

Ghosts Within: A Genealogy of War Trauma in Turkey

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ABSTRACT: Tracing the historical trajectories of war traumatology in Turkey, this paper develops a genealogy of the recent institutionalization of the diagnostic category of Post-Traumatic Stress Disorder (PTSD) in Turkish military psychiatry and the state's welfare system. A complex blend of economic, political, and cultural dynamics long prevented trauma from becoming an officially recognized category of military medical diagnosis in Turkey. I argue that the Turkish state's denial of war trauma in general and PTSD in particular should be read not as a historical lag or a conceptual lack, but as an overdetermined historical specificity that needs to be understood in relation to the particularities of specific military conflicts, welfare and medical institutional histories, and moral and political economies. I show how PTSD has not simply replaced existing local categories of mental illness, but entered into complex relations of mutual symbiosis and competition with them. Shifting the terms of scholarly debates on the globalization of PTSD from the question of cultural difference to the political, moral, economic, and therapeutic work of locally embedded psychiatric categories, this paper contributes to the literatures on political violence, trauma, medicalization, and militarism in Turkey and beyond.

Introduction

I met Vedat at the official Veterans' Day celebration on 19 September 2006 in Taksim square.¹ Vedat was an ex-conscript in his early forties who had lost the sole of his right foot in a landmine explosion during an armed clash with Kurdistan Workers' Party (PKK) guerillas in 1996. When he heard about my research with disabled veterans, he temperamentally asked if I wanted to hear how his life had changed after his military service. "It turned to shit. That's how it changed!" he chuckled. He told me more when I visited him later in the winter in his *gecekondu* where he lived with his mother, wife, and kids.² As we sat in the only room where we could be alone in the cold, away from the single heating stove in the house, he recounted, eyes lit up with anger, the

1. All names are pseudonyms to ensure anonymity.

2. Meaning "built overnight" in Turkish, *gecekondu* denotes a squatter house.

“ghostly matters”³ that haunted and tormented him in his post-military life. With trembling hands Vedat told me how his battle buddy died during a clash after expressing his last wish for Vedat to find his family and tell them that he was a good son. The friend visited him in his dreams for seven long years and queried, “Did you tell them?” The dreams stopped after Vedat managed to locate his buddy’s family through the help of their commanding officer and visited them to fulfill his friend’s last wish, but the dead buddy was not the only ghost in Vedat’s life. Other wounded and dead friends walked beside Vedat with their ruptured arms and legs in broad daylight. Vedat knew they were hallucinations, that they were not “real,” but they were there and they drove him crazy. He visited psychiatrists “who didn’t know shit,” who prescribed pills that made him drowsy and unable to work, but it did not help. After years of suffering, he found peace in an unexpected place, under the water. One day, he went spearfishing in the Bosphorus with one of his few remaining friends and realized that there were no ghosts underwater. Since then, Vedat used free diving as a self-therapeutic method to release the ghosts of his violent past.

Vedat’s narrative of his post-military pain and suffering may be graphic and dramatic, but is not exceptional. Vedat is one of the millions of young men who were conscripted and deployed against the PKK guerillas to face the horrific realities of the internal conflict in post-1984 Turkey.⁴ Vedat, like most of his generational fellows, had to develop his own coping mechanisms in the absence of any mental health evaluation and post-discharge support system for conscripted soldiers and in a milieu where the military, medical, and welfare institutions of the state systematically underplayed and even actively denied the existence of war-related psychosocial suffering. During my fieldwork with Turkish military veterans physically disabled in clashes against the PKK, I came across numerous similar narratives of traumatic loss, psychological pain, and non-medical healing. However, while such narratives referred to experiences and practices that were part and parcel of the social fabric in post-1980s armed conflict-ridden Turkey, they were not represented in mainstream public culture until very recently, when peace negotiations between the Turkish state and the PKK and the official recognition of combat-related trauma have changed the terrain within which such experiences can be culturally and medically articulated.

3. Avery Gordon, *Ghostly Matters: Haunting and the Sociological Imagination* (Minneapolis: University of Minnesota Press, 2008).

4. The year 1984 marks the beginning of the Kurdistan Workers’ Party’s (Partiya Karkerên Kurdistan/PKK) declaration of guerilla warfare against the Turkish state.

In this paper, I develop a genealogy of the recent institutionalization of the diagnostic category of post-traumatic stress disorder (PTSD) in military psychiatry and Turkey's welfare regime in the 2000s in the context of ongoing peace negotiations. Highlighting two particular historical moments, the birth of modern psychiatry in the late Ottoman Empire in the wake of World War I and the rise of non-medical and medical discourses of trauma in the midst of the Kurdish conflict in post-1980s Turkey, I discuss the ways in which trauma has slowly but gradually become a lens through which soldiers' conflict-related experiences are labeled and understood. A complex blend of economic, political, and cultural dynamics have long prevented trauma from becoming an officially recognized category of military medical diagnosis. I argue that the Turkish state's denial⁵ of war trauma in general and PTSD in particular should be read not as a historical lag or a conceptual lack, but as an overdetermined historical specificity that needs to be understood in relation to the particularities of specific military conflicts, welfare and medical institutional histories, and moral and political economies. Finally, I discuss the recent historical moment when a novel set of medical, economic, and political factors have created the conditions for the ambiguous legal recognition of PTSD in Turkey. I conclude by situating the implications of the convoluted genealogy of combat-related trauma in Turkey within broader debates on the globalization of PTSD.

The analysis in this paper draws from more than two years of multi-sited fieldwork in Istanbul and Ankara between 2005 and 2007, during which I collected disabled veterans' life histories and conducted ethnographic research in a variety of settings including veterans' grassroots organizations, military hospitals, religious rituals, and political protests.⁶ In what follows, I combine the

5. "Denial," as it is conceptualized in this paper, is not something that stands in opposition to "truth." This paper shows how the state's regime of denial on the issue of war trauma does not simply repress the truth of war's effects on soldiers or the social cost of the Kurdish conflict, but also produces different kinds of truth and gendered subjectivity. This understanding of denial critically builds on the work of Michel Foucault, who reconceptualized power as something that is not simply repressive but also productive. However, unlike Foucault, who wanted to shift the terms of the discussion away from a focus on the state towards an analysis of the links between "regimes of truth" and power/knowledge networks, this paper reasserts the importance of the juridical regimes of denial in the construction of knowledge, truth, and subjectivity. For Foucault's works that inform this conceptualization, see Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège De France, 1978–1979* (New York: Palgrave Macmillan, 2010); idem, *The History of Sexuality. Volume 1: An Introduction* (New York: Vintage, 1978); idem, *Discipline and Punish: The Birth of the Prison* (New York: Vintage, 1977); idem, *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977* (New York: Pantheon, 1980).

6. This ethnographic research was funded by the Wenner-Gren Foundation Dissertation Fieldwork Grant 7534.

ethnographic findings of this research with archival media research, a survey of Turkish psychiatric literature, and analysis of legal texts such as codes of law, regulations of social security institutions, and verdicts of the High Military Administrative Court to address the following questions: What are the ways in which war-related social suffering has been (mis)understood and (mis)represented within military psychiatry, anti-war activism, and public culture in post-1980s Turkey? What kinds of labels, narratives, and images have been mobilized in public and medical cultures to voice or silence homecoming conscripts' suffering and the violence they inflicted? What kinds of political imaginaries, governmental technologies, and moral economies were enabled by these psychological frameworks? How did these frameworks compete with and support each other as they provided or failed to provide a closure to the suffering of conscripts?

Origins of Turkish Traumatology

Psychiatric traumatology was born in Turkey in the wake of the Gallipoli Campaign during World War I, when European armies were all faced with psychiatric casualties of industrialized warfare. The experience of heavy shelling seemed to leave a shock effect on unwounded soldiers, who showed all sorts of strange physical symptoms, including paralysis, stupor, shaking, amnesia, and gait disorders. The notion of "shell shock," especially reports that shell shock could cause instantaneous death among unwounded soldiers, captured popular imagination. In a report that goes against the grain of Turkish nationalism's founding "myth of the military nation,"⁷ journalist Ellis Ashmead Bartlett, the British war correspondent at Gallipoli and outspoken critique of the Gallipoli Campaign, reported having found a group of seven Ottoman soldiers sitting together, with their rifles across their knees: "One man has his arm across the neck of his friend and a smile on his face as if they had been cracking a joke when death overwhelmed them. All now have the appearance of being merely asleep; for of the several I can only see one who shows any outward injury."⁸

Debates about shell shock were heated. Was shell shock caused by physical damage to the nervous system or by emotional shock to the psyche? Were shell-shocked soldiers wounded heroes, unpatriotic malingerers, degenerate neurasthenics, or victims with hysterical symptoms? Should they be punished,

7. Ayse Gül Altınay, *The Myth of the Military-Nation: Militarism, Gender, and Education in Turkey* (New York: Palgrave Macmillan, 2004).

8. Cited in Ben Shepard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001), 3.

sent back to war, treated, or compensated? In the midst of these debates that preoccupied psychiatric, military, and welfare institutions of European countries,⁹ it was Mazhar Osman (Uzman), the leading Ottoman psychiatrist who is often hailed as the founder of Turkish psychiatry, who first discussed the issue of war in a number of articles, including one titled “War Neuroses.”¹⁰

Mazhar Osman served as a military psychiatrist during the war and was well connected with German psychiatric circles. In his writings, he frequently pointed to “the dramatic prevalence of ‘hysterical symptoms’ among European troops,” and argued that these symptoms “showed up only in incomparably small numbers among Turks . . . barely approaching one percent” of their European counterparts.¹¹ A German military physician, who “was probably getting his information from the likes of Mazhar Osman” according to Yanıkdağ, confirmed this argument by proclaiming, “The army of neurotics. . .do not exist in Turkey [as it does in Germany],” and explained this curious absence with reference to the “absence of generous disability pensions in the Ottoman Empire.”¹²

In 2006, exactly ninety years after Mazhar Osman’s writing, an ex-military officer told me in the midst of an escalated phase of the conflict between the state and the PKK that the Turkish soldier could not suffer from PTSD: “This disorder is a problem of imperialist Western mercenary armies who invade others’ countries. The Turkish nation is a warrior nation. When the Turkish soldier defends his own country, he does it with pleasure.”

Far from being eccentric remarks of a nationalist ex-soldier, these sentences reiterated the state’s long held stance on the issue of war trauma, a stance supported by military psychiatrists’ research findings. In the wake of World War II, during which battle fatigue replaced shell shock as the signature injury of the war, Mazhar Osman and the Turkish psychiatric establishment he was instrumental in establishing continued to deny a causal relation between war and mental troubles despite mounting evidence to the contrary. During the two official wars of modern Turkey’s history—the Korean (1950–53) and Cyprus (1974) wars—a religiously inflected nationalist discourse that celebrated soldiers as national-Islamic heroes waging a holy war further foreclosed any public discussion as to the effects of war on homecoming soldiers.

9. Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (New York: Palgrave, 2002); Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914–30* (London: A&C Black, 2014); Shepard, *A War of Nerves*.

10. Tamer Aker, Pinar Onen, and Hande Karakilic, “Psychological Trauma: Research and Practice in Turkey,” *International Journal of Mental Health* 36:3(2007): 38–57.

11. Cited in Yücel Yanıkdağ, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1914–1939* (Edinburgh: Edinburgh University Press, 2013), 178.

12. Ibid.

This regime of denial became entrenched through the interlocking of masculinity and militarism in constructions of Turkish national identity and the gendered citizenship regime in modern Turkey. Made compulsory by the newly founded Turkish Republic for all able-bodied heterosexual men in 1927, military service has operated as a key rite of passage into adult masculinity and full-fledged citizenship.¹³ For young men, certificates of discharge continue to serve as a legally and socially sanctioned prerequisite for formal employment and marriage. Given the gendered politics of trauma, within which traumatized soldiers were historically constructed as effeminate neurotics and hysterical men,¹⁴ such a militarized conception of hegemonic masculinity and masculinized conception of military service have worked against the recognition of war-related psychological suffering.

In post-1984 Turkey, the official denial of war trauma with recourse to gendered culturalist idioms such as the martial character of the Turkish nation and the sanctity of military service in Turkish culture has become intertwined with another foundational denial of Turkish nationalism, the denial of Kurdishness.¹⁵ For example, the 1988 specialty thesis of a military psychiatrist, probably the earliest psychiatric research on “battle stress” in the context of the Kurdish conflict, claimed to have found not a single positive diagnosis of trauma in a sample of 220 soldiers and attributed this absence to the sacred status of military service in Turkish society.¹⁶ Similarly, military psychiatrists

13. For the relationship between masculinity and military service in Turkey, see Salih Can Aciksoz, “Sacrificial Limbs of Sovereignty: Disabled Veterans, Masculinity, and Nationalist Politics in Turkey,” *Medical Anthropology Quarterly* 26:1 (2012): 4–25; idem, “In Vitro Nationalism: Masculinity, Disability, and Assisted Reproduction in War-torn Turkey,” in *Gender and Sexuality in Muslim Cultures*, ed. Gul Ozyegin (Farham: Ashgate, 2015), 19; idem, “Ghazis and Beggars: The Double Life of Turkish Disabled Veterans,” *Ethnologie Française* 44:2 (2014): 247–55; Altınay, *The Myth*; Oyman Basaran, “You are Like a Virus’: Dangerous Bodies and Military Medical Authority in Turkey,” *Gender & Society* (2014): 0891243214526467; Emma Sinclair-Webb, “‘Our Bulent is Now a Commando’: Military Service and Manhood in Turkey,” in *Imagined Masculinities: Male Identity and Culture in the Modern Middle East*, ed. Mai Ghossoub Mai and Emma Sinclair-Webb (London: Saqi Books, 2000), 65–92.

14. Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press, 2003); Lisa Diedrich, “Hysterical Men: Shell-shock and the Destabilisation of Masculinity,” in *Vital Signs: Feminist Reconfigurations of the Biological Body*, ed. M. Shildrick and J. Price (Edinburgh: Edinburgh University Press, 1998), 146–71.

15. For a discussion of the official nationalist discourse on Kurdishness, see Mesut Yeğen, “The Kurdish Question in Turkish State Discourse,” *Journal of Contemporary History* 34:4 (1999): 555–68.

16. Cited in Doğan Şahin, “Türkiye’de İnsan Eliyle Yapılan Travmalara Bağlı Psikiyatrik Bozuklukların Boyutu,” *Kriz Dergisi* 3:1–2(1995): 26–30.

who made panel presentations at the 1994 National Psychiatric Congress argued that only one percent of the soldiers in the conflict zone displayed psychiatric symptoms.¹⁷

Because of this systematic denial, the psychiatric toll of the Kurdish conflict remained largely invisible until after a decade of armed conflict, when a new generation of military psychiatrists imploded the denialist discourse. Two rare studies—the first, an article published in *Nöropsikiyatri Arşivi*¹⁸ and the second, a specialty thesis by a military physician¹⁹—that went public in 1995 undeniably documented the prevalence of all sorts of psychiatric disorders among conscripts in the Kurdish region. Although the General Staff kept on denying the psychosocial effects of war experience and/or claiming that the clinical findings were exaggerated for political reasons, dissident psychiatrists, journalists, and human rights and anti-war activists were slowly compiling an archive of trauma.

An Unusual Archive: Third Page Stories and Southeast Syndrome

Trauma challenges common understandings of what constitutes an archive. Because trauma can be unspeakable and unrepresentable and because it is marked by forgetting and dissociation, it often seems to leave behind no record at all. . . It thus demands an unusual archive, whose materials, in pointing to trauma's ephemerality, are themselves frequently ephemeral.²⁰

Compiling an archive of trauma was especially challenging within the political climate of violence and repression that characterized early 1990s Turkey: Just like the escalation of the armed conflict between the PKK and the state security forces to the level of war, the psychosocial suffering of returning conscripts was a “public secret,”²¹ something that everybody knew, but also knew how not to know.

17. Şahin, “Türkiye’de İnsan Eliyle Yapılan Travmalara Bağlı Psikiyatrik Bozuklukların Boyutu.”

18. M. Sungur, B.A. Sürmeli, and A. Özçubukçuoğlu, “Güneydoğu’da Görev Yapan Askeri Popülasyonda Görülen Travma Sonrası Stres Bozukluğu Üzerine Bir Çalışma,” *Nöropsikiyatri Arşivi* 32:3(1995): 117–22.

19. Türkiye İnsan Hakları Vakfı, *Türkiye İnsan Hakları Raporu* (Ankara: Türkiye İnsan Hakları Vakfı Yayınları, 1996).

20. Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham: Duke University Press, 2003), 7.

21. Michael Taussig, *Defacement: Public Secrecy and the Labor of the Negative* (Stanford: Stanford University Press, 1999).

Dissident organizations like the Human Rights Foundation of Turkey strove to jury-rig a bricolage archive from bits and pieces of clinical observations and fragments of memory in their annual reports.²² Another unusual archive for the documentation of trauma was the third pages of newspapers, the tabloid section designated for sensationalized violence and crime stories. Third page stories in the post-1980 military coup era epitomized the self-censoring of the news media, which increasingly turned to pornographic necro-voyeurism in an attempt to shy away from the coverage of political violence.

When politics were removed from the agenda after the coup and the state violence that became an ordinary fact of daily life then could not be spoken of, the papers moved on to less dangerous arenas to find news to shock their readers. They kept busy with the non-political faces of violence, treating violence as if it were a feature of private life alone.²³

But, as Nurdan Gürbilek shows us in her eloquent analysis of 1980s popular culture, the ghostly presence of war haunted third pages. Buried in between the lines of the news stories about road rages, street murders, suicides, and “insane” husbands and fathers massacring their families in gruesome ways were clues about the conflict’s mental health effects on returning conscripts. Dissident journalists traced the personal stories behind the trite-sounding phrases like “served as a commando in the Southeast” to find out tragic and uncanny details about war-broken young men’s nightmares, hallucinations, bizarre behaviors, social problems, and proneness to violence. Instances of *cinnet*—a culture-bound psychiatric category that denotes a temporary and violent episode of “insanity” during which an almost exclusively male perpetrator goes on a family killing spree before committing suicide—were increasingly subjected to symptomatic reading. In short, these scrappy piles of tabloid journalism became an excavation site for the unearthing of a hidden truth about the Kurdish conflict.

It was the symptomatic reading of these third page *cinnet* stories, rather than limited but irrefutable clinical evidence, that popularized a new language and moral economy of the Kurdish conflict, condensed in the pop psychiatric category of Southeast Syndrome. Just like the state’s counterinsurgency strategy echoed U.S. tactics in Vietnam, the category of Southeast Syndrome was modeled after Vietnam Syndrome both in its naming and in the way that it constructed the relationships between war, social suffering, and moral agency. This was, first, because of the apparent similarities between the Vietnam War

22. Türkiye İnsan Hakları Vakfı, *Türkiye İnsan Hakları Raporu* (Ankara: Türkiye İnsan Hakları Vakfı Yayınları, 1995); Türkiye İnsan Hakları Vakfı, *Türkiye İnsan Hakları Raporu* (1996).

23. Nurdan Gürbilek, *The New Cultural Climate in Turkey: Living in a Shop Window* (London: Zed, 2011), 107.

and the Kurdish conflict. Both were fought by conscripts without clear military objectives and no front line, amidst civilian populations, some of whom were friendly and some of whom were not, and in combat that mostly “took place at night, in small-scale actions where the enemy was seldom seen, in hostile, impenetrable geography.”²⁴ Second, within the leftist circles where the Southeast Syndrome was first articulated, the Vietnam example has been regarded as an example to follow in building a successful anti-war activist movement.²⁵ Last but not least, in Turkey, as elsewhere, the post-Vietnam wacko-vet media narrative, epitomized by cinematic figures in *Rambo* and *Taxi Driver* and “wedding vulnerable victimhood seamlessly with the potential for violence,”²⁶ has been immensely influential in shaping popular understandings of the homecoming soldier.²⁷

“More than any other war in the twentieth century, Vietnam redefined the social role of psychiatry and society’s perception of mental health.”²⁸ It did so both through the pervasive psychosocial consequences identified as “Post-Vietnam Syndrome” and the prevailing post-war political sense that veterans’ suffering was more grave because they were involuntary drafted and sent off to wage an unsuccessful, futile, and morally contentious war, which should be socially recognized as such.²⁹ As Allan Young’s pioneering work illustrates,³⁰ it was this political sense that provided the main impetus for the invention of PTSD as a diagnostic category that would replace the short-lived Post-Vietnam Syndrome. PTSD diagnosis was officially adopted in 1980 by the American Psychiatric Association and included in the official psychiatric nosology—the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III).³¹ This was largely the result of political processes as it was thought that the suffering of Vietnam veterans should be compensated

24. Shepard, *A War of Nerves*, 341.

25. For a recent example, see Foti Benlisoy, “‘Vietnam Sendromu’ ve Kürt Sorunu,” *Biamag*, 24 Oct. 2011, <http://bianet.org/biamag/insan-haklari/133604-vietnam-sendromu-ve-kurt-sorunu>.

26. Kenneth MacLeish, *Making War at Fort Hood: Life and Uncertainty in a Military Community* (Princeton: Princeton University Press, 2013), 227.

27. As a point of reference, I should note that nearly all of my disabled veteran informants referred to *Rambo: First Blood* in their life histories.

28. Shepard, *A War of Nerves*, 355.

29. Erin Finley, *Fields of Combat: Understanding PTSD among Veterans of Iraq and Afghanistan* (Ithaca: Cornell University Press, 2011).

30. Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton University Press, 1997).

31. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-V) (Washington, DC: American Psychiatric Publishing, 2013).

as a service-connected disability, not because of any scientific evidence that suggested that PTSD represented a new kind of disorder.³²

In the light of this history, the revival or rather the resurrection of the short-lived category of Post-Vietnam Syndrome in the context of the Kurdish conflict, long after PTSD was globally institutionalized as a timeless psychiatric fact, appears to be a curious political and cultural phenomenon. This is even more so given the reversed chronological order in which these two diagnostic categories were deployed in Turkey: While the scarce number of clinical studies conducted in the early 1990s invoked PTSD, the term never reached the wider public and was further pushed to the background after the invention and popularization of Southeast Syndrome, at least until the 2000s. In millennial Turkey the notion of trauma made a forceful comeback, this time not only as a clinical but also as an increasingly popular cultural category that gave a new meaning and temporality to history, misfortune, and suffering.³³ What is at stake here is not simply the replacement of a local psychiatric category with a globalizing PTSD discourse, but rather a competitive symbiosis between different categories of war trauma. Thus, one is compelled to ask: What was the politico-moral work of these categories? What kind of political imaginaries, governmental technologies, and moral economies were enabled by these psychological frameworks, which competed with and supported each other as they provided or failed to provide a closure to the suffering of conscripts?

In the mid-1990s, Southeast Syndrome was disseminated in wider public culture by left-leaning journalists³⁴ and captured political imagination by building on the classic social fears and anxieties embodied by the stereotype of violently tainted homecoming soldiers.³⁵ The Syndrome performed very critical political functions through its politics of testimony, especially within the 1990s' denialist milieu. First, it testified to the existence of an internal war that was, albeit not accepted by the state, seeping into the deceptively safe

32. Young, *The Harmony of Illusions*.

33. PTSD entered Turkish psychiatric discourse in the post-1980 military coup era through physicians' anti-torture activism, which culminated with the foundation of the Human Rights Foundation of Turkey that aimed to provide treatment and rehabilitation for torture victims. To my knowledge, the earliest academic publication on the issue is Murat Paker, Özgün Paker, and Şahika Yüksel, "Psychological Effects of Torture: An Empirical Study on Tortured and Non-tortured Non-political Prisoners," in *Torture and Its Consequences: Current Treatment Approaches*, ed. Metin Başoğlu (Cambridge: Cambridge University Press, 1992), 72–83.

34. For examples, see Can Dündar, "Güneydoğu Sendromu," *Yeni Yüzyıl*, 16 Sept. 1995, http://www.candundar.com.tr/_v3/index.php#!%23Did=808; Baskın Oran, "Genelkurmay'ın Rehabilitasyon Merkezi," *Aydınlık*, 28 April 1996, <http://baskinoran.com/yazilar-1996.php>.

35. David Gerber, ed., *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2012).

everyday lives of citizens living in Western Turkey through crazed war veterans on the loose. Moreover, it gave evidence to the righteousness of the Kurdish struggle by suggesting that the unjustness of the war was inscribed on conscripts' psyches through a sort of "moral injury." Indeed, within the Kurdish movement, soldiers' suffering was often interpreted as a voice of conscience rising against the moral transgressions of a dirty war.³⁶ Testifying to the unbearable character of the internal conflict, Southeast Syndrome was seen as "both the product of an experience of inhumanity and the proof of the humanity of those who have endured it,"³⁷ and thus allowed denouncing the war without directly condemning those fighting it. In that sense, Southeast Syndrome construed conscripts as moral agents whose testimony would detoxify them from their "poisonous knowledge,"³⁸ whose exposure would reveal the truth hidden from the public at large.³⁹

By the end of the 1990s, following media attention to a number of high-profile violence cases, such as serial suicides by police officers who were deployed in the Kurdish region, Southeast Syndrome had moved from being an anti-war trope whose circulation was limited to left-liberal human rights and anti-war circles to the pages of mainstream newspapers.⁴⁰ One highly mediatized plane hijack by an ex-conscript named İhsan Akyüz was particularly influential in this transformation. Akyüz seized a Turkish Airlines flight in 1998 with unclear motives and reportedly claimed "I've done it because I am depressed" upon surrender. He was initially constructed in the media as a *meczup* (a term that literally means a "lunatic," but that is exclusively used in Turkish political parlance to denote protestors using religious symbols and idioms) who wanted to protest government for the headscarf ban. Later, some media sources suggested that he was protesting his maltreatment during military service. In the end, he became the country's most famous Southeast Syndrome victim, and with his fame grew public familiarity with the concept.

36. For an illustrative example available in English, see <http://kurdistan.org/work/commentary/the-story-tragedy-of-a-turkish-soldier-in-the-mountains-of-kurdistan/>.

37. Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (Princeton: Princeton University Press, 2009), 20.

38. Veena Das, "The Act of Witnessing: Violence, Poisonous Knowledge and Subjectivity," in *Violence and Subjectivity*, ed. Veena Das, Arthur Kleinman, and Mamphela Ramphele (Berkeley: University of California Press, 2000), 205–25.

39. Just like any exposure of truth, Southeast Syndrome produced its own silences and secrets. The word "Southeast," the abbreviated version of Southeast Anatolia—one of seven geographical regions in the Turkish nationalist geographical imagination—itsself entailed a denial of the Kurdish character of the "Region." For a theoretical meditation on the relationship between exposure, revelation, and secrecy, see Taussig, *Defacement*.

40. For an example see <http://www.hurriyet.com.tr/index/ArsivNews.aspx?id=-38469>.

While Southeast Syndrome became a popular medico-cultural category to talk about the violence that ex-soldiers self-inflicted or perpetrated against others, if with a rather blunted critical edge, this shift in the cultural terrain had no immediate repercussion in psychiatric and welfare fields. While military psychiatrists carefully refrained from using the term, soldiers suffering from permanent psychological disorders had no access to welfare disability benefits. Although the oral historical accounts of my disabled veteran informants who were injured and hospitalized in this period hint at limited steps taken towards the provision of psychiatric care in newly established rehabilitation units in military hospitals, these steps did not lead to the establishment of a new truth regime regarding the relationship between war and mental illness. For that new era in Turkish traumatology, one would have to wait until 1999.

The Proliferation of Trauma Discourses

Undeniably one of the most critical years of Turkish political history and by far the most important year in the history of Turkish traumatology was 1999. The year's overwhelming series of events opened with the capture and imprisonment of the PKK leader Abdullah Öcalan in February. In April, the journalist Nadire Mater published her book *Mehmedin Kitabı: Güneydoğu'da Savaşmış Askerler Anlatıyor*,⁴¹ also available in English under the title *Voices from the Front: Turkish Soldiers on the War with the Kurdish Guerrillas*,⁴² the first collection of testimonies from conscripts deployed in the Kurdish region. In July, the state officially endowed physically disabled ex-conscripts of the Kurdish conflict with the title of *gazi*, a title previously reserved for war veterans, reestablishing the cultural and legal significance of war disability.⁴³ In August, the Marmara Earthquake(s) devastated the most urbanized and industrialized region of Turkey. The year ended with the European Union's recognition of Turkey as a candidate country in December. All these events deeply engraved their conflicting marks not only on Turkish political history, but also on the conceptions and categorizations of and political struggles over war-related psychological suffering.

On the one hand, 1999 marked the climax of the notion of Southeast Syndrome through the publication of *Mehmedin Kitabı* featuring Mater's invaluable interviews with forty-two soldiers deployed in the region between 1984 and 1998. The main body of the book, "Mehmets Speak Out," consisted of ex-soldiers' testimonial narratives and provided ample evidence for their

41. Nadire Mater, *Mehmedin Kitabı* (Istanbul: Metis Yayınları, 1999).

42. Nadire Mater, *Voices from the Front: Turkish Soldiers on the War with the Kurdish Guerrillas* (London: Palgrave Macmillan, 2005).

43. For a detailed discussion of the honorific title of *gazi*, see Aciksoz, "Sacrificial Limbs."

post-service psychosocial problems, including recurrent haunting memories and dreams, numbness, irritability, inability to sleep, and violent outbursts, among others.⁴⁴ At least of equal importance was the chapter, “In Place of the Ones Who Cannot Talk,” which not only cited third page stories, but also conveyed through interviews the voices of the families and social circles of the protagonists of these stories. This narrative juxtaposition of testimonies of ordinary ex-conscripts with third page stories featuring those who became violent conveyed a sense of urgency that gave *Mehmedin Kitabı* a distinct political force that the military establishment found particularly threatening.

As the culmination of journalistic documentation of war-related suffering as a form of political critique, *Mehmedin Kitabı* exposed and officialized the denialist stance of the Turkish state on the issue of war trauma. Just two months after its publication, the distribution of the book was prohibited by a court order and the police raided the publisher to confiscate unsold copies. Mater and her publisher were put on trial under Article 159 of the Turkish Penal Code that prohibits “insulting the Turkish Armed Forces.” Because of the intertwined histories of Southeast Syndrome and anti-war activism, the public acknowledgment of the negative psychosocial effects of war experience “would amount to admitting vulnerability in the claims of legitimacy of the military’s objectives in the conflict, and was therefore unacceptable. Thus the military (and the state) lashed out at any discourse that introduced this vulnerability, including the accounts of men who had experienced the conflict themselves.”⁴⁵

On the other hand, 1999 also witnessed the unprecedented popularization of the compatible yet competing category of trauma. Expanding its reach beyond human rights and feminist activists involved in post-torture and post-sexual violence care, trauma became a buzzword in psychiatric discourse after the Marmara Earthquake.⁴⁶ The event stirred up intense public controversies around a variety of moral and political issues, especially the inefficiency of

44. Using DSM-IV diagnostic criteria of Post-Traumatic Stress Disorder, Deniz Yılmaz reviews *Mehmedin Kitabı* to identify symptoms of PTSD among Mater’s interviewees. Her analysis indicates that the most common symptoms among the ex-soldiers are sleep disturbances, recurrent dreams of traumatic events, and hypervigilance and exaggerated startle response. Some diagnostic criteria are met by as many as 26.8 percent of the interviewees. Deniz Yılmaz, “War Trauma and Its Subjective Meanings: An Exploration On Mehmedin Kitabı: Güneydoğu’da Savaşmış Askerler Anlatıyor” (MA thesis, Istanbul Bilgi University, 2009).

45. Dennis Williams, “War, Recognition, and Invisible Disability: Examining the Lived Experience of Veterans of the Conflict in Southeast Turkey” (MA thesis, Istanbul: Bilgi University, 2014), 29.

46. For medical and non-medical deployments of trauma in the context of earthquake recovery, see Christopher Dole, “The House That Saddam Built: Protest and Psychiatry in Post Disaster Turkey,” in this issue.

state institutions in the earthquake's aftermath. Popular discontent over the state was shortly transformed into a neoliberal fascination about the potentialities of civil society, epitomized by NGOs. Indeed, in the post-earthquake context, NGOs filled in the gap created by the absence of a well-organized state response. NGOs providing psychological support were particularly salient as they continued to operate in the earthquake region for extended periods. Frequently, these NGOs' provision of services was accompanied by scientific research on the psychological effects of the earthquake and thus, shortly after the earthquake, trauma research increased exponentially.⁴⁷

The explosion of trauma discourse was not limited to psychiatric circles. Post-earthquake Turkey witnessed the reconceptualization of a variety of social issues and painful historical events ranging from the 1915 Armenian genocide to the 1980 military coup in terms of trauma. This proliferation of trauma discourse in public culture can be easily traced in daily mainstream newspapers. For example, *Hürriyet* used the word "trauma" only ten times in 1997, twenty-nine times in 1998, and eighty times in 1999. When we come to the year 2007, *Hürriyet's* usage of the term reached 187, and after 2008, it has never fallen below 242.⁴⁸ Even in the sports sections of newspapers, the term rapidly obtained a niche. For example, a Turkish football club that lost the championship title in the last match of the season was twice referred to as traumatized. In short, in the 2000s Turkey, echoing Fassin and Rechtman's global observation, "the idea of trauma" was established as "a shared truth," both in "its restricted sense in which it is used in the mental health field (the traces left in the psyche)" and in "its metaphorical extension disseminated by the media (a tragic event)—and it is worth noting that discourse shifts from one meaning to the other. . .without particularly noting the distinction."⁴⁹

The publication and banning of Mater's *Mehmedin Kitabı* and the rapid popularization of trauma discourse in the post-earthquake milieu refashioned the cultural terrain within which war-related psychosocial suffering was articulated and represented in 1999. Furthermore, a less visible legal development in the same year transformed the political and welfare status of the disabled conscripts of the Kurdish conflict and the medico-legal system within which they would operate in the following years. In the midst of the Öcalan trial, the state conferred one of the most potent terms of the Turkish nationalist lexicon, *gazi*, on disabled ex-conscripts of the Kurdish conflict. *Gazi* is a hypermasculinized

47. Tamer Aker, Pinar Önen, and Hande Karakılıç, "Psychological Trauma: Research and Practice in Turkey," *International Journal of Mental Health* 36:3 (2007): 38–57.

48. The numbers have been collected using the online search motor at <http://hurarsiv.hurriyet.com.tr/arsiv/>.

49. Fassin and Rechtman, *The Empire of Trauma*, 2.

military honorific title that is derived from its Arabic cognate, *ghazi*, which originally denoted a Muslim warrior fighting against infidels for booty or glory. Throughout history, several tributary Muslim empires, most prominently the Ottoman Empire, used the title of *gazi* for sultans and outstanding military leaders.⁵⁰ During the foundation of the Turkish Republic, the title was incorporated into the Turkish secular–nationalist discourse as a part of the attempts to sacralize nation-making practices through Islamic references. The title was initially given to Mustafa Kemal, the founder of the republic, and later to the veterans who fought in wars in which the Turkish Republic officially participated (wars of Independence, Korea, and Cyprus). In 1999, however, the state deployed the term in the absence of an official war and granted the title exclusively to disabled soldiers, leaving millions of conscripted soldiers who fought in the conflict zone outside the scope of the title. Practically, this meant that only the conscripts of the Kurdish conflict with over forty percent physical disability rating would get the *gazi* title and be eligible for the entitlements and welfare benefits attached to the title. I elsewhere analyze the ramifications of this idiosyncratic juxtaposition of heroism and victimhood,⁵¹ but here it is worth mentioning a few conundrums that the use of the *gazi* title for physically disabled veterans has posed and continues to pose for the military, state’s welfare institutions, and disabled veterans themselves: How would one translate psychiatric disabilities into the terms of the state’s disability rating system that was built on the denial of war trauma? How would one reconcile the stigma of mental illness with the historical baggage of an honorific title like *gazi* with its highly charged gendered, militarized, and religionationalist implications? These are questions whose answers are still unfolding. Below, I turn my attention to the contemporary era when the state’s welfare institutions finally, if indecisively, started to accept PTSD as a valid disability criterion and explore the possible future trajectories of the end of the century-long denialism of the Turkish state in the field of psychiatric traumatology.

PTSD, Military Psychiatry, and Welfare

The spread of the idea of trauma as commonplace in the post-earthquake milieu did not immediately lead disabled veterans to engage in self-diagnosis and self-identification with trauma. During my fieldwork between 2005 and 2007, none of my disabled veteran informants claimed PTSD despite the fact that

50. Ali Anooshahr, *The Ghazi Sultans and the Frontiers of Islam* (New York: Routledge, 2008); Cemal Kafadar, *Between Two Worlds: The Construction of the Ottoman State* (Berkeley: University of California Press, 1995); Şinasi Tekin, *Istikakcının Kosesi: Türk Dilinde Kelimelerin ve Eklerin Hayatı Üzerine Denemeler* (Istanbul: Simurg, 2001).

51. Aciksoz, “Sacrificial Limbs.”

a considerable number of them had seen military or private psychiatrists, attended counseling sections, or used psychiatric drugs. “We all have a loose screw,” an informant of mine loved to say. Sometimes others mischievously added, “Of course, we do. They don’t grant *gazi* status unless you have a loose screw.” My informants’ intimate recognition of war-related mental health problems did not become translated into a medical category, public representation, or political demand. On the contrary, when I inquired about what they thought about the “*gazi*” protagonist of the TV crime series *Arka Sokaklar* (Backstreets), a wacko-cop character suffering from all sorts of PTSD-associated symptoms after his anti-terror missions, they became irate: “He is no *gazi*, he is no shit, he is just nuts!” Similarly, in their testimonies, all three ex-soldiers who used the phrase “Southeast Syndrome” in *Mehmedin Kitabı* distanced themselves from the category regardless of their psychological problems. The only exception was an activist circle organized around the journal *Gaziler Dergisi* that passionately campaigned for the recognition of PTSD as a service-connected disability. However, not only were they unpopular among the larger disabled veteran community, but they were also constantly harassed by the authorities through lawsuits, detainments, and the hampering of their financial sources.

Nor did the category PTSD immediately translate into the intricate medico-legal framework of the state. When I started my fieldwork in 2005, PTSD and other trauma-related disorders were not part of the list of medical conditions regulated under the state’s social security legislation regulating disability.⁵² It was also not listed among the conditions indicated in the Turkish Armed Forces’ standards for medical fitness,⁵³ which provided the criteria against which soldiers’ claims to disability discharge or retirement were judged, and, hence, their access to social security and welfare benefits. Therefore, ex-soldiers’ post-war psychological afflictions did not meet the state’s definition of disability and did not lead to eligibility for compensation and social security disability benefits. While I was in the field in 2006, PTSD was included in the new legal regulatory classification of disability after the aforementioned shifts in the politics of trauma.⁵⁴ Nevertheless, the Turkish Armed Forces’ standards

52. Özürlülere Verilecek Sağlık Raporları Hakkında Yönetmelik, *Resmi Gazete*, 23290, 18 March 1998.

53. Türk Silahlı Kuvvetleri Sağlık Yeteneği Yönetmeliği, *Resmi Gazete*, 19291, 24 Nov. 1986.

54. Özürlülük Ölçütü, Sınıflandırması ve Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik *Resmi Gazete*, 26230, 16 July 2006. The legislation concerning the officially recognized standards for disability was significantly revised twice through Özürlülük Ölçütü, Sınıflandırması ve Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik, *Resmi Gazete*, 27787, 16 Dec. 2010, and Maluliyet Tespiti İşlemleri Yönetmeliği, *Resmi Gazete* 287273, 3 Aug. 2013.

for medical fitness remained the same, creating an ambiguity surrounding the medico-legal status of PTSD.

Within this ambiguous medico-legal field, it has been extraordinarily difficult for ex-soldiers to prove the etiological and temporal connections between alleged traumatic events during military deployment and the post-traumatic symptoms they developed. PTSD claims have thus been dismissed rather easily by the social security institutions and the High Military Administrative Court, which has the final say in service-related claims. To my knowledge, only less than a handful of ex-soldiers have been so far granted disabled veteran status on the basis of a PTSD diagnosis.⁵⁵

One of the most important reasons underlying the state's entrenched unwillingness to recognize service-connected PTSD was the aforementioned anti-war connotations of the notion of Southeast Syndrome, which resurfaced during the on and off peace negotiations after the 2009 Kurdish Opening. At this critical turn in Turkey's recent history characterized by the peace negotiations between the state and the PKK and the power struggle between the AKP government and the military, an unprecedented political space was opened for critics of the military and the state's Kurdish policy. In public culture, phrases like "he lost his mind during military service" saturated the headlines.⁵⁶ In the legal realm, ex-soldiers accused of multiple murders and politically inspired crimes that hit national headlines, such as the ex-conscript who fired shots at an office of the pro-Kurdish Democratic Society Party in 2009,⁵⁷ started to claim Southeast Syndrome as defense and pleaded lack of criminal responsibility. In the political realm, the pro-Kurdish Peace and Democracy Party parliamentary group motioned a question to demand a parliamentary investigation into the effects of service trauma on ex-soldiers' civilian

55. These few cases are well known within disabled veteran circles since all were resolved through lawsuits. For an intriguing legal case, see the High Military Administrative Court's decision at http://www.msb.gov.tr/ayim/Ayim_karar_detay.asp?IDNO=5033&ctg=000002000013000013. In this case, the claimant, who won the lawsuit, had optical nerve and brain damage from drinking two bottles of cologne. The military medical committee who examined him deduced that he drank the cologne as a result of his posttraumatic stress, which, according to his battalion commander, might have developed because of his exposure to battle stress during his military service. Here, PTSD is seen as a link in a complicated etiological chain rather than a disability itself.

56. For example, see Özkan Aydın, "Aklını yitirdi gazi olmadı!" *Sabah*, 8 July 2012. <http://www.sabah.com.tr/gundem/2012/07/08/catismada-aklini-yitirdi-ailesi-gazi-sayilsin-diyor>.

57. "Bende Güneydoğu sendromu var dedi hastaneye sevk edildi," *Cumhuriyet*, 19 April 2011. http://www.cumhuriyet.com.tr/haber/diger/240518/Bende_Guneydogu_sendromu_var_dedi_hastaneye_sevk_edildi.html.

lives in 2010, following a mass murder whose perpetrator was revealed to be an ex-soldier deployed in the Kurdish region.⁵⁸

The military responded to the resurgence of Southeast Syndrome through an unprecedented PR campaign to promote the military's mental health recovery efforts. Military members started to publicly address if not acknowledge the issue. A colonel professor of psychiatry went live on television to announce, "It is normal that the clashes in the Southeast are psychologically affecting military personnel," while also arguing against the notion of Southeast Syndrome:

Conditions like Vietnam Syndrome, Iraq Syndrome, Afghanistan Syndrome are observable in the Western armies too. If we want, we can use specific names for these. Our soldiers are also somewhat affected by the clashes. But this does not occur only in the military context. For example, one can be affected by earthquakes. . . We cannot say that we do not have any affected personnel, but it would not be fair to define it as an unexplained condition that idiosyncratically belongs to us.⁵⁹

Although the colonel's denouncement of Southeast Syndrome in favor of a broadened conception of trauma seemed more in line with the normative framework of the global psychiatric establishment, it was also seen as trivializing and depoliticizing the issue of war trauma. This is most probably why the next day's *Radikal* newspaper covered this PR campaign with the ironic headline, "Southeast Syndrome does not exist!"

The turn to the universalized psychological model of PTSD unanchored trauma from its embeddedness in the armed conflict by annulling the geographic specificity of "the Southeast" and partially cleared the political shadow of Southeast Syndrome. The double meaning of trauma, referring to both a wound to the psyche and the body, also helped to solve the apparent contradiction between the hypermasculinized, religio-nationalist baggage of the *gazi* (veteran) title and the stigmatizing and possibly feminizing implications of mental health problems.⁶⁰ In doing so, it has paved the way for the further medicalization of war-related suffering.

58. Türkiye Büyük Millet Meclisi, *Türkiye Büyük Millet Meclisi Genel Kurul Tutanağı*, 6 April 2010. http://www.tbmm.gov.tr/develop/owa/Tutanak_B_SD.birlesim_baslangic?P4=20619&P5=H&page1=23&page2=23.

59. "Güneydoğu sendromu yokmuş!" *Radikal*, 16 May 2012. http://www.radikal.com.tr/turkiye/guneydogu_sendromu_yokmus-1088158.

60. The attempt to remasculinize the figure of the traumatized soldier is also reflected in the representations of trauma as an enemy or war. The website of the journal *Gaziler Dergisi*, for example, uses the phrases, "secret enemy PTSD takes hold of wounded veteran souls," "insidious enemy: PTSD," "disabled veterans' second war: PTSD," and "heroes ambushed by PTSD." <http://www.gazilerdergisi.com>.

However, the political economy of PTSD still stands in the way. There is no comprehensive epidemiological study among approximately five million conscripts who served in the Kurdish region, but the most recent study conducted in 2011 found that among 247 physically disabled veterans of the Kurdish conflict sampled in an average of fifteen years following their military service, 29.6 percent of them exhibited PTSD symptoms.⁶¹ Although transposing epidemiological distribution of psychiatric symptoms from one context to another is very problematic (for it ignores the interplay of political, socioeconomic, and cultural formations in the making of psychological models and diagnoses),⁶² as a point of comparison I should indicate that the prevalence of lifelong PTSD was estimated at 15.2 percent among male Vietnam veterans, 10.1 percent among Gulf veterans, and 13.8 percent among Iraq veterans.⁶³ In its foreword to “The Smell of Gunpowder,” a first of its kind documentary on the psychological toll of the conflict, *Al-Jazeera* argues, “2.5 million young men in Turkey who completed tours of duty in the southeast of the country may be afflicted by ‘Southeastern Anatolia Syndrome,’ a localised name for Post-Traumatic Stress Disorder (PTSD).”⁶⁴ Although this figure might be grossly overestimated, one can safely speculate that with the increase in the number of successful PTSD claims the economic toll of trauma will become an important challenge for state institutions in the near future.

Conclusion

Since the American Psychiatric Association established the category of PTSD and included the diagnosis in its official psychiatric nosology in 1980, PTSD has profoundly shaped our vocabulary and understanding of the meaning and effects of violence, human suffering, and mental health.⁶⁵ Initially developed for military veterans within the post-Vietnam milieu, the category quickly expanded to also include victims of torture, natural catastrophes, assault, rape, and other forms of violence, first in the U.S. and then globally.⁶⁶ Nevertheless,

61. Berna Güloğlu and Özlem Karırmak, “Güneydoğu Gazilerinde Travma Sonrası Stres Bozukluğu Gelişimi,” *Anadolu Psikiyatri Dergisi* 14 (2013): 237–44.

62. Derek Summerfield. “A Critique of Seven Assumptions Behind Psychological Trauma Programmes in War-Affected Areas,” *Social Science & Medicine* 48:10 (1999): 1449–62.

63. Statistical figures have been taken from the U.S. Department of Veteran Affairs’ National Center for PTSD and are available at <http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp>.

64. Retrieved from <http://www.aljazeera.com/programmes/aljazeeraworld/2012/09/2012917151659292430.html>.

65. Fassin and Rechtman, *The Empire of Trauma*.

66. Yavar Moghimi, “Anthropological Discourses on the Globalization of Posttraumatic Stress Disorder (PTSD) in Post-Conflict Societies,” *Journal of Psychiatric Practice* 18:1 (2012): 29–37.

this expansion has not been an unproblematic process. On the contrary, the category has been questioned from multiple angles as every single assumption and theoretical underpinning of PTSD came under attack or was found to lack empirical support. Thirty-five years after its inception, there is little about the diagnosis that has gone unchallenged,⁶⁷ yet PTSD continues to be the hegemonic framework through which we make sense of what it means to face catastrophic events. While those working within the framework of mainstream psychiatric traumatology dismiss skepticism about the empirical validity or universality of PTSD “as motivated by either a malicious agenda to silence the voices of survivors, or by sheer ignorance of the psychiatric consequences of overwhelmingly horrific experience,”⁶⁸ anthropologists,⁶⁹ historians,⁷⁰ psychiatrists,⁷¹ and philosophers⁷² have all subjected the category to critical inquiry.

Recently, there has been a vibrant discussion about the causes, implications, and pitfalls of the globalization of PTSD.⁷³ Since the late 1980s, the scientific etiology, diagnostics, and rehabilitation methods of PTSD have been imported to different cultural contexts, especially through humanitarian interventions in post-conflict and natural disaster settings. As the number of psychiatric humanitarian organizations and the amount of resources allocated to meeting the conjectured post-trauma needs dramatically increased, political and scholarly debates on PTSD diagnosis have been taken to international and multicultural levels. Anthropologically informed critics voiced all sorts of concerns over the problems of exporting a medicalized construct of Western psychiatry into other cultural contexts. According to these critiques, the global

67. Richard McNally, “Conceptual Problems with the DSM-IV Criteria for Posttraumatic Stress Disorder,” in *Posttraumatic Stress Disorder: Issues and Controversies*, ed. Gerald Rosen (West Sussex: John Wiley, 2004), 1–15.

68. *Ibid.*, 1.

69. Paul Antze and Michael Lambek, eds., *Tense Past: Cultural Essays in Trauma and Memory* (New York: Routledge, 1996); Fassin and Rechtman, *The Empire of Trauma*; Young, *The Harmony of Illusions*.

70. Shepard, *A War of Nerves*; Ben Shepard, “Risk Factors and PTSD: A Historian’s Perspective” in *Posttraumatic Stress Disorder*, 39–63.

71. Summerfield, “A Critique of Seven Assumptions”; *idem*, “War and Mental Health: A Brief Overview,” *British Medical Journal* 321 (2000): 232–35; *idem*, “Cross-cultural Perspectives on the Medicalization of Human Suffering,” in *Posttraumatic Stress Disorder*, 233–47.

72. Ian Hacking, *The Social Construction of What?* (Cambridge, MA: Harvard University Press, 1999).

73. Ethan Watters, *Crazy Like Us: The Globalization of the American Psyche* (New York: Simon and Schuster, 2010); Summerfield, “A Critique of Seven Assumptions”; *idem*, “Cross-cultural Perspectives”; Moghimi, “Anthropological Discourses.”

dissemination of PTSD leads to the naturalization and medicalization of Western cultural categories under the guise of a universally valid mental health model addressing human response to extreme events. The narrow reconceptualization of a wide range of human experiences of suffering and misery as “post-traumatic stress” glosses over local idioms of distress and ignores cultural and political practices of resilience.⁷⁴ Such homogenization of etiologies, meanings, and treatments of mental illness through the infusion of Western models into local healing systems may be not only ineffective, but also harmful by stripping people away from cultural narratives and experiences of illness and healing.⁷⁵ This can lead to the disappearance of cultural variations in how to heal mental illnesses, leading to a reduction of diversity in cross-cultural understandings of mental health and to the loss of chances for a realistic assessment of the therapeutic value of different healing practices.⁷⁶

While taking these critiques with the seriousness they deserve, my aim in this paper has been to expand these debates on the globalization of PTSD by shifting the terms of discussion from the erasure of cultural differences in local constructions of suffering, mental health, and mental illness to the historical genealogies of the political, moral, economic, and therapeutic work of particular psychiatric categories in contexts of violent conflict. As the Turkish case clearly demonstrates, the dissemination of PTSD discourse from the West to the rest does not unproblematically occur within a political vacuum, but rather materializes between global flows of trauma and local dams,⁷⁷ including denialist states, the political economy of PTSD compensation, and gendered constructs of military masculinity. Moreover, as my discussion of the local psychiatric constructs of *cinnet* and Southeast Syndrome illustrated, PTSD does not simply replace existing local categories of mental distress and illness, but enters into complex temporal and semantic relations of mutual symbiosis and competition with them.

It is likely that from this day forth a medicalized conception of trauma will increasingly become the hegemonic framework within which the meaning of war experience and post-war suffering will be contested in Turkey. However, the volatility and fragility of the peace negotiations between the state and the Kurdish movement renders it difficult to foresee the prospects of

74. Summerfield, “A Critique of Seven Assumptions”; idem, “War and Mental Health”; idem, “Cross-cultural Perspectives on the Medicalization of Human Suffering.”

75. Watters, *Crazy Like Us*.

76. Ibid, 7.

77. I borrow the phrase “global flows and local dams” from Kaushik Ghosh, “Between Global Flows and Local Dams: Indigenesness, Locality, and the Transnational Sphere in Jharkhand, India,” *Cultural Anthropology* 21:4 (2006): 501–34.

a sustainable peace and hence the future of the medical and political discourses surrounding war-related psychosocial suffering. If the peace process is extended beyond behind-the-doors negotiations, for example through the establishment of a Truth and Reconciliation Commission, ghostly narratives like Vedat's can become more visible in a more favorable political and therapeutic climate—not only as stories of individual trauma, but also as testimonies to the traumas of Turkey's recent history. Nevertheless, as this paper has illustrated, without a meticulous analysis of the categories through which we hear and understand these ghostly narratives and of their discursive and political work, dispelling ghosts of collective violence cannot be achieved by simply bringing them to light. As Vedat's story reminds us, "ghosts do not disappear when brought to light."⁷⁸ Sometimes one needs to dive deep.

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78. Tiina Kirss, "Seeing Ghosts: Theorizing Haunting in Literary Texts," in *Haunted Narratives: Life Writing in An Age of Trauma*, ed. Rippl, Gabriele (Toronto: University of Toronto Press, 2013), 22.