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PSYCHOANALYSIS, VETERANS, AND THE PROBLEM OF THE REAL: OR, ON WAR AND ENUNCIATION

Psychoanalysis best fulfills its function when it looks "under the couch" at the patients that the mental health establishment in the United States finds itself unwilling or unable to establish a relationship with. It comes as no shock that the system of mental health care in place for veterans of America's wars is quite dire; and indeed, is itself a system that gives precious little in the way of dignity to its subjects, or those it subjects itself to.

Men and women who have served their country in the Global War on Terror (GWOT) now find themselves plagued by war neurosis, traumas, and difficulty reintegrating into civil society; or with civilian partners that may not love them in the way they desire to be loved. Many seek the artificial sleep of narcosis-drugs which in many cases are doled out in handfuls by the Veterans Administration eager to put this problem to rest. Others still seek the permanent sleep of suicide, and to dream no more of war. The principle works of Freud and Lacan may answer the question of how psychoanalysis can intervene in the veterans' mental health crisis in the U.S., and what possibility for a new relationship exists.

Signifiers of War

One cannot have a discourse (*speaking of*) without someone to speak to. The GWOT is the first protracted war in U.S. history not fought through conscription. Instead, this is a war fought by men and women who have voluntarily agreed to serve their country and give up their lives; metaphorically, and often literally. Less than one half of one percent of the current U.S. population has served in the GWOT. Of those who return home after their service, many report feelings of social alienation and isolation. Their friends, family, and lovers no longer understand them. They speak a different language now-a language full of acronyms: GWOT, FUBAR, FNG, AFPAK, BCD, BCG, DFAC, EOD, IED, etc. Not just a different language, but an entirely different discourse itself, with different structures and nuances. This separate discourse extends beyond the length of military service, into the homecoming of these men and women. The statistic that twenty-two veterans a day commit suicide is central to the discourse around veterans' mental health. This statistic is also disputed; as to whether the actual number is more or less than twenty-two, as well as what other factors besides military service may have contributed to the suicide. Nevertheless, by being spoken, it defines the discourse in this country, and the discourse of many veterans' themselves.

"Hysterics suffer mainly from reminisces," Freud declared, and we could argue that many veterans suffer the same, though they are not all hysterics. This phantom pain comes from the memory and the fear of a thing the patient could not say in the past. Free association is a road to the unconscious where that which cannot be spoken resides. Though we say they fight for freedom, these men and women who served are not free to speak freely in the U.S. about

their traumas, or war neurosis. The place they can be free to speak then, is the psychoanalyst's couch.

In the discourse around the veterans' mental health crisis, there is much that cannot be said. There are things veterans cannot speak of in society, or in the psychotherapeutic clinic. There are things that society cannot speak to these veterans, or about them. Indeed, we could say that many consider these service members unspeakable themselves, and reject them from the community, leaving many unable to return home or even speak about which direction home may be.

Lacan wrote in the *Ecrits* that we are Subjects, and as Subjects we are slaves to language. The Subject "is still more the slave of a discourse in the universal moment of which his place is already inscribed at his birth, if only in the form of his proper name." The discourse names veterans as separate, as the Other to civilians.

We must, for a moment, allow a digression into politics. Fifteen years ago, the desire of the American people (or at least their government) was to fight a war in the Middle East to avenge an act of terrorism. That war is still going on today, and men and women continue to voluntarily inscribe themselves into the service of our country to fight and die.

The Signifiers given for the service members' submission to the Law are of a wide range and vary from individual to individual, much as they do in the clinic. The Signifier matters less than the Signified, in that they are now a servant of the United States. In a country where only a small percentage of the population serves, we see the Lack of social relationship. There is precious little spoken to bridge the two discourses, though the Signifier of service insists on being recognized through the repetition of "Thank You for Your Service." It is the role of the psychoanalyst to allow the analysand to speak, and in speaking decipher their unconscious through dreams, slips, jokes, wishes, and phantasies. This is done via the method of free association, in which the patient says whatever should come to their mind in session, no matter what it may be. Thus, those who "fight for our freedom" to speak freely may best be treated through their speaking of the freest speech possible.

The veterans of the GWOT, perhaps more so than any (O)ther war, have a distinct lack of social link upon their return home, due to the gulf of the civil military divide. Through psychoanalytic treatment, a new relationship, or *relgio*, is created-one that is so desperately needed for this generation of post-9/11 veterans. Standing apart from more conventional trauma therapies, psychoanalysis creates something new, rather than takes away.

It is not the position of the analyst to judge, or to act on some knowledge, but to listen, and to be eager to hear more. The desires of the analyst is to listen, not to command, or offer a proscription or prescription. It is in this way that the desire of the analyst to hear what cannot be said allows for new possibility.

War neurosis in the Global War on Terror

What is this unspeakable trauma that baffles clinicians today? Freud first observed what he called war neuroses during the first industrial slaughter of the First World War when mass conscription was still the rule of the day. The entire able-bodied male populations of the Allies and the Central Powers were mobilized to kill each other for the glory of their fatherlands. This mass mobilization also included physicians of many nations, among them psychoanalysts. As technology and new ideas were disseminated

across the battle lines, so was psychoanalysis, which spread like the plague.

During the war, many soldiers were observed taking what Freud called "a flight into illness," the symptoms of which are very similar to the traumatic reactions observed among veterans' today. The conflict which distinguishes war neurosis from peacetime neurosis originates in the ego. A soldier's "peace ego" (who he was before) and "war ego" (who he became after being exposed to a traumatic event in the war) came into conflict during the course of, or after the war causing a symptom to become acute. Again, these symptoms are much as they are described today-flights of terror, fright, rage, and anxiety which can manifest during or after the war. The peace ego enacted a demand on the war ego to withdraw from active service, and sometimes life, in order to avoid the terror in the Real it could not make sense of. Young men went off to serve their country; ambitious and full of hope, but were soon overwhelmed by unconscious forces, rather than the enemy. The way these symptoms were treated were only a little better that they are today-via electric shock administered in state hospitals. Governments wished to shut the door on their veterans' problem as quickly as possible. Freud and other analysts petitioned the Austrian government to cease shock therapy as a treatment. Its effects were not long lasting, inhumane, and often resulted in the suicide of the patient. Freud believed that with the end of World War One, war neurosis would disappear as the guns went silent. This was not to be the case, however.

One of the most significant concepts in Freudian thought that comes into play in the discourse around veterans' mental health is the pleasure principle, directly influenced by Freud's clinical work with veterans following the war. The particular kind of war neurosis' Freud saw, and that we see today are lodged in the past, or somehow fixated in their own memory of the traumatic event of the patient. In the case of many veterans' that memory may be around some kind of death or danger, something so Real, that they are unable to psychically "work it off," and so symptoms and repetitions of the traumatic event emerge from the unconscious. The entire psychical apparatus attempts to revert to its' previous state, but cannot. The traumatic event of a wartime neurosis goes beyond the pleasure principle, and beyond the Real. It is this beyond this real the current clinical discourse cannot seem to go. The War on Terror is at the crux of American foreign policy and political life; yet less than one half of one percent of Americans have fought in this war. There is a huge disconnect between the servants, and those they serve.

Psychoanalysis (like the experience of war) is a one-way trip, which changes a person in ways that cannot possibly be measured; despite the insistence of neuroscientists and sociologists. What happens to each individual in the clinic (and in war) is a unique and unpredictable experience that will change their relationship to their suffering, and to other people. If the GWOT has separated or cast out these men and women from society, then psychoanalysis offers a chance for something new. Unlike so many of the trauma-focused psychotherapies used to treat veterans, psychoanalysis does not attempt to intellectualize or systematize the traumatic event, but rather, to treat each patient as a unique individual, where the interventions and treatment are decided on a case by case basis. Moreover, due to the role the analyst plays in the transference with the patient, they are not removed from the treatment, but are (as we say in the military) in the shit right along with the patient.

Post 9/11 clinicians and the encounter with the Real

We cannot ask the question of what the Freudian Lacanian field has to contribute to the veterans' mental health crisis in the U.S. without first examining what answers clinicians have offered thus far. "Don't think or speak about your wartime experience" seems to be the goal of many modern trauma therapies', although as we will see, they have much older roots.

Cognitive Behavioral Therapy is a therapeutic technique in which patients are encouraged to avoid thinking about their traumatic event, and think instead of a soothing, less distressing memory when a traumatic one emerges from the unconscious. Instead of working through the traumatic neurosis, the patient is simply encouraged to discard it, and think of happier things. The idea of using CBT to treat traumatic neurosis presupposes a conception of trauma and the psyche in which traumatic memories can simply be lifted out of the mind and replaced, as one might repair a film strip, or fix a broken stepladder. Ultimately, CBT fails to address the traumatic neurosis, but merely encourages the patient to lock it away and forget it.

Another cognitive approach is exposure therapy. Exposure therapy asks the patient to mentally relive and repeat their trauma over and over, until they are taught by the clinician to react to it a different way, less distressing way. The patient is "desensitized" from their war trauma, effectively neutering the meaning behind what is one of the most meaningful experiences in human existence. These therapies reduce the human experience of war to a bad dream, which should be forgotten and dismissed upon waking.

These psychotherapies have their roots in ego psychology and self-psychology, and are popular largely throughout North America for the ease with which they can be undertaken, and documented for insurance reimbursement. Though CBT and exposure therapy are most popular, some clinicians have reached even further back to pre-Freudian ideas in a desperate effort to "cure" veterans' of their traumatic neurosis and return them to a civilian discourse.

Two of therapies which are considered cutting-edge in treating war neurosis are EMDR (Eye Movement Desensitization and Reprocessing) and ART (Accelerated Resolution Therapy). These two acronymic approaches are based not on speaking, but on a Breurian or Charcotian series of near-hypnotic suggestions or cathexis. The patient follows the clinician's hands with their eyes, as they silently recall their traumatic wartime event, and are encouraged to replace it with a new one. These therapies can even be done with the total absence of the clinician by the patient-though it is a fair question to ask whether the clinician is there at all, even when their physical presence occupies the space. In the absence of the clinician, patients are encouraged to do the same thing themselves, through a series of eye movements, finger taps, and sounds. The presence of the clinician seems to be so far removed in these psychotherapeutic treatments; perhaps they fear their own encounter with the *tuche* of war neurotics.

Those who served in the post-9/11 era volunteered to fight these wars of choice, one of the first industrial wars in which total mobilization of the population did not occur. The civil-military divide in this country has created the maxim of "don't speak and don't think" about the traumatic war memory, and this same maxim has made its way into the clinic in which these veterans' see The *tuche*, the encounter with the real, has proved too much for already overwhelmed Americans to handle, and so a cut is made between the servants and those who serve. This cut only serves the creation and repletion of more suffering and anguish.

In psychoanalysis, "truth" and "certainty" in the discourse around veterans' mental health narratives are abandoned. Instead we begin to talk of desire and suffering, and how to act on desire, and what is possible. The *religio* allows for what Lacan called an intangible but radical revolution. The suffering of veterans of the War on Terror will not be cured through hypnotic suggestion, or the types of body therapies where the clinician removes themselves from the process, but by simply providing the space to allow them to speak where none exists.

Anguish is the primary affect of our late capitalist society, and this terrible war which has not passed has left those who fight it with terrible psychical and physical wounds, as well as millions dead in Iraq and Afghanistan. In psychoanalysis, we are bound by the language the patient uses to free associate, but also by the ghosts that dwell now only in memory, as symptoms of the unconscious and Signifiers of anguish. Not only are the symptoms of the anguish caused by war neurosis repressed by veteran patients, but their symptoms are repressed by a depressed American society as a whole.

Lacan sentenced that we are all proletarians, and this is even truer for members of the U.S. military. What is a soldier or sailor but a worker in uniform? Like many servants, they are preferred by the Masters to be seen and not heard, and the therapeutic interventions promoted for them by those they serve reflects again and again this desire to avoid an encounter with the Real. It is this encounter with the Real that causes a literal and psychical flight within many veterans. The experience is too much for the human psyche to handle. From this contradictory encounter, the traumatic war neurosis arises-symptoms of something that is quite unspeakable.

It is in the Real that the practice of psychoanalysis is oriented, and from the encounter, something begins to emerge within psychoanalysis that is fundamentally conflictual to human society, and can only be articulated through speech. It is the duty of the psychoanalyst to work within this paradoxical relationship, and to introduce a new possibility. In this case, that something new is not only for the patient; the veteran analysand, but American society itself. For veterans, psychoanalysis offers an emancipatory choice to break the chains of the discourse they are forced into around veterans' trauma and mental health. It offers a voice to those Subjects society does not wish to hear from. It is only right and ethical that more psychoanalytic approaches be made available to veterans, in order to allow them to choose to recognize their own desire, rather than continue to be subjected to the discourse of the Master.

Si vis pacem para bellum/Si vis vitam para mortem

Psychoanalysis cannot prevent war, nor can it cure a veteran of the effects of it. What it can do is allow the analysand to face death and the senseless complexities of war in a way that will afford dignity to the Subject (and subject) that is lacking. The veteran analysand may then realize their relationship to desire and suffering, and perhaps return home from their odyssey at last. Psychoanalysis makes itself indispensable for the end of this odd(yssey) due to the clinical disconnect between veterans, clinicians, and civil-military divide in America today. Psychoanalysis offer no cure, and no easy answers. The only promise it can make, is to allow the veteran analysand the chance to speak, and perhaps the chance to love.

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