Chapter 5

Cultural Accounts of the Soldier as Subject

Folds, Disclosures, and Enactments

To be worn out is to be renewed.
—Lao-tzu, *The Way of Lao-tzu*

Evaluating fundamental questions of health in large populations is always extraordinarily difficult, but is particularly so after traumatic and complex wartime events. Nevertheless, unless these difficult questions are answered, we risk repeated occurrences of unexplained symptoms among veterans after each war.
—Kenneth C. Hyams, F. Stephen Wignall, and Robert Roswell, "War Syndromes and Their Evaluation"

Mary Fissell (1991) argues that, in England, the patient's narrative disappeared as a medicine dominated by competing private practices giving way to a medicine centralized in a hospital setting. In the early part of the eighteenth century, medicine was part of popular culture and (mostly elite) individuals used a wide range of concepts to describe ill bodies and had access to an even wider range of remedies. Because of their lack of control over the "production and consumption" (93) of the circulation of such knowledge, physicians had to fit both their diagnoses and their recommendations for treatment to specific individuals. Once medicine was relocated to the hospital, with standard training and treatment practices, patients' narratives were replaced by observation and classification. Clinical observations turned into clinically defined protocols that began the practice of defining illness through observable symptomatology. The practices associated with the clinic set the trajectory of figuring out what was wrong with a body and how to treat it, which is still the norm today.

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The shift, of course, was not quick, smooth, or orderly; hospital medicine emerged slowly over a long period of time with multiple impediments that served to erode patients' narratives, particularly around generating a diagnostic and therapeutic knowledge outside a patient's own understanding (105).

Fissell's arguments dovetail nicely with Foucault's (2006) understanding of psychiatric power—with the rise of both the psychiatrist in the asylum and psychiatry as a science and a practice that takes on "the power to define, control, and correct what is abnormal" (221). Foucault wrote about the production of the psychiatric subject through both exclusion and classification. Foucault's work *Madness* (2011b), originally published in 1954, lays out the intellectual issues he was dealing with while thinking about psychiatric illness vis-à-vis Freudian psychoanalysis. In 1962 he published a revised edition of *Madness* to articulate how dramatically his ideas had changed. In this version, the range of techniques of power—though not named as such—are evident in his descriptions of the constitution of mental illness. While not teased out, the kernel of the idea of how the exercise of disciplinary power excludes, classifies, individualizes, and regulates bodies is present. For example, Foucault's discussion of cultural definitions of illness by Emile Durkheim and Ruth Benedict shows how disciplinary power works in terms of scientific applications of knowledge (via statistical analysis and deviation from the norm à la Emilie Durkheim) and of cultural possibilities (via relegating people with mental illness into particular cultural positions à la Ruth Benedict) (Foucault 2011b: 99–105).

For Foucault (2011b), the *practice* of psychology excludes mad bodies by interning them in asylums; the *science* of psychology classifies mental illness to further subjugate bodies. Through exclusion and classification, the relationship between psychology and madness relies on

> a disequilibrium so fundamental [that the relationship itself] render[s] vain any attempt to treat the whole of madness, the essence and nature of madness, in terms of psychology. The very notion of "mental illness" is the expression of an attempt doomed from the outset. What is called "mental illness" is simply *alienated madness,* alienated in the psychology that it has itself made possible. (Foucault 2011b: 125; emphasis in original)

Madness was an early piece in Foucault's body of work. In it he laid out the architecture of his later arguments in *Madness and Civilization* (1988a). In *Madness and Civilization,* Foucault points out that as disease became more aligned with the organic, the experience of unreason was relegated to the psychological. Psychoanalysis did not emerge as a science to access the truth of madness; rather, it emerged as a way to mask the experience of unreason and to keep it in the realm of the medical. By the end of the nineteenth century, clinical observations recorded so meticulously

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by trained physicians, neurologists, and psychiatrists steeped in elite and exclusionary scientific knowledge began trumping the bodily sensations of individuals and any other experience of illness.

Much like psychoanalysis, military psychiatry tries to mask the experience of unreason in order to keep it tightly bound within the realm not only of the medical, but also of the military. In the Second World War, for example, military psychiatrists conceptualized combat breakdown as an experience of unreason, both spatially and temporally. The idea that, given an extreme set of circumstances, anyone could break down reoriented the military psychiatric gaze to all combat soldiers rather than just the ones that were marked—formally and informally—as potentially weak. Soldiers diagnosed with battle exhaustion were treated close to the front and either were returned to battle quickly, usually within seventy-two hours, or were evacuated for more extensive treatment at a hospital, usually one designated for mental illness. Once released from medical care, soldiers were considered safe (but not cured) and were returned to duty or discharged to society. The increased reliance by the military on small group cohesion to maintain morale among combat troops (a social psychology approach) supported the quick turnaround among exhausted troops. Compounding breakdown recovery was the sudden separation from the soldier's squad after a battle. Treatment for exhaustion relied on psychotherapeutic practice, mostly in groups. Psychiatrists exploited the deep ties formed among troops based on trust, loyalty, and cooperation at the organizational level of squad or patrol and used a combination of guilt and honor to convince soldiers to return to their unit. This arrangement kept unreason firmly circumscribed within the military medical corps group while delimiting how long the unreason could be considered an illness.

Lessons from the Great War showed that nervous breakdowns in combat could result in high war pensions. After the Second World War postdeployment psychiatric disability was not officially linked to combat experience. Rather, the onset of mental illness after the war was causally linked to constitutional predispositions and social factors existing prior to the war. Civilian and military psychiatrists began taking war-time psychological wounds of soldiers seriously only after the end of the American Viet Nam War—not in terms of exhaustion, but in terms of trauma. More recently, enhanced medical training for advanced trauma care and forward surgical teams nearer to the battlefield increased chances of survival for a far greater proportion of soldiers wounded in combat than ever before.[1] Compared to psychological training for recruits that has delayed the onset of breakdown, forward medicine streamlined over the twentieth century is even more proximate, immediate, and expedient. The spatial

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and temporal limitations so important in the Second World War for managing combat breakdown among troops have now been fragmented into an anywhere, anytime strategy for determining the unreason of a soldier.

In this chapter we negotiate the tension between the soldier's ill body and the way it gets talked about. Many discourses come to inform what counts as war neuroses, and use medicine and psychiatry as bases from which to circulate (assumed) knowledge about weary warriors. These identities are deployed through various mechanisms of the state, society, and economy to support or contest wider social policies, political agendas, cultural understandings, and individual behaviors. Our primary interest here is with the constitution of the weary warrior as a subject through cultural forms. We first lay out arguments about subjectivity and show how they fit into our wider arguments in other parts of the book. We demonstrate the fit by locating the generation of the weary warrior in a positive ontology and within various sets of practice—psychiatric power, military activities, and masculinist culture. We then present a series of cultural sites through which weary warriors have been generated—fiction, autobiography, and film.

Situating Subjectivity through Folds

Straddling the edge of the psychic and the organic, soldiers presenting with symptoms of nervous breakdown in and after combat have little to go on to describe their bodily sensations, let alone to describe what led them to feel a certain way. Soldiers and veterans work up their bodily sensations into categories that physicians can understand—for example, angry outbursts, anxiety, blurred vision, deafness, depression, despondence, headache, memory loss, moodiness, mutism, pain all over, paralysis, sleeplessness, stuttering, trouble finding words, inability to concentrate, weeping, and withdrawal from friends and family. It could have been a blast, some movement, darkness, and then waking up in a hospital. It could have been a summer celebration, with champagne, a vague sense of foreboding, and then waking up shivering underneath a picnic table. It could have been another blackout to numb the recurring nightmares, a violent act, and then seeking out help from the local veterans' association. Much like seeking out a language to convey feelings and bodily sensations, soldiers search for recognizable scripts to ground themselves in order to reestablish stability and fixity in a life that has been shattered.

Yet the preconfigured identities available to soldiers are not necessarily useful or effective in either dealing with their recent transformation or facilitating healing. In the context of invisible war wounds, after an

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intense psychological wounding one's sense of self is practically erased. All notions of the self the soldier occupied—courageous, strong, and invincible, all part of being hypermasculine—must be rethought in light of the identities available for war neurotics and fatigued soldiers, characterized as weak, cowards, and merely shells of the masculine forms they once were. Even in the relatively progressive twenty-first century, when there is a general acknowledgment in the military and among civilians that anyone could break down in the face of war atrocities, when mental illness is apparently less stigmatized than ever before, and when soldiers can access resources to assist in treating emotional breakdowns, there is still the scepter of failure, worthlessness, dishonor, and femininity hanging over the soldier's head.

How does one go about rereading the weary warrior so that more possibilities appear to soldiers and veterans? No doubt the task of reestablishing a suitable identity without basing it on a sense of failure is gargantuan, especially given the limitations of engagement in such a task just after combat, just after diagnosis. And even before any identity can provide a script into which a soldier or veteran can walk, a portrait of a subject with crisper brushstrokes has to be imagined. The enactment of such a subject can counter the bounded, incongruous image of a war neurotic, fatigued soldier, or a soldier with mTBI. Subjects emerge that can distinguish specific historical periods as in the Greek subject via sexuality in ancient Greece (Foucault 1990b), the modern subject emerging as universally human (Latour 1993), or a postmodern subject arising from late capitalism (Jameson 1984). Rather than focus on a subject of an epoch, we want to trace various enactments of weary warriors in specific time periods that sometimes run counter, sometimes reinforce, and sometimes shatter the weary warrior as subject. The first step toward our goal is coming up with a way to see how subjectivity comes into being. Once we provide a critical account of how subjectivities emerge, we can reread the broken embodiments of weary warriors as subjects in critical, less-distressing, and more-compassionate ways.

In his critique of Foucault's body of work, Gilles Deleuze (1999) lays out a way of understanding subjectivity within a positive ontology. Deleuze describes a process through which subjectivities are created through the "fold." Subjectification involves four folds: the material part of self (organic, physiological, biological), the relation between forces (among human and nonhuman), the relation of truth to being and vice versa (power, knowledge), and the outside itself (institutions, ascriptions, acts). Through these four folds, a subject emerges that is not reducible to any one fold. Rather, at each and every moment a new subject forms, one that holds momentarily the effect of the variable depth, speed, and intensity of each

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folding and its relationship to the others. There is no subject other than that which emerges through folding and unfolding, mixing and matching, variation and difference.

Foucault's overall project of drawing attention to the *conditions* of the emergence of the subject via power and knowledge sets the stage for the claim that "the conditions are never more general than the conditioned element, and gain their value from the particular historical status. The conditions are therefore not 'apodictic' but problematic. Given certain conditions, they do not vary historically; but they do vary *with* history" (Deleuze 1999: 114; emphasis in original). Variation and difference are already implicated in the folds that include the outside in the interior of the individual. Instead of a direct link between cause and effect, there is more of a Markov chain shaping and informing the emergence of an individual subject.[2]

What sorts of things happen in these folds which can produce a subjectivity that meshes with what we understand to be a weary warrior? How do patterns emerge that permit us to talk about a weary warrior? Annemarie Mol (2002) provides insight into these two questions in her ethnography of the practices that enact atherosclerosis. She attempts to unlace the tight binding of the subject to individual humans and to being active knowers. She locates her arguments in the discussion over dualistic ideas of the subject as human and the object as nature, as well as the active knowing subject with the passive object that is known. To break the binary of human/nature, Mol collapses the distinction between the doer and the deed, and argues that the deed itself constitutes the doer—one does not exist without the other. "Enact" as a verb comprises this idea, which applies to both subjects (humans) and objects (nonhumans). Thus, both war neuroses and weary warriors are enacted through diagnostic and treatment practices. Such practices include the presentation of a soldier at a dressing station with amnesia, a tale of a bomb exploding nearby, and a vague memory of unconsciousness. Then, after some time interval, the enactment continues through acquisition of a disability pension based on psychiatric illness, newspaper articles about the rising suicide rate of war veterans (see Alvarez 2009; Wilhelm 2011), and a movie depicting the psychological stress with which a bomb defuser lives (*The Hurt Locker* 2008).

Mol (2002) also challenges the idea that the subject is the knower and the object is the known. She argues that a foundational aspect of medicine clings to Marie-François-Xavier Bichat's pathology in that the subject as knower where the patient presents an informed narrative, for example, was eclipsed by the physician becoming the knower by making the cadaver the object known.[3] This switch supported the exaltation of the physician's knowledge at the expense of the patient as a knower and facilitated the rise of clinical observation as the golden standard for medical diagnosis

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(see Fissell 1991; Foucault 1994). In modern medicine, the patient has been grafted back onto the material body through the reintroduction of a series of codified behaviors of individuals through the psychosocial dimensions of health. Yet the inclusion of psychosocial dimensions of an individual into medicine is but one way to go about reintroducing the subject back into medicine. Such an introduction reinforces medicine as the knower and the patient as the known. To break this patterning, Mol suggests a strategy to call into question the fundamental arrangement of medicine itself. That is, she argues that social critics need to focus on the knowledge generated in the *practice* of medicine.[4]

Susan Hekman (2010) provides insight into one tension that arises when thinking about how subjects can come into being. She argues that for a subject to emerge one has to take on an identity. An identity is something on offer within a society that an individual takes up and walks with. Without a distinctive identity that one can slip into, one's ontological status is erased: one ceases to be. She refocuses her question away from how a subjectivity is constituted toward the question, "what are the options for subjects who are denied identity and hence an ontology?" (95). In other words, what happens when an identity exists outside the range of acceptable identities, such as a war neurotic, traumatized soldier, or weary warrior? Hekman partially addresses her question by conceptualizing the subject along the lines of Andrew Pickering's mangle, arguing that

> Subjects are constituted through the intra-action of discourse, genetically coded bodies, social norms, technology, science, and many other factors. No single factor is causal; all are constitutive. And, as the postpositivist realists argue, the identities that subjects inhabit are real; they have material consequences. But I have argued that these identities are not real in the sense of objectively right or true. Reality is disclosed through our concepts and, most importantly, through my understanding of which subject position I inhabit. The reality this subject position discloses is my reality; other subject positions disclose a different reality. What avoids relativism in this formulation is not that I can declare that one subject position provides a truer picture of reality, but that I can compare the material consequences of the different disclosures. Some subject positions entail privilege, others deny subjects a viable life. These are real differences that can and should be the basis of social critique. (Hekman 2010: 107)

For Hekman (2010), variation and difference reside in the reality disclosed by a specific subject positioning. Social critique involves mapping out the material consequences of any one disclosure, such as a weary warrior, from multiple subject positionings (that are embedded in the mangle of the subject) via diagnosis, via policy, via culture, via … et cetera.

But what subject are we talking about? Which subject positionings matter in a study of weary warriors? Are they the ones that can situate sol-

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diers' deep emotional distress in combat? Is it only the bounded entity of a soldier with nervous exhaustion? Is it the traumatized individual that has a formal diagnosis of PTSD? Or is it the bodily sensations themselves, so carefully wrapped up in something called symptoms? In an innovative writing project, Annemarie Mol (2008) queries the situations that authors use to write subjects and works through how subjectivities can be thought. She uses eating an apple as a way to tease out some of the usual poststructural aspects of subjectivity, as well as some uncommon aspects. She supports the argument that subjectivities are situated (temporally and spatially), decentered, and relational. In her descriptions, she draws out materialities invoked by thinking about eating an apple:

> Let's leave Braeburns out of this, but, let me tell you, I don't like Granny Smiths. In the late 1970s and early 1980s we (my political friends and myself) invested a lot in disliking Granny Smiths. At the time they were always imported from Chile, and thus stained with the blood spilled by Pinochet and his men. Once Pinochet had gone, it turned out to be difficult to reeducate my taste.… It should be possible, but so far I have not succeeded. Yes, I can eat a Granny Smith apple: bite, chew, swallow, gone. But it does not give me pleasure.… For how to separate us out to begin with, the apple and me? One moment this may be possible: here is the apple, there am I. But a little later (bite, chew, swallow) I have become (made out of) apple; while the apple is (a part of) me. Transubstantiation.… A person cannot train the internal linings of her bowels in a way that begins to resemble the training of her muscles. I may eat many apples, but I will never master which of their sugars, minerals, vitamins, fibres are absorbed; and which others I discard. (Mol 2008: 29, 30; emphasis in original)

These passages point toward the complexities of how subjects—ones that can be human or nonhuman, as, for example, a weary warrior, an ill body, a set of bodily sensations, or an entity that captures all of them—intermingle with one another. They also show how one might think about the inter- and intra-activity that goes on in the constitution of a subject. Though we do not use novel exemplars, we still are trying to invoke a different way to think, see, and thus enact weary warriors. We seek to challenge explanations of shell shock, battle exhaustion, combat fatigue, PTSD, and TBI, for example, that rely on culture as the differentiating factor in onset or expression of severe reactions to combat stress; that conceive breakdown in combat as a timeless organic process; and that locate psychiatric wounds and mental breakdown in the relationship between the patient and psychiatrist, in the personal circumstances of an individual's history, or in each and every one of us.

For us, the subjectivities associated with weary warriors, including those beyond the individual, can be traced along a particular fold, can be disclosed via a particular subject positioning, or can be enacted through a

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specific set of practices. Such a multiplicity of tracings disclose sundry sets of implications, some of which support stability and fixity, some of which generate disorder and permeability, some of which affect the circumstances of daily life, some of which indicate discursive shifts. For example, just as war neuroses were new to psychiatry at the turn of the twentieth century, psychiatry as a scientific and medical system of organizing thought was new to war neuroses. The clash of these configurations of power/knowledge enfolded the shell-shocked soldier and generated a (relatively) new subject. Just as psychiatry as subject solidified claims to truth about shell shock, the material bodies of soldiers were subjugated, and sent back to the front or subjected to treatment that often depended on class background—upper- and middle-class officers received psychotherapy, and working-class ordinary soldiers underwent harsher treatment regimes.

The new subject of the shell-shocked soldier posed problems for the emerging welfare states in Australia, Europe, and North America because of the cost of pensions for disabled veterans. There were no prewritten scripts for soldiers once discharged. Veterans of the Great War were thrown back into civilian life where their families, friends, and communities had to deal with their wounds, their discontents, and their outbursts of violence.[5] After the discursive splash they made both in psychiatry and in the media as shelled shocked soldiers, they were left in large part to generate their own scripts, negotiate constraints, and move toward fixed, more comfortable, identities.

Subjectivities, as we have argued before, are one of the many elements in apparatuses. Strategies connect elements that then support and are supported by various types of knowledge (Foucault 1980b: 196). In this sense apparatuses are indeed strategic. Military psychiatry as an apparatus congeals around a strategic purpose—that of dealing with groups of soldiers who are burdensome to the military because of their inability to be productive, who are mobilized as deficient through discourses of masculinity, and who justify the existence of psychiatrists in the military as well as the integration of psychiatry into military operations. Together, the practices arising from these strategic connections generate subject positionings for soldiers with nervous exhaustion to take up. These are not bodies that are ill necessarily in conventional ways—organically, orthopedically, or functionally. They are embodied subject positionings for the psychologically wounded, that in turn disclose a certain set of truths, realities, and knowledge that are themselves effects of power/knowledge. We are not saying that each individual engages in practices that intentionally support or purposefully thwart the generation of a collective subject positioning of a soldier enduring deep emotional distress as a result of combat. Rather, military psychiatric practices and those associated with them, such as

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general physicians, with awareness of war trauma come with sets of rules that regulate how the psychiatrist engages with the patient. And it is these practices that collectively generate a space that circumscribes a soldier traumatized by war while at the same time projecting a fixed identity of the shell-shocked soldier, the war neurotic, the soldier with PTSD, and the soldier with mTBI. Resistance to these subject positionings is as, if not more, numerous as the popularized subject positionings. For example, American veterans and veteran groups of the Viet Nam War were instrumental in getting PTSD into the *DSM-III* (APA 1980). Indeed, the military designation of OSIs as the encompassing term for all sorts of psychiatric wounds and the scientific distinction between PTSD and mTBI counter the major trends in generating weary warriors as subjects. We maintain, however, that most individual and collective resistance is buried in the lives of those soldiers enduring deep emotional stress in and after combat who may already be dead, whose stories are salvageable from historical texts, and in the lives of those who walk among us whose stories are still emerging as they try to establish some footing in the everyday. For us, the subjectivities associated with weary warriors, including those beyond the individual, can be traced along a particular fold, can be disclosed via a particular subject positioning, or can be enacted through a specific set of practices.

One way to access and then trace subjectivities and the processes and practices through which subjectivities emerge is by critically reading texts written by, about, and for soldiers. These texts include an array of material and discursive practice-based enactments, as well as subject-making activities that soldiers and others engage in. Gleaning subjects from a variety of texts brings into focus the multiplicity—both in number and magnitude—of subjectivities available and taken up by psychiatrically wounded soldiers and veterans. Refusing singular understandings of soldiers and veterans who have endured deep emotional distress in and after combat permits a more robust appreciation of the myriad of connections among the elements of various apparatuses and their links to soldiers and veterans. Thinking in terms of folds, disclosures, and enactments facilitates the appearance of different understandings of the subject, subject positionings, and subjectivities that involve soldiers' and veterans' resistance to and accommodation of their multiple framings (after Pickering 1995). We now turn to critical readings of a number of cultural sources that work toward generating specific subjectivities associated with weary warriors. We trace folds, we disclose materialities via subject positionings, and we show how specific practices enact particular subjects. We have chosen these works purposefully for they illustrate our arguments by texturing the claims we make.

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Un/Masking Un/Reason through Fiction

Pat Barker's novel *Regeneration* affords a rationale for rejecting the irrationality of war: "a society that devours its own young deserves no automatic or unquestionable allegiance" (Barker 1997, 249).[6] She questions why it is that a normal reaction to war is considered to be abnormal. Her message plays out in a series of relationships among war neurotics sent to Craiglockhart Hospital near Edinburgh for recovery, and the psychiatrists enlisted to cure them. She deftly weaves together invented characters and historical figures in order to comb through the complexity of what constitutes a war neurosis. The novel opens with Siegfried Sassoon's declaration against military authority that the war was being prolonged unnecessarily and that he, on behalf of other soldiers being sacrificed and those being treated unjustly, protests the war and refuses to return. Sassoon maintains that he was neither a pacifist nor insane when he made his claim that he was finished with the war (see Sassoon 1930). The tension between reason and unreason plays out through Barker's primary character, Dr. William H.R. Rivers, an anthropologist and psychotherapist drafted into the British Army Medical Corps to serve as a psychiatrist. She uses his reflections to provide a more nuanced reading of war neurotics from the Great War. Throughout the novel, Barker sets up different scenarios through which the context of the emergence of psychiatry as an influential field of science informs the characters' actions, reflections, and tensions. For example, she writes,

> As soon as he started work at the hospital he became busy and, as [Dr.] Head had predicted, fascinated by the difference in severity of breakdown between the different branches of the RFC [Royal Flying Corps] [see Armstrong 1936]. Pilots, though they did indeed break down, did so less frequently and usually less severely than the men who manned observation balloons. They, floating helplessly above the battlefields, unable either to avoid attack or to defend themselves effectively against it, showed the highest incidence of breakdown of any service. Even including infantry officers. This reinforced Rivers' view that it was prolonged strain, immobility and helplessness that did the damage, and not the sudden shocks or bizarre horrors that the patients themselves were inclined to point to as the explanation for their condition. That would help to account for the greater prevalence of anxiety neuroses and hysterical disorders in women in peacetime, since their relatively more confined lives gave them fewer opportunities of reacting to stress in active and constructive ways. Any explanation of war neurosis must account for the fact that this apparently intensely masculine life of war and danger and hardship produced in men the same disorders that women suffered from in peace. (Barker 1997, 222)

Although not necessarily accurate in most interpretations of Rivers' own views and practices through his publications, Barker captures the milieu

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in which Rivers as a practicing military psychiatrist made sense of the nervous breakdowns among the various branches of the military involved in the Great War. Injuries of the mind are neither feminized nor cast as rituals of emasculation; rather, she writes into the subjecthood of the soldier a sympathetic place to alight when laden with helplessness and inaction as markers of long stretches of danger. Why not a neurosis? After all, women at peace were often hysterical and neurotic when languishing in a society that afforded them few paths and scripts that could move them away from their social morasses. As well, Barker compares Rivers' psychotherapeutic approach to Lewis Yealland's shock and persuasion approach (see Adrian and Yealland 1917) to contrast the debate within psychiatry about whether neurosis arose from weakness in character or was a result of the war. She writes that, for Rivers, "[psycho]therapy was a test, not only of the genuineness of the individual's symptoms, but also of the validity of the demands the war was making on him" (Barker 1997, 115).

Barker also provides insights into how a psychiatrist constructs the practice of psychiatry. For example, she writes about how Rivers must demythologize each individual patient's actions and memories. Rather than thinking of Jonah and the whale, Rivers needs to assist the patient in living with the memory of his head in a dead soldier's belly (Barker 1997, 173). Healing may actually go on even if in not the intended direction (242). She also permits the soldiers to generate spaces where they can actually be soldiers. She writes about them not talking about what went on in France to the women at home, less to protect the women and more because soldiers need the women's "ignorance to hide in" (216). Being part of the military also meant living in temporally bounded places, where soldiers could be dashing, jolly, patriotic, and honorable off the battlefield, away from the frontline, in order, no doubt, to survive.

Barker's work emphasizes—by her detailed account of Rivers' work in psychotherapy—both the conditions that constitute truth claims about the mind in psychiatry as an emerging science and the outside, not as a place, but as an external force, in this case specifically the war, in which individuals engage as a way to eventuate (come to) themselves as subjects (Deleuze 1999: 104; Lambert 2002: 26). Barker illustrates something important in our arguments: that the multiplicity of subjectivities comes into existence through specific practices; subjects are enacted. Barker's work is illustrative of practices that enact subjects through cultural representations. Her work does double duty: not only does she offer a nuanced reading of the shell-shocked soldier, but she also creates a space for veterans surviving the Gulf War to be something other than the weak-willed malingerers that can only complain of a life shattered by unseen forces. Her work was first published in 1991 when much of the discussion of the day

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focused on external events possibly causing an organic malady among veterans of the Gulf War, such as exposure to uranium and viral infection from inoculations. Barker puts back into discursive play the notion that if indeed something external caused nervous breakdown among soldiers, then the external event did not have to be something unseen and surreptitious. The external event could actually be the war. And it is through the war that the veteran with GWS came into being. Those soldiers in service during the Gulf War did not always break down as a result of combat; rather, the "prolonged strain, immobility and helplessness" (Barker 1997, 222) positioned soldiers to take up a subjectivity that held within it a reasonable account of their unreasonable experience.

Tim Carlson, a Canadian playwright and director based in Vancouver, British Columbia, also uses a cultural medium to suggest alternative subjectivities for soldiers enduring deep emotional distress in combat. He is writing in the post-2001 world of the War on Terror, the USA Patriot Act of 2001, and Operation Enduring Freedom, an era entailing enhanced surveillance, heightened suspicion, and erosion of civil liberties. His play *Omniscience* (2007), set in the not-so-distant future, focuses on Warren Atwell, a documentary film editor working on a film about an urban war in which Warren's life-partner, Anna Larson, fought; she is now recovering from traumatic stress. His employer's director of wellness, Beth DeCarlo, is being investigated by George Ellis, from the state, for her involvement in Warren's disappearance and Anna's recovery. Carlson deftly entwines into the play Orwellian notions of surveillance, as, for example, searching for clear rooms and reveling in the idea that they exist (62), speaking in public places like the subway platform only when the sound is distorted by the passing trains (92–93), and twisting routine circumstances in interviews that support conspiracy with a veteran-led terrorist group (72, 94). Indeed, the entire state project—which Warren is documenting, within which Beth is facilitating health, in which George is investigating possible resisters, and for which Anna fought—is about installing a government commensurate with the interests of the many (read: few), aptly named the Reconfiguration. The story takes place in the era of postconflict renewal, where one area of the city, SouthWestFive, has just been cleansed (21). The goal of individual soldiers returning to civilian life is "to configure transition toward a positive future" (21), and Beth's role is to assist Warren and Anna to "reconfigure your life for wellness" (17).

Lieutenant Anna Larson is not the main character. It is only *through* her that the story unfolds. She joined the forces not because she would die for the cause, but because she wanted an education and a career. She served under extreme conditions cleansing SouthWestFive and became debilitated after involvement in a friendly-fire incident. Part of her reintegration

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(transition toward a positive future) includes decompression therapy on an island outside the city and taking a long list of medications (Carlson 2007, 17, 44, 56). Anna's general demeanor throughout the play is either angry or withdrawn. Her symptoms of disorientation and hallucinations are symptoms acknowledged by Beth and George (38), and Beth describes the typical traumatic stress victim as wanting to hide (53). She acts paranoid (31), has seizures (48), and is drug-dependent (60–61, 67–68). When she has a voice to talk about herself she calls herself a "ghost soldier" (29), yells out "I'm the mental case. That's my role" (81), and taunts Warren about his interest in her being the "crazy vet segment" in his documentary (42). The circumstances under which Anna mistakenly fired on her own soldiers are played out in one of her flashbacks (50). Eventually, Anna tells Beth about the incident that Anna pinpoints as the beginning of the breakdown when, three weeks into her tour, she kills a soldier because he begs her to (89–90). She sent in a "bird" (drone) and through the "third eye of a dead man" she "fired a rocket in" (89, 90).

Carlson (2007) sets up a disturbing view of a surveillance society, a view that theater goers could see is not that far-fetched. Through the character of Warren, who acts suspiciously and is paranoid as a result of the repressive measures of the Reconfiguration, Carlson is able to hint that traumatic stress is part of a wider society—omniscience is the precursor of a traumatic stress. While Carlson is interested in forcing contemporary society to face the potential consequences of intense surveillance and infringement of privacy seeds now being sown, we are interested in his depiction of Anna as the metaphor for a society racing toward stress from trauma. The depiction of the character of Anna reinforces popular understandings of soldiers coming home to Australia, Europe, and North America from the twenty-first century wars in Iraq and Afghanistan. Carlson utilizes a fixed identity—that of a combat soldier with anger, flashbacks, hallucinations, medications, paranoia, and social withdrawal—to explore the travails of a repressive society. He chooses a woman for that identity, one usually reserved for male veterans, perhaps as a device to play up the shock of seeing a woman acting out traumatic stress from war, or perhaps to sharpen the idea of trauma as the weak-willed, submissive citizen of repression. His choice works well, given that women can easily be seen as emotional, as hysterical, and, in what is described often enough in the play, as insane. As a subject, Anna is rigid, though docile: there is no room for her to be something other than what society wants her to be. In a failing society, those who fit survive, and those who do not fit die. Anna, full in her ill body, survives as the living wounded for trying to escape *who* she is; Warren dies for trying to escape *as* he is. What Carlson brings to bear in this stringent framing is the notion that Anna's response is actu-

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ally far more reasonable a reaction to the wrenching pangs of horror than the unreason of war. Yet what he does for weary warriors is to corral their potential subjectivities, cram them into one expression, and use it to show the ills of society.

Making Sense of Experience through Autobiography

In addition to novels and plays, autobiographies and autobiographical writings are useful sites to survey the contours of subjectivities enacted through the practice of writing as well as disclosed given the particular subject positioning taken up by the writer. War memoirs are a genre unto themselves (Harari 2007), with a large subset of those written by weary warriors as a strategy to deal with the experience of war and distress. Some autobiographers write shockingly candid versions of war, destruction, and death (e.g., Jünger [1920] 2003; Sassoon 1930; Tamayama and Nunneley 2000), while others embed their experiences in wider versions of their lives (e.g., Richardson 2005; Scurfield 2004), an amalgam of experiences shaping who they are (e.g., Doucette 2008; Swofford 2003), or poignant messages directed at society writ large (e.g., Graves [1929] 1995; Kovic 1976; Moore and Galloway 1992, 2008; Navarro 2008). Still others are brought under scrutiny for their permeable boundaries between truth and fiction, authenticity and imagination, and truth-correspondence and fabrication (e.g., Sajer 1971). When tracing subjectivities of soldiers with psychiatric wounds through autobiographies and autobiographical writings, the subjectivities captured are not necessarily the ones intended to be marked, nor are they the ones that resonate with popularized understandings of weary warriors as subjects. Subjectivities, as Mol (2008) suggests, are situated, relational, and decentered. Accordingly, an exploration of subjectivities can come in various forms.

Lieutenant General Roméo Dallaire is the highest-ranking military officer who has come out and publicly talked about his psychiatric struggles with flashbacks, depression, and suicidal thoughts. His autobiography, *Shake Hands with the Devil: The Failure of Humanity in Rwanda* (2003), is his story of the United Nations Assistance Mission for Rwanda (UNAMIR) in 1993–94. His autobiography begins much like any other, with stories of his childhood in east-end Montréal, the eldest of three and son of an army sergeant and his war bride from Holland. He writes about his formative moments, his wife and family, and his training in the Canadian Forces. Unlike many autobiographies of weary warriors that cover postwar experiences of dealing with war trauma, the bulk of Dallaire's story is about his deployment in Rwanda. In August 1993 Dallaire went on a fact-find-

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ing mission to Rwanda to assess whether a peace-keeping mission needed to be sent to the country. Three months later he was head of UNAMIR, a mission charged with working with the interim government in support of the Arusha Peace Agreement. In April 1994 a one hundred–day civil war broke out, and by the end well over 500,000 Tutsi were dead.[7] Dallaire left Rwanda 20 August 1994, feeling as if he had failed. His story is an indictment of a world that closed its eyes and turned its back to slaughter, hate, and evil. As his account of the mission unfolds, the clarity of his understanding of the toll that witnessing genocide takes on soldiers deployed to observe and offer assistance begins to emerge. Strewn over the pages are accounts of a plethora of acts that Dallaire sees as transgressions of humanity. His deep Christian faith set the parameters of his engagement with the genocide going on around him, something he dedicated himself to avert (64) but could not stop or even slow down, and something for which he felt "deeply responsible" (1).

Because he did not organize his story around onset, treatment, or living a life with PTSD, we scrutinized the text for his descriptions of his body and of illness. Woven into his narrative is an account of the onset of traumatic stress and of his reactions to what psychiatry refers to as PTSD (see also Prince 2006). There were organized events to release tension collectively (Dallaire 2003, 134); there were accounts of dreams to provide insight into the politics of the key players in Rwanda (261); and there were efforts to allay the underlying fear of loved ones who lived on pins and needles waiting the phone call, visit, or television report of the death of UN soldiers (273–74). He recounts an iniquity of the effect of this tension, witnessed by a close aide and a UN soldier from Bangladesh, where hundreds of Tutsi were dead and dying in a church, an event that marked for him the beginning of the "wholesale massacre" (279–80). There are quips and brief asides describing bodily sensations that could be worked up into symptoms of PTSD: falling objects startling him when dropped to the floor (325), outbursts of anger (334–35, 494, 499, 500), zombie-like hollowed eyes with blank stares (454), claustrophobia (499, 504), emotional intensity accompanied by emotional repression (458, 462, 491), disturbing dreams (467), and "adolescent" acts pointing out the absurdity of the war (480). In a short passage where he describes the state of fatigue that some soldiers were in, he clearly articulates the tension he faces as a soldier when he weighs the health of his staff against his own operational imperative:

> I had a mission headquarters staff of fewer than thirty officers, with varying levels of skills and knowledge, trying to keep a multitude of operational tasks moving: I had made a vow that UNAMIR would never be the stumbling block to peace and stability in Rwanda, and the staff worked themselves ragged to fulfill that promise. I had not allowed my principal staff any leave time, with only a few exceptions, since the start of the war. A couple of

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> people had become zombies, blank and unresponsive, and we'd had to send them home. Others were over-irritable and would become very emotional over conditions that we had been living with for some time. It was as if a line had been crossed and they began to interpret everything as if they were Rwandan, wholly identifying with the victims. Once they started inhabiting the horror they could not handle any serious new work. We started to send them off to Nairobi on the Hercules for a couple of days' rest. Their fatigue was a recognized medical state. After seeing a doctor in Nairobi, they would move to a hotel room and then wash, sleep, eat and somehow attempt to relax. Since there was no budget to handle the walking wounded, such bouts of rest and recuperation were at the expense of the injured person. (Dallaire 2003, 484)

Because of his position as a commander, Dallaire no doubt considered himself at least partially responsible for the walking wounded, which probably fuelled the recognition of his own condition that he vowed to get help at some point (488, 501, 505, 509).

Throughout the book, in his descriptions of traumatic stress, Dallaire describes situations, reactions, and bodily sensations that psychiatry would consider to be symptoms of PTSD. He described what could be considered a flashback, but does not use the word "flashback." He writes about reliving the deep emotional distress. After having been briefed of recent atrocities in the Goma area (near Zaire, present-day Democratic Republic of the Congo), Dallaire (2003) writes,

> I listened to the report without moving a muscle. It wasn't shock any more at the horrific descriptions. Instead I now entered a sort of trance state when I heard such information; I'd heard so much of it over the past two weeks that it simply seemed to pile up in my mind. No reaction any more. No tears, no vomit, no apparent disgust. Just more cords of wood piling up waiting to be sawed into pieces in my mind. Much later, back in Canada, I was taking a vacation with my wife and children, driving down a narrow road on the way to the beach. Road workers had cut a lot of trees down on either side of the road and piled the branches up to be picked up later. The cut trees had turned brown, and the sawn ends of the trunks, white and of a fair size, were staked facing the road. Without being able to stop myself, I described to my wife in great detail a trip I had had to make to the RPF [Rwandan Patriotic Front] zone, where the route had taken me through the middle of a village. The sides of the road were littered with piles upon piles of Rwandan bodies drying in the sun, white bones jutting out. I was so sorry that my children had no choice but to listen to me. When we got to the beach, my kids swam and Beth read a book while I sat for more than two hours reliving the events reawakened in my mind. What terrible vulnerability we have all had to live with since Rwanda. (Dallaire 2003: 314–15)

Dallaire takes up his emotional distress and reoccupies his broken embodiment with a new understanding of who he might become as part of who he is. In this passage, he follows the subjective fold of his material body, activated by external factors that then highlight for him the deep de-

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spair he lived through and would now live through again. Instead of using words that inscribe him with the diagnosis of PTSD, he attempts to write his own subjectivity, not as one of someone ill, mad, or insane. Rather, he writes himself as a subject that has been part of an unspeakable inhumanity, who simply acts rationally to irrationality. He sidesteps psychiatry as medicine to unmask unreason, to show how anyone could break under such extreme distress. In effect, he naturalizes such a reaction, and normalizes what psychiatry has determined to be symptoms of PTSD.

In several such instances Dallaire explains his actions in rational terms against an irrational background. He writes about his own short-tempered responses to UN personnel who refused to listen to his plea for help, but does not refer to it as irritability (Dallaire 2003, 402–3). He tells about uncommon, valorous acts in dangerous situations, but does not refer to these acts as emotional numbness or feelings of detachment (405). He recounts dreams, some of them recurrent, of dead bodies, incidents he has been involved in, and images of cruelty, but does not call them nightmares (414, 467). His story, a disclosure of his subject positioning as one of the walking wounded who survived the genocide as a witness, works to naturalize what psychiatry understands as PTSD. His social and political standing as a high-ranking military officer in the global community reinforces the legitimacy of his version of truth claims within the power/knowledge configuration of war and psychiatric illness. Did Dallaire intend to put on display a subjectivity that challenged the conventional subjectivity of a weary warrior? No, we do not think so. We consider that his objective was to reassert the human condition as something fragile and not to be taken for granted. Through his acts, through his practices, through telling his story, he enacted a variant of the common subjectivity for the weary warrior, one that takes authority away from psychiatry and places a soldier's reactions to war trauma squarely within reason, a rational being. Dallaire enacts the weary warrior as a natural, logical reaction to the inanities of inhumanity. Naturalizing these particular reactions to deep emotional distress to war trauma does not make traumatic stress reactions inevitable—it is stories like Dallaire's that legitimize them. To generate this counternarrative, he draws on and recenters Christian values of mercy, compassion, and forgiveness, and invokes a pastoral knowledge of power.

Living Neurosis through Film Noir

Film, too, can be a site where weary warriors are made into subjects. War films construct returning veterans into many different subjects (Early 2003), some of which complement, contradict, or negate each other. Re-

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turning war veterans are cast as heroes, poseurs, and anti-heroes (*The Best Years of Our Lives* 1946; *Cutter's Way* 1981; *Le Retour de Martin Guerre* 1982; *Taxi Driver* 1976); they serve as social symbols (*The Big Chill* 1983; *Dances with Wolves* 1990; *The Legend of Bagger Vance* 2000); they are motivated by guilt and revenge (*Lethal Weapon* 1987; *Rio Lobo* 1970; *The Searchers* 1956), act as comic sidekicks (*The Big Lebowski* 1998; *Meet the Parents* 2000), and encounter existential dilemmas (*The Man in the Grey Flannel Suit* 1956; *The Seventh Seal* 1957). These depictions, sometimes layered alongside contemporary social issues (e.g., the drug wars of Harlem in *Gordon's War* [1970]), sometimes centered on the disturbed psychological aspects of a troubled life (e.g., *The Long Night* 1947), and sometimes focused on the tribulations of war veterans transitioning to civilian life (e.g., *Till the End of Time* 1946), rely on some image of war veterans being damaged psychologically in some way.

Yet it is the genre of film noir that details many of the subjectivities wider society has to offer weary warriors. There are the walking wounded with ravished minds, symbols of postwar ennui (e.g., *Macao* 1952), castaways in their own homes and jobs (e.g., *Thieves' Highway* 1949), and foils against which war heroes emerge (e.g., *Brute Force* 1947). The structure of each film noir lays out the terrain that veterans travel postdeployment. Characters live in moody (rainy, stormy) and often uncomfortable (excessive heat) urban environments where the bad guys are ensconced in pristine rural settings (ranches, mountains). These films feature men negotiating the blurry lines of right and wrong and women as either their redeemers or their Achilles' heels. The plot guides the main character along a path of self-understanding where he finds himself in a do-or-die situation and is forced to determine—for a final time—his place in the world, which is often death. Indeed, film noir as a genre is an exemplar of exhaustion, trauma, and shock. The terrain mapped is not the terrain of a masculine hero as a confident, honorable, and grounded veteran; nor is it the terrain of the displaced war veteran having difficulty reintegrating into home life, family, and intimate relationships, finding a job, or securing a pension. More accurately, it is the path of a weary warrior, one fatigued from the grind of the war and disenchanted by the acts witnessed and his own complicity in them. No other genre does what film noir does: show what happens to individuals and the social connections these individuals have when war produces broken embodiments and shattered subjectivities. Film noir as a genre—including those films without characters as war veterans or direct links to the military or soldiers—calls into question what a society does after the supposed defeat of evil.

Each film takes one configuration of a neurotic syndrome, disorder, illness, or condition to feed into a larger argument about something else,

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whether it is placelessness as in *Macao* (1952), time and personal transformation as in *Somewhere in the Night* (1946), anti-fascism as in *The Fallen Sparrow* (1943), or anti-Semitism as in *Crossfire* (1947). Even when there are no soldiers' bodies searching for redemption, transitioning to civilian life, or reliving the atrocities of war, places themselves undergo similar transformations. For example, in *The Third Man* (1949), postwar Vienna as a city, culture, and society is caught up in the throes of finding a place in a world that is just emerging from a devastating struggle while having to deal with foreign occupation as punishment, guilt from bowing down to a dictator, and the threat of being controlled economically by black marketeers. Vienna is damaged, but continues to exist, regenerated over and over again by trajectories set from its far and recent past, as well as by the characters that inhabit its heights, litter its streets, and scurry through its sewers.

Discourses of heroism pervade much of film noir, but it is not always the ideal hero that is circulating. While not quite the anti-hero that emerges in French and American cinema in the 1970s (after the Indochina and Viet Nam Wars), there are elements of undermining oneself, being driven by guilt, and eclipsing the significance of what happened during the war by foregrounding relationships with the other soldiers. The sense of survival sometimes governs the discourse of heroism and serves as the catalyst for weariness, as played out in *Key Largo* (1948). Major Frank McCloud (played by Humphrey Bogart) visits the family of one of the men who served with him during the Italian campaign. McCloud has no people to go home to, and has been kicking around for a few years with no goals in mind. He lands in Key Largo at a busy time: the sheriff is trying to bring two young Seminole brothers back to jail to serve thirty-day sentences, a Milwaukee boss and his gang have taken over the hotel, and a hurricane is on the way. McCloud spars with Rocco (Edward G. Robinson) throughout the storm—their pasts are visited not through flashbacks (which is a common technique used in film noir) but through dialogue about their character and the specific acts they engage in.[8] They of course have competing renditions of masculinity: Rocco humiliates women, pistol whips men, sacrifices innocent people, and cheats, double-crosses, and kills his enemies, while McCloud negotiates a tension between a desired cynicism ("All I care about is me and mine") and an imminent heroism ("Your head says one thing and your life says something else"). For McCloud, one place is as good as any other to make a home. The sense is that he worked through *survivor's guilt* and feelings of *helplessness,* and that he is *willing to trust again.* Once he has resolved these tensions (around the fold of the outside itself), he can come home—even if it is someone else's home—because he can come home as the transformed (and refolded) war veteran.

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Battle exhaustion has been depicted in a variety of ways in film noir, resulting in multiple enactments of weary warriors on film. The nuanced understanding of how emotions and actions come together with veterans with psychiatric wounds in the character of Frank McCloud contrasts starkly with the heavy-handed, nearly stereotypical view of the weary warrior in *The Blue Dahlia* (1946). Johnny Morrison (played by Alan Ladd), a lieutenant commander and military hero, with two members of his crew, George Copeland (Hugh Beaumont) and Buzz Wenchak (William Bendix), returns home only to find out his wife, Helen (Doris Dowling), is having an affair with Eddie Harwood (Howard Da Silva), the gangster owner of a night club called the Blue Dahlia. When he finds out that she was responsible for their son's death by car accident because of her drinking, he pulls a gun, throws it down, and storms out. The next morning, Helen turns up murdered. During the search for the murderer, a strong sense of *displacement* hangs in the air—no one seems to know where anyone is and everyone is looking for someone (something) else. A foggy ennui pours into each pause in dialogue and encloses each movement. As the search drones on, the hope for a peaceful denouement remains out of sight. Buzz, wounded in the war by shrapnel, has a plate in his head (making visible psychiatric wounds permits more legitimacy). *Loud sounds* and music set off excruciating headaches. He is *unable to concentrate, forgets* where he is, is *preoccupied with insignificant issues, bothered by repetitive acts,* and becomes *aggressive* at the drop of a hat. As an effect of battle exhaustion, Buzz's actions throughout the movie tell a story of the invisibly wounded combat veteran: they do not fit in, commonplace things are enemies, and society needs to take care of them. The *suspicion* of Helen's murder falls on Buzz. As Joyce picks at a blue dahlia, Buzz confesses to the murder evocative of what we today would understand as a flashback. However, Johnny, enacted as Buzz's leader and protector, the militarized hero, and all-around good guy, comes in and saves Buzz from war fatigue and those unexpected things (suspicion, exclusion) associated with it.

Conceptualizations of fatigue differ, depending on one's subject positioning, just as psychiatric wounds disclose different realities. In *The Stranger* (1946), the war veteran in this film is a Nazi—Franz Kindler (played by Orson Welles), the fictional mastermind of the Holocaust. Mr. Wilson (Edward G. Robinson) is the War Crimes Commission officer. In order to track Kindler, he releases another war criminal, Konrad Meinike (Kostantin Shayne), knowing that Meinike would lead him to Kindler. Meinike finds Kindler posing as Charles Rankin, a school teacher in a small New England town, engaged to be married to Mary Longstreet (Loretta Young). Once Rankin/Kindler realizes that Meinike has been broken by his experiences in the war and can no longer be trusted for the cause,

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Rankin follows him, kills him, and buries him in the woods behind his home. Battle exhaustion plays out through Meinike, characterized as a *weak* link, living in a state of *nervous breakdown,* seeking forgiveness for his past deeds through religion. We call the expression of this particular set of bodily sensations a "breakdown" in the sense of battle exhaustion; moralists might call his fanatical conversion to Christianity as compensation for his guilt. During the Second World War, Allied military psychiatry was in the midst of a shift from explaining war neuroses as a result of something inherent in soldiers themselves toward understanding war neuroses as something that could happen to anyone. German military psychiatric explanations for battle exhaustion primarily linked *weakness* and *cowardice* to a lack of strong leadership. So, once Meinike was captured, he had no leader to follow and suffered a breakdown.

What is interesting about this film is that the German veteran actually has wheedled his way into a quiet, commonplace life in small town America relatively easily in comparison to American veterans in other films. Rankin, too, could be read as having symptoms related to battle exhaustion, but, because he is a Nazi, we see Rankin as a menace, pathological liar, and supreme manipulator. Evil is the illness, not something brought on by experiences of war. Discursively, anti-fascism outflanks battle exhaustion; unlike in other film noir with combat veterans, these men remain enemies and both Kindler and Meinike die.

Some of the main characters in film noir deal directly with their battle exhaustion rather than have it inform the way in which they take up their postwar lives. Usually war fatigue impedes the transition to civilian life and forces the veteran to search for a place to belong and an identity to slip into. *Somewhere in the Night* (1946) opens in a field dressing station with a soldier whose face and head are fully bandaged after he has fallen on a grenade. In a voiceover, the audience and the soldier understand that this is "something that happens to you. You forget who you are or where you belong." His identification papers mark him as George Taylor (played by John Hodiak), but the name does not feel right to him. Something is amiss. Clues to his true identity (if there is such a thing) initiate a hunt for a man named Larry Cravat and a missing two million dollars. The pursuit of Cravat drags him through criminal hangouts and thug life along the California coast. Christy Smith (Nancy Guild) as a new love, Mel Phillips (Richard Conte) as a nice bar owner, and Donald Kendall (Lloyd Nolan) as a police lieutenant, assist him in his journey. Although Taylor never truly remembers, he comes to understand who he was and who he is, and they are two very different people—the folds seem all messed up. George came home, but not to the person he was before; that man is gone and so is the woman he loved. Now there is a new home with a new

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woman, situations and identities he can slide right into. Although a man of questionable moral fiber before the war, Taylor is saved by a textured sense of the concepts he used to disclose his new life: his notion of heroism. Battle exhaustion permitted him to complete the *transformation* he made upon enlisting in the service. He is more like Frank McCloud than Buzz Wenchak; through his *amnesia* from the *head wound,* he purges and cleanses himself in his preparation for a new life.

Unlike George Taylor, veterans in film noir do not always want to deal head-on with battle exhaustion, unless forced to. In *The Chase* (1946), Chuck Scott (played by Robert Cummings) returns a wallet to its owner, gangster Eddie Roman (Steve Cochran). Upon arrival, Eddie's sidekick, Gino (Peter Lorre) finds a job for Chuck as a chauffeur and issues him a uniform. Chuck becomes primary driver for Eddie's wife, Lorna (Michèle Morgan). Together, he and Lorna eventually concoct a plan to flee to Cuba so that Lorna can be free of Eddie's tyranny, and Chuck can be her savior. The plan goes off without a hitch, but in Cuba Eddie tracks them down. Just when Chuck is going to die … he wakes up, and cannot remember much of the last few days. He runs out of the house directly to the naval hospital to treat his battle exhaustion. The commander (Jack Holt) reassures Chuck that everything is okay, that *shock cases* often have *black outs,* and that *anxiety neuroses* prevent him from *remembering things clearly.* Once things settle down, the commander reassures Chuck that he will remember why he was where he was and what the uniform means. The commander treats Chuck as he would have in the field—that is, with reassurance, abreaction, and with the expectation that he would return to what was bothering him. But, in a flash, Chuck remembers and is off again running away to Cuba with a gangster's wife.

Parallel to the plot in *The Blue Dahlia* (1946), the veteran with battled exhaustion is the murder suspect in *Crossfire* (1947). The movie opens with a murder. Shadows and low camera angles prevent the viewer from seeing who is murdered or who the murderer is. Homicide detective Captain Finlay (played by Robert Young) runs the investigation of the murder of Joseph Samuels (Sam Levene). Sergeant Peter Keeley (Robert Mitchum), the prime suspect's best friend, runs an investigation of his own. The story unfolds in a series of flashbacks from different viewpoints. The prime suspect, Corporal Arthur Mitchell (George Cooper), is described by his army buddies as someone who is not tough, an artist, and the type of man who needs a wife. In a conversation with Finlay, Keeley says that he himself has killed men "where you get a medal for it," but Mitchell could not kill anyone, even there. Suspicion falls on Mitchell because on the night of the murder, he is described as being in a *strange mood, unfocussed, intoxicated, jittery, depressed,* and *unable to remember* what has happened. In this film,

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battle fatigue is worked up as something "natural" and almost expected among men who are soft with artistic temperaments. The point is not that soldiers returning home after having been *displaced* for four years bring with them the trauma and activities of war, and then act unscrupulously; rather, the point is that veterans are being asked to return to a society that has only a few available slots for veterans, all of which are full of problems that entangle the veteran in a new, disillusioned world, including anti-Semitism, greed, violence, and fear.

Temporal Resonance

Critically reading cultural texts provides insight into the ways that society views the psychological, emotional, and spiritual wounds of soldiers. The artistic and creative depictions reviewed here work to undermine the masculine norm of the fighting soldier without invoking the negation of manhood (read: woman) as the key element in challenging the notion of war. The effects of these texts support the idea that there is some resonance in the types of war neuroses among weary warriors from different wars. That is, even though the specifics of the trauma vary, the cultural enactments are similar. Pat Barker's novels were published at the same time that British veterans of the Gulf War were lobbying for disability pensions. GWS was, and still is, a hotly contested illness, particularly because of the role the environment played in its etiological discussions, hearkening back to the days of contestation over the spraying of Agent Orange by the American military (P. Brown et al. 2012). The idea that the illness was all in one's head was popular among physicians, psychiatrists, journalists, and the public in general. Soldiers suffering from a combination of what was considered to be largely physiological symptoms, such as burning semen, cognitive impairment, loss of muscle coordination, and fatigue, were cast as a group as malingerers, whiners, and fakers. Tim Carlson's work, too, focuses attention on the vicissitudes of shifting from the war to the domestic front living with the shock of war, and how some bodies get lost in that transition.

Just as we are taking up the nomadism of the weary warrior as subject, autobiographies by weary warriors themselves indicate that becoming ill is but one pathway through which they become who they are as a subject at any given moment. In other words, each soldier's own specificity is much more complex than what we could ever call into evidence as a demonstration of the complexity of subjectivity. Their folds are manifold. Their stories tell us much about how their own sense of self transforms, sometimes with a slow reconfiguration of a variety of influences and sometimes

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in a flash. Film noir was the signature genre of a generation of youth called on to fight a war that was beyond what had ever been imagined. These post–Second World War filmmakers as visual artists set as their task the weaving of cultural moments into a tapestry of real life. As part of capturing these youth, filmmakers used depictions of emotionally distressed warriors and psychologically wounded soldiers to draw attention to the social ills ushered in because of the war.

Notes

1. For the American case of over 90 percent survival rate, see Gawande 2004.
2. We use the term "Markov chain" to highlight the contingency of the interaction of variables with which individual subjectivities emerge. Andrei Andreivish Markov (1856–1922) was a mathematician who described the movement of one state to another through a set of random variables in terms of independence. Although we are not claiming the past and future of weary warriors are independent of the present, we are drawing attention to the present as part of a set of circumstances that are considered to have their own individual histories and futures. It is the contingent constitutive nature of these interactions that is significant in the emergence of a subject. But it is somewhat random which variables are enacted; that is, subjects cannot be predicted, nor always traced.
3. Bichat was an anatomist and physiologist. His works, though few in number, were influential in the emergence of the field of pathology. He studied through post mortems how particular bodily organs functioned and how disease processes altered organs. He died at the early age of thirty.
4. In fact, she argues that philosophy, too, needs to focus on the exemplary situations in written texts so as to cultivate the words and images they invoke (Mol 2008).
5. Tyquin (2006) does a fine job in detailing the long-term effects of shell-shocked soldiers in Australia, well into the 1930s.
6. Page number references refer to the Quality Paperback Book Club publication of the three novels in one volume (Barker 1997).
7. On the discussion of calculating the death toll, see Verpoorten 2005.
8. One use of flashback brings attention to the idea that someone or something survived, even though it may not have been the main character.

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