathetic and affective engagement is limited given that images of suffering are fictionalised portrayals and therefore cannot necessarily be linked to a specific event or eye-witness. For Frosh, however, the ability for a text to facilitate acts of bearing witness relies not on its production by a literal eye-witness: rather, that the "origin of the discourse" is linked to an "actual world" (2006: 274 -276). Although Sanchez and Brody are fictional characters, their experiences of combat, incarceration and political deception are discourses that occur frequently within veteran testimonials throughout history, while the aesthetic rendering of their flashbacks align with clinical discourses surrounding how they are experienced. Luckhurst proposes that "cinematic narratives don't just mimic but help organise popular conceptions of what trauma does to subjectivity" (2008: 208). Thereby fictional television dramas, exemplified by *Homeland* and *Damages,* should be acknowledged as providing representations of trauma just as significant as texts that can be linked to a literal eye-witness, and thereby facilitate acts of bearing witness.

Conclusion

This chapter has focussed on a close analysis of flashback scenes within the fictional drama series *Homeland* and *Damages*, proposing that the aesthetic and cinematic conventions available to the genre functions to allow the viewer to see beyond the surface of the body and into the flashback as it is experienced by the eye-witness. In doing so it reveals a notion of trauma that is otherwise concealed, thereby refuting the claim by critics that fiction cannot "imagine the unimaginable" (Wiesel, 1989, xi, cited in Douglass and Vogler, 2003: 31). Sanchez and Brody's flashbacks also function as a

"command to see" (Lifton, cited in Caruth, 2008: 164), supporting the psychoanalytic theory that the flashback is an unconscious attempt *to* remember rather than the re-experiencing of a repressed memory. Lastly, the way in which cinematic conventions mimick the experiencing of the flashback itself – intrusive, sudden, overwhelming and dissociative – succeed in "conveying the experience of the traumatised subjectivity" (Luckhurst, 2008: 178). It is only through fiction that such a symptomatic response – one that is acknowledged as being "where trauma truly resides" (Luckhurst, 2008: 147) – can be adequately represented. The genre should be acknowledged as providing authentic articulations of trauma that, given the popularity of such shows as *Homeland* and *Damages*, serve to construct social, political and cultural understandings of the disorder.

Conclusion: Reconciling the Paradox of Traumatic Representation

"[War] is about the betrayal of the young by the old, idealists by cynics and finally soldiers by politicians. Those who pay the price, those who are maimed forever by war, however, are crumpled up and thrown away" (Hedges, 2003).

This thesis has argues that the ethical, political, and historical complexities that construct and perpetuate combat trauma render it distinct from the current categorisation of PTSD in the DSM. Through an exploration of academic, psychiatric and contemporary media texts, I have proposed that combat is inherently traumatic – due to the occupational expectation of killing and the betrayal of soldiers that occurs, as Caruth suggests, because of political 'blindness, deceit and denial' (2008) – and *must* be recognised as such. Yet the DSM continues to define trauma as an abnormal response experienced by victims, thereby refusing to acknowledge the trauma intrinsic to perpetrating violence and absolving the military from taking responsibility for their part in the collective trauma of millions of veterans historically. Framed as an authoritative nomenclature for the categorisation of mental illness, the DSM influences how PTSD is understood culturally by informing public knowledge of the disorder, and thus can be seen as serving an ideological function. The production of combat-related PTSD as 'wrong' legitimises the act of war by deeming it an individual response. In doing so, as Kristof explains in an opinion piece for the New York Times entitled *A Nation's Shame*, soldiers are betrayed by institutions that are ostensibly there to help them:

> We refurbish tanks after time in combat, but don't much help men and women exorcise the demons of war. Presidents commit troops to distant battlefields, but don't commit enough dollars to veterans' services afterward. We enlist soldiers to protect us, but when they come home we don't protect them (2012b).

Yet this thesis found that while psychiatric and political discourses continue to betray veterans, contemporary media texts provide myriad discourses that contest and challenge these predominant discourses. Authentic representations of trauma were found within televisual and soldier-produced formats, refuting post-Holocaust claims

that render trauma as unrepresentable (Wiesel, 1989, cited in Douglass and Vogler, 2003: 31). I argued that such articulations expose otherwise concealed notions of trauma publicly, allowing publics to bear witness to suffering and, thus, potentially influencing contemporary knowledge of the disorder.

The literature review in chapter 1 explored differing knowledge claims made across these different domains in regards to their ability to authentically represent trauma, and outlined the contested definitions of trauma that exist as a result. This review did not attempt to disentangle the discursive knot (Rothe, 2011) produced by such deliberation, instead proposing that there are a multitude of representations that render trauma as *difficult* to define rather than impossible: due in large part to the inability for the trauma to be 'known' by the sufferer in the first instance (Caruth, 2008, Ashuri, 2010, Luckhurst, 2008, Brand, 2008) and the barriers that burden its articulation through traditional modes of language (Ashuri, 2010). Of particular significance within this review was the examination of technological advancements that have allowed eye-witnesses to capture their experiences on camera. These serve as visual testimonies for publics, potentially re-authorising the image as a source of proof, and legitimising the mass media as producing representations that can be borne witness to.

Chapter 2 explored PTSD as a discursive concept within historical and current psychiatric and military texts. I argued that the current categorisation of PTSD within the recently published DSM-V continues to encompass a multitude of traumatic responses that undermine the combat-specific diagnosis of 'Vietnam Syndrome' proposed by Lifton and Shatan before PTSD's inclusion in the DSM-III (1972, cited in Luckhurst, 2008). While my argument did not exclude non-combat related experiences from producing traumatic responses, I contended that the expansion of categories constructs a disorder that is so broad that it contributes to questions surrounding the validity and legitimacy of PTSD as a whole. Further, the revised definition still fails to acknowledge the specific trauma of combat as an occupation, instead continuing to recycle the trope of the traumatised victim. The case study of veteran testimonies – gathered from interviews within contemporary current affairs shows and professionally-produced documentaries – was used to provide evidence for the re-conceptualisation of PTSD clinically. These testimonies exposed the complexity of

combat trauma, framing these men as victim *and* perpetrator, outlining the multitude of 'triggers' – from torturing the enemy to being physically injured during combat – and representing the diverse ways in which the disorder manifests in combat veterans.

Expanding on the findings from the veterans' testimonials, chapter 3 provided an in depth examination of current affairs programmes and professionally produced documentaries. While these texts attempted to present discourses that challenged the ways in which PTSD is publicly understood, these genres ultimately suffered from production and ideological constraints that undermined their representation of trauma. The visualisation of the amputee body recycled discourses of heroism, patriotism and bravery that served to legitimise American presence in Iraq and Afghanistan. Moreover, genre-specific conventions served to insulate viewers from acts of bearing witness (Frosh, 2006: 281):Lisa Ling's *Invisible Wounds of War* presented a recovery narrative that required no responsible action; Ross Kemp's *The Invisible Wounded* hailed audiences to take pleasure in the suffering of others; while the presence of a host displaces audience engagement from those they are attempting to represent. Thus, this genre, as Rothe (2011) contends, spectacularises trauma thereby undermining the psychological cost of war. Problematically, the popularity and wide-audience reach of these shows renders them as influential in the construction of social, cultural and political knowledge.

Yet chapter 4 asserted that the political and ideological agendas intrinsic to those who own and produce the texts examined in the previous chapter can be potentially reconciled through soldier-produced content. My analysis of three contemporary witnessing texts – the independently produced documentary *The War Tapes*, the documentary short *Iraq, Paper, Scissors*, and the YouTube clip *Tribute to US Soldiers That Come Home with PTSD* – proposed soldier-produced texts as traumatic performances that allow veterans to provide personal accounts of their own experiences. The formats in which these were articulated, I contend, allow these veterans to potentially circumvent the "crisis of affect" that otherwise burdens communicative attempts (S. Tait, personal communication, March 29 2013). The helmet-mounted footage of combat in *The War Tapes* depicts combat *as* experienced by soldiers, thereby representing trauma without the need for verbal language. Similarly, the veteran-produced art in *Iraq, Paper, Scissors* utilises figurative techniques – colour, shape, form – as well as irony in their

articulations of trauma. Both texts expose discourses that challenge war as a cultural construct, and question the treatment of soldiers and veterans pre and post-combat. Lastly, *Tribute to US Soldiers That Come Home with PTSD,* a multisensory pastiche constructed from borrowed and owned images and combined with music and lyrics from a rock song communicates the trauma that the creator felt he could not otherwise "describe" (Badsnake711, 2009). Further, I contend that the editing techniques utilised serve to overwhelm the viewers' sensors and thus partially mimic the symptomatic responses experienced by those in combat. I concluded the chapter with an analysis of YouTube user comments, arguing that the communication of trauma online serves to construct a community where veterans and publics alike can be connected, and potentially allow veterans to acknowledge (and come to terms with) their own trauma. With the increase in social media and online forums, further research should be undertaken on military-specific sites such as military.com and the recently created New Zealand website ptsdyouarenotalone.org.nz.

Extending on the claims made as to the ability for mediated content to place the audiences within the veteran's body, chapter 5 explored the ability for fictional flashback scenes to "convey the experience of the traumatised subjectivity" (Luckhurst, 2008: 178). Through an analysis of flashback scenes in the two television series *Homeland* and *Damages,* I proposed that aesthetic and cinematic conventions succeed in allowing the viewer to see beyond the surface of the body and into the flashback that is understood as being where "trauma truly resides" (Luckhurst, 2008: 147). Importantly, I contend that these televisual renderings serve to mimic the symptomatic responses experienced by the sufferer and thus place the viewer in "experience of the traumatised subjectivity" (Luckhurst, 2008: 178). Regardless of their status as fictional texts, these flashback scenes are based on extensive psychiatric research and align with the DSM's categorisation of how these intrusive images are experienced. The success of such representations to enable practices of bearing witness, exemplified through online fan-based posts, renders fictional television as providing authentic representations of trauma.

While this thesis has focussed predominantly on US and UK soldiers and veterans suffering from PTSD, combat trauma is an issue that is increasingly significant within New Zealand military culture. Statistics suggest that the suicide rate within the New

Zealand Defence Force (NZDF) has risen to five in the years 2012 – 2013, up from five between 2004 and 2011, with seven attempted suicides recorded in 2013 (Fischer, 2013). This increased suicide rate is not surprising given the horrors faced by troops during New Zealand's decade-long presence in Afghanistan, culminating in the deaths of 10 NZDF personnel (Fischer, 2013) and deployments in other areas of conflict such as East Timor, Sinai and Lebanon (Army NZ, 2014). Yet in the face of such statistics – exemplified by Corporal Douglas Hughes' suicide in 2012 whilst serving in Bamiyan – overseas deployments are dismissed by Lieutenant General Rhys Jones, the Chief of Defence of the New Zealand Defence Force, and Defence Minister Jonathon Coleman as having no relation to the increased suicide rate within the New Zealand military (Fischer, 2013).

The heightened rate of New Zealand soldiers taking their own life aligns with the global trend of increased veteran suicides, whilst the military's failure to acknowledge combat's role in the construction of traumatic subjectivities mirrors dominant political and psychiatric discourses disseminated globally. Thus Stephen Shamy, the general manger of the Christchurch based Rannerdale Veteran's Hospital and Home, suggests that the crisis of care for veterans extends beyond the US and UK: "We know there are problems for returning personnel and we don't believe that mainstream psychological health services truly understands modern PTSD. The Government is not doing enough to look after our war veterans … We need to realise that if we're sending soldiers to places like Afghanistan and Sinai that we're putting New Zealander's in harm's way" (Bayer, 2012). The conclusions drawn within this thesis should be used to re-conceptualise current psychiatric models of PTSD, to make the military think about the moral, ethical and political ramifications of war and to expose to veterans and publics alike channels through which trauma can be authentically represented.

While the complexity of combat trauma requires specific attention, the conclusions drawn within this research are equally significant to a broader understanding of trauma and PTSD. Despite my proposition regarding the necessity for combat related PTSD to be recognised (and diagnosed) as a distinct phenomenon, the conclusions regarding the imprecise and problematic definition of PTSD as a mental illness extends to all trauma sufferers: from those affected by the Christchurch Earthquakes, to the thousands of Iraqi and Afghani families whose lives have been torn

apart as a result of over a decade of war. Trauma, however it manifests, should be recognised as a normal response to an abnormal experience, and thus the current categorisation of PTSD as a disorder needs revising: otherwise, those who are affected by trauma will continue to be understood as 'wrong', fighting against stigmatism and ignorance for adequate care and treatment. I propose that the DSM categorises all mental illnesses as such, constructing a divide between 'right' and 'wrong' behaviours as a way of dominating and oppressing these individuals (Hook, 2007: viii). In a perfect world, mental illnesses would be recognised like a virus – a foreign invasion of the body against the will of the occupant. Yet I concede that the DSM is (at least in theory) an attempt to define these afflictions in order to manage their treatment. Contemporary media texts can be used to undermine and challenge these oppressive discourses, to give voice to otherwise unheard voices and to normalise articulations of mental illness.

This thesis has constructed a framework for the re-conceptualisation of combat-related trauma, proposing that the DSM should recognise the inherent trauma of combat as an occupation (specifically the act of killing) and the political betrayal of veterans that perpetuates and compounds it. In acknowledging that the articulation of such discourses would construct war as morally and ethically unjust, however, representations through contemporary media texts are posed as vehicles through which trauma can be authentically represented, and thus challenge the political and ideological discourses that predominate. While discourses present in current affairs shows and professionally produced documentaries are seen as generally flawed, spectacularising trauma rather than facilitating acts of bearing witness, soldier-produced content – in the form of raw video, art and digital pastiche – as well as fictional renderings of the symptomatic flashback have been shown as producing authentic representations of trauma. In doing so, they help to construct social and cultural knowledge of PTSD (both for veterans and publics alike) facilitating acts of bearing witness by placing the audience within a traumatised subjectivity. By revealing themselves as traumatised, other veterans can begin to understand their own disorder as normal and attempt to reconcile their own experiences. Moreover, such traumatic expression serves to allow traumatised veterans to reclaim themselves as a subject (Oliver, 2001: 7) and is influential in the processes of healing and recovery (Hesford, 1999, Gilmore, 2001, Shuman and Bohmer, 2004, Visvis, 2010, Bosmajian, 2009, Collie et al, 2004).

With the suicide rate amongst returned veterans continuing to climb (Seal et al, 2007, Huff, 2012) and the US facing an influx of psychologically damaged soldiers from Iraq at the end of 2014, the conclusions drawn and arguments made within this thesis are timely. Predominant discourses surrounding PTSD must continue to be contested and challenged and this thesis provides a much needed framework for the re-conceptualisation of the disorder. In asserting contemporary media texts as vehicles through which trauma can be authentically articulated, I challenge pre-conceived notions of the unrepresentability of trauma. In doing so I provide a constructive alternative to such claims: one that renders media representations as significant to public understanding of PTSD, and equally allows veterans to acknowledge themselves as traumatised. My exploration of new technologies and communicative forms that allow soldiers to produce their own expressions of trauma, as well as contemporary televisual representations, has touched on previously overlooked areas that require further development.

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