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War, Recognition, and Invisible Disability: Examining the Lived Experience of Veterans of the Conflict in Southeast Turkey

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Savaş, Tanınma, ve Görünmez Engellilik: Güneydogu'da Savaşmış Askerlerin Yaşadıkları Tecrübelerin İncelenmesi

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Abstract

This research focuses on the problem of recognition for military veterans of Turkey's conflict in the Southeast. Excluded from the legal definition of the honorific titles of *muharip gazi* (combat veteran) or *harp malulü gazi* (war disabled veteran), these men are denied not only official and cultural recognition for their combat experience, but also the medical treatment and material benefits provided by the state that accompany such recognition. In choosing to recognize combat-related physical disability while simultaneously disregarding psychological disability, the Turkish state has disregarded the experiences of thousands of men who have lived through combat, ignored the psychological effects of combat exposure, and established the norms for what qualifies as combat-related disability, in a quintessential display of biopolitical behavior. The issues of veterans' lived experiences and combat-related disability stand at the intersection of the domains of politics, society, science, and nature. By approaching these issues through "non-modern" methods set out by Bruno Latour, we may appreciate them as problems in themselves, which must be addressed not through singular fields of inquiry but in a multi-disciplinary fashion. Such an approach is necessary in order for Turkish society to address adequately the consequences of war.

This project centers on the lives of a sample of fourteen men who were individually interviewed, who conducted their military service in the combat zone of the Southeast over the past three decades. The paper begins

with summaries of the history of the title of *gazi* and previous research regarding the psychological effects of combat exposure. It then focuses on the interviewees, reflecting first on their combat experiences, then addressing the effects of these experiences according to three major periods in their lives: the period of military service, the transition from the military back to civilian life, and long-term life experience years and decades after military service. Finally, the paper addresses the question of cultural recognition and the "non-modern" nature of the problem.

Özet

Bu araştırmanın konusu, zorunlu askerlik hizmetleri esnasında Güneydoğu'da savaşmış olup bedenlerinde gözle görülür bir hasar olmaksızın evlerine dönmüş olan erkeklerin görmüş olduğu psikolojik zedelenmenin tanınması meselesidir. 'Muharip gazi' veya 'harp malulü gazi' olarak onurlandırıcı ünvanların yasal tanımlarından dışlanan bu erkekler hem savaş tecrübelerini görünür kılacak resmi ve kültürel tanınmadan mahrum, hem de bu tanınma ve görünürlük ile birlikte gelen devletin tarafından sağladığı sağlık tedavisi ve maddi haklardan mahrum bırakılmışlardır. Savaşla ilgili bedensel özürlülüğü tanıyıp psikolojik özürlülüğü tanımamak savaşın yol açtığı hasarın toplumsal ve tıbbi görünürlük ve tanınmasına müdahale eden siyasi bir müdahaledir. Bruno Latour'un toplum bilim ve doğa bilimleri arasındaki kati ayrımları sorgulayan yaklaşımından esinlenen bu çalışma, Güneydoğu savaşının bu görünmez bakiyesini (invisible remainder) görünür kılmak ve bu görünmezliği oluşturan biopolitikaları eleştirel olarak irdelemeyi hedeflemektedir.

Savaşla ilgili bedensel özürlülüğü tanıyan ama psikolojik özürlülüğü tanımayan Türk devleti, savaşı yaşayan binlerce erkeğin tecrübesini gözardı etmekte, savaşın bıraktığı psikolojik hasarları görmezden gelmekte ve böylelikle de savaşla ilgili özürlülüğün normlarını belirleyen biopolitik bir müdahalede bulunmaktadır. Bu adamların yaşadıkları tecrübeler ve savaşla ilgili özürlülük siyaset, toplum, bilim ve doğa alanlarının kesişmelerinde

bulunmaktadır. Biz, Bruno Latour'un sunduğu "gayri-modern" yöntemleriyle bu meselelere yaklaşarak, tek bilim dalı yerine çok disiplinli bir yaklaşım gerektiren kendine özgü sorunlar olarak takdir edebiliriz. Türk toplumunun, savaşın neticelerini yeterince ele almak için bu yaklaşımdan faydalanması gerekmektedir.

Bu tez, son otuz yıl Olağanüstü Hal Bölgesi'nde (Türkiye'nin Güneydoğu'sunda) askerliğini tamamlayan erkeklerden oluşan bir örneklem grubunun yaşadığı deneyimler üzerine bir çalışmadır. Tezin ilk bölümü "gazi" ünvanının tarihi ve savaşa maruz kalmasının psikolojik etkileri üzerine yapılan henüz kısıtlı ama gelişmekte olan bir literatürün özetidir. Mülakatlarda odaklanan ikinci bölüm ise kronolojik olarak bölmelendirilmiş olan deneyimleri üç ana başlık altında değerlendirmektedir: Askerlik dönemi, askerlikten sivil hayata geçiş dönemi, ve askerlikten onyıllar sonra uzun süreli yaşam. Son bölüm ise savaşın yol açtığı ruhsal hasarların görünmezliğinin kültürel ve siyasi kayıtlarını eleştirel olarak değerlendirmektedir.

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Introduction

In *Mehmedin Kitabı*, Nadire Mater concludes her collection of testimonies from veterans of Turkey's war in the Southeast with a short account of the story of İhsan Akyüz. İhsan registered for his military service and was sent to conduct operations in Şırnak province, where he experienced heavy combat. After his discharge from the military he struggled to adjust to civilian life, could not keep a stable job, and suffered great psychological torment. At the peak of his distress he hijacked a passenger flight from Ankara to Istanbul, ultimately ending up in a Trabzon prison. İhsan's father Turan, who attributes his son's torment and his crime to the trauma he suffered in combat, maintains that his son's struggle is not an exception, but rather the norm for young men who fought in the Southeast. He hopelessly asks, "Those who die become martyrs. Those who become disabled become *gazis*. How are we going to name the troubled kids like ours?" (Mater 2005, 301-305)

This problem of recognition for "non-disabled" military veterans of Turkey's conflict in the Southeast is the focus of this research. Excluded from the legal definition of the honorific titles of *muharip gazi* (combat veteran) or *harp malulü gazi* (war disabled veteran), these men are denied not only official and cultural recognition for their combat experience, but also the medical treatment and material benefits provided by the state that accompany such recognition. In addition, this exclusion disregards the psychological effects of combat exposure, failing to acknowledge that war can result in disabling conditions such as posttraumatic stress disorder

(PTSD), depression, and anxiety. In choosing to recognize combat-related physical disability while simultaneously disregarding psychological disability, the state has not only discounted the experiences of thousands of men who have lived through combat; it has also established the norms for what qualifies as combat-related disability, intervening into the clinical realm in a quintessential display of biopolitical behavior. The issues of veterans' lived experiences and combat-related disability stand at the intersection of the domains of politics, society, science, and nature. By approaching these issues through "non-modern" methods set out by Bruno Latour, we may appreciate them as problems in themselves, which must be addressed not through singular fields of inquiry but in a multi-disciplinary fashion. Such an approach is necessary in order for Turkish society to address adequately the consequences of war.

This project centers on the lives of a sample of fourteen men whom I individually interviewed, who conducted their military service in the combat zone of the Southeast over the past three decades. Their stories vary widely according to duty location, time period of service, and specific job requirements. Most of them have lived through some form of combat action, some more frequent and intense than others. This paper begins with summaries of the history of the title of *gazi* and previous research regarding the psychological effects of combat exposure. It then focuses on the interviewees, reflecting first on their combat experiences, then addressing the effects of these experiences according to three major periods in their lives: the period of military service, the transition from the military back to

civilian life, and long-term life experience years and decades after military service. Finally, the paper addresses the question of cultural recognition and the "non-modern" nature of the problem.

The title of *gazi* originally referred to Islamic holy warriors who fought against non-Islamic enemies to spread the faith, and was used repeatedly through the duration of the Ottoman Empire (Baer 11). The term survived secular reforms of the early years of the Turkish Republic, transforming into an expression of religious and ethnic nationalism as the veterans of Turkey's official wars—the "Independence War," the Korean War, and the "Cyprus Peace Operation"—were officially recognized with the title (Açıksöz 2011, 166-168, 171-172). The meaning of *gazi* changed dramatically when in 1999 the Turkish government divided the term in two, recognizing all veterans of the old wars as *muharip gazis*, and permanently physically disabled veterans of the "struggle against terror" as *harp malulü gazis* (Kanun Numarası 2847, Mükerrer Madde 1). Veterans who qualify for either of these designations are provided numerous benefits by the state, including free health care and financial assistance (Kanun Numarası 3713). However, all veterans of the conflict in the Southeast who are not physically disabled, including those who suffer from combat-related psychological afflictions, are not recognized as *gazis*, and are thus denied both the recognition and the benefits. Such exclusion disregards the psychological effects of combat, though research has shown that these effects are too significant to be ignored.

The psychological effects of combat exposure have been acknowledged throughout history, but scientific understanding of these effects has transformed dramatically in the last century. Medical professionals began to recognize that the stresses of combat induced neuropsychiatric symptoms during World War I, and between then and World War II militaries recognized the need to provide immediate treatment to psychiatric casualties to maintain military strength (Jones and Wessely 20-21, Thakur 32). The long-term psychological effects of combat were not well understood clinically until the post-Vietnam era, when an explosion of research coincided with the clinical recognition of PTSD to confirm that the trauma of combat could affect mental health even decades later (Jones and Wessely 148). While Western study of combat's psychological consequences has grown especially in the context of conflicts in Iraq and Afghanistan, research regarding such effects on Turkish veterans of the conflict in the Southeast is scarce. In addition, the Turkish government's reaction to any such inquiry has been public denial and repression, as in the case of the prohibition of *Mehmedin Kitabı* and Mater's prosecution (Committee to Protect Journalists). In the context of such a lack of research and the reaction of the state, the experiences of these veterans bear examination.

The combat experiences of my interviewees can be viewed through two different lenses: that of trauma, and that of affect. Trauma refers to discrete events that involve a close encounter with death or a threat of bodily harm (Green 1635). Many of my interviewees lived through intense

traumatic events during their service in combat, and their memories are seared with the horrors and details of these singular episodes. Affect, on the other hand, refers to the feeling created by the entire experience of war. While traumatic events punctuate this experience, affect is shaped by the modern combat environment, which presents the continuous and persistent threat of random and unpredictable violence, a feeling that accumulates to form a permanent affect of vulnerability (MacLeish 15-16). The subjects of this research illustrate this feeling apart from traumatic events in their "daily life" with descriptions of the unfamiliar environment, the uncertainty of imminent harm, the normalization of violence, the proximity of death and dead bodies, and the lingering expectation to take another person's life. The concepts of trauma and affect together more completely capture the experience of war than either aspect taken singularly.

The psychological effects of combat during the combat service period are wide-ranging enough to make their classification problematic. My interviewees' narratives concerning these effects mostly focus not on their own experience but on other soldiers they observed, and the Turkish military's treatment of those soldiers. In the early years of the conflict, the military did not address such problems. However, after a few years it found psychological casualties to be a significant drain on personnel strength that impeded its ability to conduct operations. The military therefore developed a sensitivity to such problems along with a rapid treatment plan. Even so, a tendency among my interviewees to look down upon soldiers who were "faking" psychological issues to avoid combat revealed a persistent stigma

of psychological disorder that prevented many others from admitting their struggles. Such a stigma is founded in a fear of failure to meet the social norms that surround the national masculine rite of passage of military service (Altınay 62-70, Sinclair-Webb 74). The stigma prevented many from seeking treatment when they needed it (at the only time they could easily get it), and surely contributed to effects that lasted after these men left the war.

The transition from the military back to civilian life was a shocking and pointedly lonely experience for many of these veterans. Having been shaped by the military to respond to discipline and perform in the abnormal environment of combat, they suddenly found themselves unsuited for the ordinary aspects of normal life, separated from their comrades and unable to share their recent extreme experiences with anyone. Several became emotionally detached, and many struggled to find work. In addition, the traumatic events of combat remained with them, and many relived these events through dreams or flashbacks. However, since they were now discharged from the military, the veterans who needed psychiatric attention could no longer get it through the military support structure. No longer soldiers useful for combat, these men were abandoned to live with their struggles alone.

A few of my interviewees still wrestle with the effects of their combat experience, a decade or more after the war. Several others know fellow ex-soldiers who still suffer. These men are afflicted with what N. Ann Davis defines as "invisible disability," in which their suffering is

painful, clinically diagnosable, but not apparent to the casual observer (202-203). In officially determining who qualifies as a *gazi* and who does not, the Turkish state has defined what constitutes combat-related disability and what does not, establishing itself as the "gatekeeper of disability." In doing so, it has disregarded those veterans who are still vulnerable long after their service to the nation.

Whether these veterans feel as though they are appropriately culturally recognized for fulfilling their duties in combat varies widely by individual. Some simply maintain that they fulfilled their "debt to the nation," suggesting a relationship of exchange between the individual and society, evoking the system of potlatch as described by Marcel Mauss (3-5, 50-52). Others feel that recognition is lacking, noting the inequality of sacrifice between soldiers who go to war and those who do not. Another small portion of soldiers feel completely betrayed by society. Regardless, almost all of these veterans are proud of their military service, having given that which can never be fully reciprocated.

These problems of combat-related disability and veterans' lived experience stand at the point upon which the domains of clinical science, military politics, social rites, and human nature overlap. They demonstrate the intervention of politics into science and vice versa, and reveal the Turkish state's exercise of what Giorgio Agamben identifies as biopolitics (143). Approaching the issues through Latour's concept of quasi-object/quasi-subject allows us to appreciate these problems as things that have their own origin, as opposed to products of the modernist poles of

purity, Nature and Society (Latour 49-55, 79-81). As such, we recognize that those who intend to adequately understand and address the consequences of war must do so not through a single narrow discipline, but rather using a comprehensive approach fully focused on the problem at hand.

Methods

For my research, I met with and interviewed fourteen men who completed their compulsory military service in Turkey's Southeast during the years of armed conflict between the Turkish military and the PKK[1]. The interviewees' ages ranged from 29 to 51, and they completed their duty in several different southeastern provinces of Turkey across varying time periods, between 1984 and 2009. Six of the interviewees had served as commandos, four in the gendarmerie, three as infantry soldiers, and one in military intelligence. One of the veterans had lost his foot in combat and had been bestowed the title of *harp malulü gazi* by the Turkish government; as a result he did not complete the full term of his service. Another of the interviewees had graduated from a university, and served for a "short-term" of six months. The remainder of the veterans had not suffered any physical injuries due to combat, and completed "long-term" periods of duty lasting between 15 and 18 months. Of the fourteen interviewees, ten were married, one was engaged, one was divorced, and two were single.

[1] *Partiya Karkeren Kurdistan* – Kurdistan Workers' Party

I structured each interview similarly. All but one of the interviewees agreed to have the conversation recorded, which proved invaluable in reviewing the accounts later. I began by informing the interviewee that I am an officer in the United States Army, with 27 months of military experience in a combat zone, 15 in Iraq and 12 in Afghanistan. I believe that this helped me to establish some rapport with these veterans, in that I could relate to their experience of military life and culture in general, as well as life in a combat environment. I would shape the rest of my questions chronologically, first asking about their initial experience of military life through basic training, then about their experiences in the combat zone, followed by their memories of discharge from the military and an overview of civilian life afterward. In general, these men were very willing to share their stories—at least to the extent that they would be illustrative of their overall experience—and also volunteered their own evaluations of their experience. In truth, I often did not need to prompt them to provide their reflections on their military service and its effects; conversation flowed as naturally as possible with my Turkish speaking ability[2], and we often covered a wider range of topics related to military life or the conflict in general. However, I did ensure to elicit their encounters with psychological problems during and after their service, either experienced firsthand or through the observation of a fellow conscripted soldier.

[2] At the time I had conducted the interviews, I had been studying the Turkish language for two and a half years. I am studying in Turkey in a scholarship program associated with the U.S. military called the Olmsted Scholars Program, in which participants immerse in the culture of a foreign country by spending a year learning the language, then complete two years of graduate study in that language. At the time of the interviews, I had completed my first year of graduate studies mostly in Turkish, and while my conversation skills did not resemble those of a native speaker, they were sufficient for the interviews.

It is important to note that although war and military life has often been generalized by many outside of it to be a uniform experience, it is anything but that. Even what may be described as a soldier's "objective" experience of the events of war and the military differs from another's according to the time period, location, military unit, specific military job requirements, and numerous other variables associated with his duty. The variance in experiences among these fourteen interviewees clearly illustrates this fact. Some of these men serving as commandos lived lives of constant action, traveling throughout Turkey's Southeast and participating in dozens of firefights; others never fired their weapon in combat and were never fired upon. Some of the veterans lived out their military service camping in the spartan conditions of the barren mountain terrain; others lived in the relative comfort of large military bases with an array of amenities. Some served during the years of conflict during which fighting was at its greatest intensity; others completed their duty during periods of relative calm. As a result of this variance, one must take care not to assume that a single soldier's experience is representative of those of all soldiers. Even so, in this project I attempted to identify qualitative similarities from among these varying experiences, which may reveal a greater coherent social fact that formulates the points at which these experiences converge. These veterans' accounts serve not to proportionally represent these social facts through extrapolation, but rather serve as illustrative examples of the existence of the facts themselves.

Who Is a *Gazi*?

When I was initially formulating my research topic, I knew that I wanted to examine the experiences of Turkish war veterans, but had not narrowed the topic down further. I visited the Istanbul branch of the *Muharip Gaziler Derneği* (Combat Veterans Foundation). At the time, I was not aware of the distinction between a *muharip gazi* and a *malul gazi*, and assumed that any individual who had served in the Turkish military in a combat zone would be counted as a combat veteran (as a combat veteran is defined in the United States). I noticed that the members of the foundation were all elderly, and when I asked a staff member if any of the members of the organization had served in the conflict in the Southeast, she informed me that this foundation was open only to veterans of the Turkey's officially recognized wars: the "Independence War," the Korean War, and the "Cyprus Peace Operation" (no veterans from the "Independence War" were still alive, a handful of Korean War veterans remained, and most of the members had served in Cyprus). When I asked the branch's president for clarification, he was quick to tell me, "This foundation is for *muharip gazis* only, those of us who have been victorious in battle." He then told me that if I was looking for veterans of the contemporary conflict, I might find them at a separate foundation in a different part of the city: the *Harp Malulü Gaziler Şehit Dul ve Yetimleri Derneği* (War Disabled Veterans, Martyrs' Widows and Orphans Foundation).

I visited the Istanbul branch of the *Harp Malulü Gaziler* foundation several times, in the interest of interviewing veterans who were members

there. I met with the president and became well-acquainted with one of the members, whom I will call Halil,[3] a veteran who had lost his foot in a mine explosion while serving in the gendarmerie in Hakkari. He related his experiences to me over a couple of meetings, and also indicated that I might find other veterans, physically disabled or not, who were also members of the foundation. When I returned to the president to ask about veterans who had not been physically disabled, she sternly corrected me, "Those who haven't been injured don't come here. They come back from the war, find a job, get married and have a family, and move on with their lives. We only serve disabled veterans."

As plain a statement as this was, it raised several questions. If those who served in the conflict in the Southeast who have not been physically injured are not associated with either of the foundations that serve veterans, are they even recognized as veterans themselves? How are men who were sent into combat, possibly witnessed the horrors of war, maybe even lost a close friend, but emerged physically unscathed regarded in cultural and political spheres? Furthermore, do all of these "non-injured" veterans truly come back from the war able to "move on with their lives," with minimal difficulty or negative influence of the effects of their experience, as the president of the *Harp Malulü Gazi* branch asserts? I decided to explore the experiences of this group of individuals in an effort to answer some of these questions.

[3] I have given all of my interviewees pseudonyms to protect their identities.

To provide context to the foundation presidents' statements, it is relevant to briefly examine the origins and significance of the term *gazi*. Originally, the term refers to its Arabic cognate *ghazi*, someone who participates in *ghazwa*, or a raid against infidels. From the centuries of the early Islamic period until the 20th century, the term was synonymous with "holy warrior," and carried a significant religious meaning (Mélikoff, "Ghazi"). In the context of the history of the Ottoman Empire, the title of *gazi* was conferred upon the empire's founders as early as the 15th century, although historians now agree that the title was given retroactively to the earliest Ottoman leaders by later Islamic chroniclers who aimed to legitimize the conquests of Orhan and Osman as holy struggles to spread the Islamic faith. In fact, the conquests of the early Ottomans were more prominently driven by accumulation of land and wealth (Darling 135). Nevertheless, subsequent sultans adopted the title, as Mehmet IV did in the 17th century to garner religious fervor as "a warrior for the faith against the infidels"—the Christian European powers at that time (Baer 11). In the late Ottoman period, Sultan Abdulhamid conferred the title upon himself during the Ottoman-Russian War of 1877-1888, as well as upon high-ranking military commanders like Osman Pasha who distinguished themselves in battle (Açıksöz 2011, 162-163).

The signification of the term *gazi* began to evolve with the end of the Ottoman Empire and the birth of the Turkish Republic. In his dissertation, Salih Can Açıksöz comprehensively delineates this transformation from the beginning of the nationalist movement led by Mustafa Kemal (later Atatürk)

up to the present period. In 1921, the newly-formed national assembly bestowed the title of *Gazi* both upon the city of Antep following its resistance against the French invasion, as well as upon Mustafa Kemal himself, aiming to provide Islamic legitimacy and garner the support of the religious public for the nationalist military struggle in the "Independence War." The title had lasting power, and even survived the secularizing reforms of the early republican period (Açıksöz 2011, 166-167). During the Turkish military's deployment to the conflicts in Korea in 1950-1953 and Cyprus in 1974, the Turkish government represented the campaigns as religious struggles against non-Islamic enemies, and the simultaneous popular representation of Turkish religious heroes like Seyyid Battal Gazi in literature and films rallied the public's support for the wars around the concepts of *gazis* and *gaza* (Açıksöz 2011, 168-171; Mardin 3-4). Following the 1980 coup, the military government reinforced a cultural synthesis of Sunni Islam and ethnic nationalism through the historical expression of the *gazi*, and the veterans of the three recognized national wars ("Independence War," Korea, and Cyprus) of the Turkish Republic became officially revered as *gazis* (Açıksöz 2011, 168, 171-172).

In 1999, the Turkish government radically altered the meaning of the title *gazi*. Tensions were high during this period due to the controversial trial of PKK leader Abdullah Öcalan. In order to consolidate public support for the fight against the PKK, the government officially named all soldiers who had been permanently disabled in the conflict as *gazis*. This act redefined the title in two principal respects. First, the title lost religious

significance because being a *gazi* no longer necessarily meant fighting against non-Muslim infidels; the Kurdish members of the insurgency were Muslim. In addition, a *gazi* was no longer simply any military veteran who fought in one of Turkey's wars. Recognizing all veterans of the PKK conflict as *gazis* would have amounted to the Turkish government's acknowledgement of the "struggle against terrorism" as an official war, and consequently of the PKK as a legitimate warring party that could claim internationally established rights according to the laws of war (Açıksöz 2011, 173-176). Still, the government needed to demonstrate to the public that the suffering of soldiers who became permanently disabled while fighting in the Southeast was "not a futile waste but an altruistic sacrifice" (173). Passed in 1999, Law Number 4417, an amendment to Law Number 2847, bifurcated the meaning of *gazi* with a distinguishing modifier and an additional meaning: it defined *muharip* (combatant) *gazis* as military veterans who participated in an officially recognized war, and *malul* (disabled) *gazis* as soldiers who were permanently disabled by "terrorist" or enemy weapons while serving in a combat zone against terror organizations (Kanun Numarası 2847, Mükerrer Madde 1).

With the legal title of *gazi* comes numerous lifelong benefits from the government. *Muharip gazis* are entitled to a monthly stipend, free health care, free public transportation, a discount on utility costs, and several other minor benefits. *Malul gazis* are entitled to all of these benefits, and in addition may receive interest-free housing credit, and either they or a family

member may be provided a job opportunity within the government sector (Türk Silahlı Kuvvetleri Genelkurmay Başkanlığı; Kanun Numarası 3713).

Despite the terms being defined in law, the cultural understanding of what *gazi* means is ambiguous today; different people understand the term to mean different things. Nearly all of my interviewees identified the term, without the qualification of *muharip* or *malul*, to mean a soldier who was rendered permanently physically disabled as a result of "terrorist" action. Some also acknowledged that the term refers to Mustafa Kemal Atatürk either in the definitive use, "The *Gazi*," or a collective possessive use, "Our *Gazi*." This understanding highlights his centrality in the national narrative as the prime example of sacrifice and heroism. This reverence to Atatürk marks a distinct cultural shift from the traditional Islamic significance of the term, and the 1999 law solidified this shift, at least in the official context. When I reminded my interviewees of the religious roots of the word, they discounted this connotation, insisting instead that it carries only a patriotic (*vatansever*) meaning. Still, underlying this superficially secular signification is the contrary notion that patriotism and religion are not mutually exclusive; that in fact, they continue to be deeply intertwined, as Açıksöz demonstrates (2011, 175-176).

In addition, some people's conception of what *gazi* means is based on a loose or incomplete understanding of the law. As Açıksöz points out, many people under the age of 30 believe that *gazi* just means disabled, and that *gazis* from previous wars were given that title because they were rendered disabled while fighting in those wars (2011, 179). The idea of

muharip gazi was an afterthought for most of my interviewees, who only acknowledged that classification once I reminded them of it. Even so, some insisted that these veterans earned this title because they suffered some sort of trauma. When I pointed out to a 42 year-old interviewee who had served in the gendarmerie in Şırnak that uninjured veterans of the older wars are also known as *gazis*, he replied, "Most of them are mentally injured. Most of them have lost their minds. They lived through some different things there, and were damaged because of that." Here, although he misunderstands the reason these older veterans were named *gazis*, he acknowledges the justification of psychological trauma as a basis for earning the title. Regardless, this basis is not officially sufficient for the veterans of the conflict in the Southeast.

Law Number 4417 makes a very important exclusion. By stating that only disabled veterans from "conflicts against terror" can qualify to be *gazis*, it leaves out any members of the armed forces who served in a combat zone during the PKK conflict but were not permanently disabled at the hands of the enemy. Furthermore, a soldier must obtain certification of his disability in a medical report that certifies that he has lost at least 40% of his body function, according to regulations of the Government Employees Retirement Fund. In fact, these regulations categorize disabilities by severity on a scale from one to six, one being the most severe. Each of these categories delineates the extent of only physical injury: a "level one" *gazi* denotes someone who is completely bedridden, while levels five and six indicate loss of a part of a hand or foot. *Gazis*' monthly monetary

compensation varies according to this scale; the most severe disabilities merit the most money (Kanun Numarası 5434, Ek Madde 79). The classifications of the Government Employees Retirement Fund do not list any psychological impairment such as post-traumatic stress disorder as an eligible condition (Açıksöz 2011, 181-182). Hence, the only veterans suffering from psychological trauma that are recognized as *gazis* are either those that already also have physical disabilities, or those who are already recognized as *muharip gazis* from previous "official" wars.

Conspicuously excluded from the honorific title of *gazi* and its benefits are not only "non-disabled" veterans of the PKK conflict, but also those veterans who suffer from psychological trauma. When I asked about the discrepancy, Ahmet, 46 years old[4], who completed his military service as a commando in Siirt, responded:

> Of course there's the problem. Actually our psychological well-being is damaged. Something should be given to us as well. Some sort of support. Because we were left alone…At least if we are not *gazis*, we should at least be given preferential treatment for something. Because for the nation, I was shot at, I came face to face with the terrorists. We should be paid some sort of respect. The state could even just let us ride the bus for free. Because I came under fire at least fifteen times. I could have lost my life. But now it's empty. They don't have your back.

[4] Age given at the time of the interview.

This large number of individuals has been politically and culturally ignored, whether deliberately or not, and their lived experience of war and its effects has thus been disregarded. In order to understand the significance of this situation, we must examine that same lived experience, its connection to psychological trauma, and its implications.

The Psychological Effects of War

The psychological effects of war have been acknowledged for much of recorded history, albeit under different classifications and labels, and with a changing understanding of the source of trauma, the nature of the effects, and possible treatment. Written accounts from ancient Egypt, Greece, and Rome describe the prevalence of acute stress reactions and other mental health problems among soldiers who have experienced combat, and even in ancient Roman and Japanese warrior cultures such soldiers were encouraged to "decompress" in a serene and isolated environment in order to alleviate their suffering (National Academy of Sciences 40). From the 17th to 19th centuries, soldiers were known to suffer from "nostalgia," a term recognized within medical circles in which individuals "cease to pay attention and become indifferent to everything which the maintenance of life requires them," and common treatment included recreation time and keeping soldiers occupied (Thakur 31-32).

World War I and its overwhelming volume of casualties brought on by industrial war production and trench warfare launched a new understanding of the psychological effects of combat stress. Medical

professionals initially grouped these effects under the term “shell shock,” which first appeared in medical literature in 1915 (Jones and Wessely 17). Although the term developed from an early theory that neuropsychiatric symptoms were a result of the physical shock to the nervous system from exploding artillery, British and French psychiatrists later recognized that such symptoms could manifest without direct exposure to such explosions, and American medical professionals introduced the alternate term “war neurosis” (Thakur 32). Diagnosis remained ambiguous since there were no universally accepted criteria for the disorder, but psychiatrists fundamentally established that symptoms could arise from the “intolerable situation” of emotional stress of battle, the witness of horrible events, and the fear of being killed (Jones and Wessely 19, Pols and Oak 2134). Treatment, which usually consisted of psychotherapy but sometimes included more radical methods such as hypnosis and electroshock therapy, prioritized restoring the soldiers’ ability to return to the fight as soon as possible, and neuropsychiatric centers were established as close to the combat environment as possible, in some instances within ten miles of the British trench lines (Jones and Wessely 20-21). These methods produced relatively high rates of successful treatment in the short term, but were generally ineffective in cases of relapse or in conditions that persisted over the long term (22-24, 31).

During the first years of World War II, the Allied forces disregarded the lessons learned from World War I, and did not assign psychiatrists to combat divisions (Thakur 32). As a result, attrition of soldiers from the

battlefield due to disorders labeled as “neuropsychiatric” was cripplingly high—as much as 35% of all reported casualties, forcing the military to address its treatment paradigm again (Pols and Oak 2135). By 1943, the United States military had renamed the psychological symptoms of combat from “war neurosis” to “battle fatigue,” finding that a treatment as simple as a few days of rest away from the front reduced attrition significantly (Thakur 32). Importantly, the accepted paradigm concerning the psychological effects of war shifted from one in which combat adversely affected only those who were predisposed to psychological disorders to one in which the stresses of war could ultimately break down any normal human being (National Academy of Sciences 42). As psychiatrists Roy Grinker and John Spiegel argued, “It would seem to be a more rational question to ask why the soldier does not succumb to anxiety, rather than why he does” (Pols and Oak 2135). Nevertheless, while much thought had addressed the short-term effects of combat stress and quick treatment solutions, the long-term effects would not begin to be understood until many years and a multitude of studies later, following the Vietnam War.

The observed experiences of American soldiers in Vietnam clearly illustrate the complex nature of the effects of combat stress. Most importantly, they demonstrate that attention must be paid not only to the immediate effects of combat stress, those that can be observed and addressed while the soldier is still in the war zone. Arguably more relevant are the long term effects of combat stress exposure, whose symptoms can manifest after the soldier has left the combat environment, even after a

dormant period of several years. The lessons learned in previous wars of the 20th century—that proximity and immediacy of treatment that included rest and psychotherapeutic intervention were effective measures against attrition due to combat stress—produced relative short-term success in Vietnam. The U.S. military ensured that a comprehensive structure of psychiatric resources was available to soldiers in the theater from the beginning of major combat operations. In addition, the military limited tours of duty to one year, and incorporated frequent breaks for soldiers to relax away from the immediate combat environment. Military psychiatrists agreed that these measures significantly decreased the incidence of psychiatric breakdown, with an incidence rate of less than 5% of all reported medical cases (Pols and Oak 2136, Thakur 32). Such an approach showed that the military prioritized soldiers' "combat readiness"—the idea that affected soldiers should be treated with the intent of their returning to duty—over addressing the long term effects of combat stress.

While the U.S. military achieved significant progress in addressing the short-term effects of combat stress in Vietnam, the significance of the problem of long-term effects became evident in the decades following the war. Following the final military withdrawal from Vietnam in 1975, the problematic post-war experience of a significant number of veterans rose to prominence in American academic circles and culture. Particularly conspicuous was the debate over whether Vietnam veterans were adequately able to adjust to civilian life after the war (National Academy of Sciences 44). The pervasiveness of this issue in public discourse coincided with a

landmark event in the clinical arena—the designation of PTSD as an officially recognized psychological disorder, codified in the "diagnostic canon" of the American Psychiatric Association, the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (*DSM-III*) (Jones and Wessely 148). As a result, numerous epidemiologic studies were launched to examine the effects of combat exposure on Vietnam veterans, with a heavy focus on the incidence of PTSD (National Academy of Sciences 44). One of the most comprehensive of these studies was the National Vietnam Veterans Readjustment Study (NVVRS), in which Dr. Richard Kulka and his colleagues conducted a broad survey over a period of four years to compare Vietnam veterans, military personnel who had not deployed to Vietnam, and civilians to associate the incidence of PTSD and other readjustment issues to war-zone stress exposure. More than a decade after the war's end, although the study found that a majority of Vietnam veterans had "made a successful re-entry to civilian life" and experienced "few symptoms of PTSD or other readjustment problems," 15.2% of all male Vietnam veterans (479,000 out of 3.14 million) and 8.5% of female Vietnam veterans (610 out of 7200) suffered from PTSD, and an additional 350,000 veterans suffered from "partial PTSD," with clinically significant stress-reaction symptoms that were insufficient for a full PTSD diagnosis, but still warranted professional attention (Kulka et al. 1-2). Furthermore, the study found that over 30% of all Vietnam veterans had full PTSD at some point in their lives, and that PTSD was strongly related to other psychiatric disorders and readjustment problems (2-3). The authors of the study emphasized that

its findings pointed to “a prominent role for exposure to war stress in the development of subsequent psychological problems, and confirm[ed] that those who were most heavily involved in the war are those for whom readjustment was, and continues to be, most difficult” (3). This study and others like it clearly demonstrated the widespread nature of the long-term psychological consequences of combat exposure.

American study of the effects of combat stress has continued to prove relevant to this day, especially in the context of the U.S. military-led wars in Iraq and Afghanistan since 2001. A multitude of studies has already been completed, examining the correlation of combat exposure with an array of psychiatric disorders, with varying results. For example, the US Army Surgeon General reported in 2005 that 13% of soldiers serving in Iraq screened positive for mental health problems (3), while a separate study by Lapierre, Schwegler, and LaBauve in 2007 showed that 44% of soldiers returning from Iraq or Afghanistan reported clinically significant symptoms related to PTSD or depression (941). In addition, a study completed in 2008 by research organization RAND found that about 14% of soldiers who had deployed to Iraq or Afghanistan exhibited symptoms of PTSD, 14% exhibited symptoms of major depression, and about 20% exhibited symptoms of traumatic brain injury (Tanielian and Jaycox, 97). The RAND study, as have many others, also indicated the prevalence of co-morbidity (the simultaneous occurrence of more than one diagnosed condition) of these three conditions with each other, as well as with other psychiatric

disorders including affective disorder, anxiety disorder, alcohol and substance abuse, and social phobias (125-128).

The variance in some of the quantitative data from Iraq and Afghanistan could be attributed to a number of factors, including composition of populations surveyed, research methods, varying time periods associated with different levels of combat activity, length of time between exposure to combat and conduct of research, and many others. It is also important to note that American soldiers that participated in the conflicts in Iraq and Afghanistan were members of a professional all-volunteer force, unlike the conscripted soldiers of previous wars. In addition, many soldiers deployed to these combat theaters multiple times. Furthermore, as significant advances in military medicine have increased the survival rate from catastrophic physical injury, more soldiers have been shown to suffer polytrauma, in which disabling physical injuries are often co-morbid with one or more mental health disorders (National Academy of Sciences 65-66). Some of the short-term outcomes of the psychological effects of combat in Iraq and Afghanistan are under intense academic scrutiny, such as the dramatic rise in suicide among veterans (70-71). It will take more time to determine the long-term psychological effects of these recent wars as research concerning Vietnam veterans has done; such longer term efforts are currently underway.[5] What is indisputable from this wealth of research is the fact that exposure to combat in a modern war environment

[5] As a member of the military and veteran of the conflicts in Iraq and Afghanistan, I am the subject of one such study called the Millenium Cohort Study, a longitudinal project that collects periodic surveys of military personnel every three years from 2001 to 2022.

undoubtedly has taken a significant and clinically distinctive toll on the psychological well-being of a large number of soldiers involved.

The codification of PTSD and recognition of its widespread prevalence among recent war veterans has introduced the temptation for many to identify PTSD as the singular psychological condition that results from combat trauma. Although PTSD is recognized as the most common and conspicuous form of post-combat psychological pathology (Solomon 65), we have seen that a wide array of other diagnosable psychological conditions have been clinically attributed to combat exposure. However, despite a wealth of recent research, universal agreement on the effects of combat, especially in the long term, is still elusive. As Zahava Solomon points out, "The professional consensus is that exposure to the extreme stress of combat may upset a soldier's emotional balance, but opinion is divided as to the probable severity, breadth, and duration of these psychological wounds" (52). Furthermore, she highlights the problem of generalizing combat effects based on research that has prominently focused on single wars and a specific, culturally homogeneous population (53). In this context, we cannot assume that research from one particular conflict in a specific time period can be extrapolated to represent a universal experience of war and conflict. For example, PTSD rates among American soldiers who fought in Vietnam, Iraq, or Afghanistan do not necessarily correspond to similar rates among ex-conscripts from Turkey's Southeast. In order to assess the effect of combat experience in the Southeast, research must be oriented specifically to that experience.

Unfortunately, research on the psychological toll among veterans of the conflict in Turkey's Southeast has been relatively sparse. One clinical study conducted by Güloğlu and Karaırmak in 2011 examined the incidence of psychiatric disorders co-morbid with physical disabilities, in a survey of *malul gazis* who had served in the Southeast. The study found that among the *gazis* sampled, 29.6% exhibited symptoms of PTSD, while 16.6% suffered from PTSD co-morbid with depression; the survey was conducted an average of 15 years following the *gazis*' military service (Güloğlu and Karaırmak 240). The authors of the study emphasized that very little research has been conducted concerning PTSD among veterans from the Southeast, and that additional research should concern both *gazis* and veterans who have not been physically wounded (243).

At least one previous study conducted by the Gülhane Military Medical Academy (GATA) examined the short-term psychiatric effects of combat exposure among veterans from the Southeast. The Turkey Human Rights Foundation reported that in a 1995 study, Ulvi Reha Yılmaz, a medical officer in the Turkish Armed Forces, found that among soldiers who were surveyed shortly after their discharge from the military, 43% exhibited aggressive behavior, 27.8% suffered from anti-social disorder, 16.6% from adjustment disorder, 10% from PTSD, 8.8% from schizophrenia, 6.3% from major depression, and 5.9% from sleep disorder (*Türkiye İnsan Hakları Raporu* 103). According to the report, the Turkish Ministry of the General Staff (*Genelkurmay Başkanlığı*) denied a major connection between combat duty and psychological problems, and claimed that the study's findings were

exaggerated (104). In addition, the report detailed the experiences of two particular soldiers, who, despite having experienced traumatic events in combat and having serious problems readjusting to civilian life after discharge, received no treatment from the military for psychological problems, and were discharged from the military as "healthy" (104-105). This report is one of very few that acknowledges the connection between psychological disorders and combat exposure among veterans of the conflict in Turkey's Southeast. Furthermore, it demonstrates the Turkish military's public denial of this connection.

In the absence of other clinical study, Nadire Mater has captured the experience of veterans from the Southeast in her book *Mehmedin Kitabı: Güneydoğu'da Savaşmış Askerler Anlatıyor* (translated into English in 2005 by Ayşe Gül Altınay under the title *Voices from the Front: Turkish Soldiers on the War with the Kurdish Guerrillas*). The majority of the book consists of her interviews with 42 different soldiers who completed their military service in the Southeast between 1984 and 1998, in addition to a concluding account of "those who cannot speak for themselves," which anecdotally describes the experiences of other veterans who have reached the public eye after their service either through death or imprisonment. She reserves her limited commentary for the book's introduction and conclusion, letting the former conscripts' experiences stand alone as the conscripts relate them. Among the numerous themes recurring in the accounts is that of psychological suffering. The interviewees regularly highlight their experiences of death and injury, and almost all of them either witnessed

death and disfigurement firsthand, or know someone close who was injured or killed. The surviving interviewees relate conflicting emotions of guilt and gratitude for having survived the ordeal. They also describe the significant emotional turmoil they experience when they reflect on their traumatic experience, and their desensitization to such horrible events. Most of the men share their post-service psychological issues, which include short temper, inability to sleep, social shortcomings, anxiety, and an abundance of other problems.

The Turkish government's public refutation of the lived effects of combat experience manifested itself again in its reaction to *Mehmedin Kitabı*. An Istanbul court prohibited the book's distribution on 23 June 1999 on the grounds that it violated Article 159 of the Turkish Penal Code, which prohibits "insulting" the Turkish military. Police confiscated the remaining unsold copies of the book from its publisher, Metis. In addition, Mater and her publisher were charged under Article 159, facing two to twelve years in prison. They were acquitted in September 2000 and the ban was subsequently lifted (Committee to Protect Journalists). Nevertheless, by such a reaction the Turkish military demonstrated its sensitivity to the reality of the effects of combat trauma. On one hand, it could not deny that such effects exist. On the other hand, public acknowledgement of the effects 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.

In her Master's thesis for Istanbul Bilgi University's Psychology Department, Deniz Yılmaz reviews *Mehmedin Kitabı* through the lens of psychoanalysis in order to identify symptoms of PTSD among Mater's interviewees and assess their psychological state. The report uses the *DSM-IV* diagnostic criteria as a rubric to identify symptoms as they are described by the ex-conscripts. While emphasizing that the interviews are not clinical in nature and that the report is not meant to be read as a diagnosis, Yılmaz finds that some of the diagnostic criteria, such as recurrent dreams of traumatic events, irritability, outbursts of anger, and difficulty falling asleep, are met by as many as 11 (26.8%) of the interviewees (54). In addition Yılmaz conducts a discourse analysis of the narratives to identify the numerous themes that provide a foundation for the long-term psychological suffering of the interviewees. Through this analysis of narrated lived experiences, Yılmaz successfully highlights the medically-certifiable psychological problems that plague the ex-conscripts who fought in Turkey's Southeast, and points to the need for further clinical analysis and treatment of these ex-soldiers.

The development of clinical research regarding the connection between PTSD and combat exposure has recently placed an unprecedented focus on the long-term effects of combat trauma, and has provided a common framework that at least serves as a jumping off point for deeper understanding. Still, current research and understanding is far from

comprehensive. Jones and Wessely caution not only against narrowly classifying all suffering due to combat trauma as PTSD, but also against treating the overall issue as a purely clinical one. They particularly reject the idea of a "universal trauma reaction" that can explain the psychological effects of combat on any soldier in any combat theater in any time period (149). Instead, they insist that culture fundamentally shapes the nature of traumatic experience and memories, reflected in the difference in recorded prevalence of what is now described as PTSD between different groups of soldiers from different time periods (149-150). They assert that the acceptance of a "universal trauma reaction" and the concept of a "single disorder" (PTSD) to explain the effects of combat trauma wrongly individualizes the trauma as only a psychiatric issue and ignores the political and social effects of combat trauma, and its necessary political and social responses (148). In addition, they remind us of the concept born in World War II that the lingering marks of what some would consider "diagnostic criteria" for PTSD "are not, in themselves, abnormal, but are normal reactions to an abnormal situation" (148).

It is therefore appropriate to describe this "abnormal situation" in the terms of the lived experiences of the ex-conscripts who served in the Southeast, and to address the social and political consequences of those experiences.

The Lived Experience of Combat: Trauma and Affect

In his ethnography of American veterans of the second war in Iraq, Kenneth MacLeish states that "Trauma posits a clear, linear, causal link between present suffering and a specific past event" (15). This basis for understanding captures the clinical consensus regarding the concept of the psychological effects of combat, which "is organized around a linear etiology in which an isolated, exceptional event unfolds into a neat chain of cause and effect" (119). Under this framework, the experiences of combat that precipitate lasting psychological effects are discrete events. Bonnie Green classifies these traumatic events by "dimensions," each of which have an empirical association with PTSD and other stress-related pathologies. Each of these dimensions stipulates that the event "involves an encounter with death or presents a severe threat to either bodily integrity of the self or an important other" (Green 1635). The dimensions include "threat to one's life or bodily integrity," "severe physical harm or injury," "receipt of intentional injury/harm," "exposure to the grotesque," "violent/sudden loss of a loved one," and "causing death or severe harm to another" (1636-1638). Many of the discrete events experienced by my interviewees include one or more of these dimensions.

The memory of single combat events in which soldiers felt hopelessly in danger is common, as in the account of Hasan, 36, a commando who had served in operations all over the Southeast in 1998-1999, including one in Northern Iraq:

> We were at the summit of a hill at a police station, next to a fighting position. They (the PKK fighters) started to fire on us from two sides. I hit the ground and started digging with my fingernails to protect myself. 3-4 minutes passed like that. I crawled to a fighting position…we had a mortarman who was incredibly smart—he could fire the mortar accurately without making any measurements. He saved us that day.

This soldier found himself in a situation which he was almost certain would end in his death, clawing at the ground out of pure desperation. The integrity of his bodily security had been grossly violated in a violent overstimulation of his senses, to which he could only respond with a primitive attempt to survive. His experience was not uncommon. Ahmet, whose duty was to be the lead man on combat patrols, describes a similar close threat to his life:

> I was caught in an ambush by myself. Whenever I moved, bullets came flying my way, even coming between my legs. My team commander and the rest of the team opened fire (on the attackers) heavily enough that I could escape. Many times I came under fire this way—it was a completely different environment, like a film.

A common theme among these precarious and seemingly hopeless situations is the reliance on one's comrades to be saved from them. The discourse of dependence between soldiers who fight together is omnipresent in soldiers' accounts, as is the idea that the trust that ensures the cohesion within military units is built upon this interdependence. As MacLeish

remarks in observing such a bond among American soldiers, "it is precisely the potential for harm and death that demands an unparalleled level of attention to and involvement in other people's lives;" this intimate proximity develops strong emotional bonds that become "instrumental matters of life and death" (146). These bonds start to be built under the stress of basic training, a gauntlet which soldiers endure together and "survive" knowing that they only could have done so with the help of their fellow soldiers. The bond is strengthened as the soldiers deploy into the combat zone. Most of the interviewees were assigned to duty in a certain area of the Southeast along with soldiers with whom they had completed their basic training. It is universally agreed that an honorable soldier does his duty to protect his comrades, just as he relies on his comrades to protect him. Many ex-conscripts like Ismail, 36, a former commando who served in Tunceli in 1998-1999, look back on their service with fondness only because of the bonds they shared with their fellow soldiers:

> If I could go again with the same group of people, I would. Because you know these people. You've gone out on operations with them together. You're all professionals. When it was minus 40 degrees out, we would hold each other to keep each other warm…My buddy watched my back while I went to the bathroom in the creek, and then I watched his back while he did the same. That security between buddies is a unique feeling. We never left a man behind, wounded, dead, or healthy.

The intimate emotional bond between soldiers is often strong enough that many ex-soldiers would agree that it is a form of love. Often the bonds last far beyond the period of military service; most of my interviewees still keep in touch with the men with whom they served, decades later. Because of this bond, the loss of a loved fellow soldier is all the more traumatic for survivors. Ismail describes watching a close friend die:

> We were caught in a crosswise ambush while driving in a vehicle convoy. We were fired on from the left side by light Kalashnikov fire…My friend was in the truck in front of me, which had turned in the direction of the incoming rounds. The soldiers were jumping out of the right side of the truck, away from the gunfire, in order to protect themselves. At that point, from the opposite hill, a *Biksi* (machine gun) opened fire and began raking the area. Soldiers were shocked. My friend took six rounds right here (pointing to his chest) as he was jumping from the truck. I ran to his help under fire, and dragged him to the side of the truck tire for protection, and by the time I had turned him over, he breathed his last breath. It affected me really badly. But there wasn't anything that could be done, because the front of his chest was gone; it had been shot to pieces by the *Biksi* rounds.

Most of my interviewees either had at least one close friend whose death they witnessed, or otherwise knew someone who was killed during their duty. As Ismail's recollection of his friend's death demonstrates, these traumatic events often included several of Green's dimensions used to

define trauma. Here his life was threatened, he was the recipient of intentional harm, he was exposed to a grotesque sight, and he witnessed the violent death of a loved one. If each dimension alone is enough to effect a pathological stress reaction, multiple dimensions layered on top of each other most certainly take a severe toll. Many of the traumatic events in combat are multi-dimensional in this sense.

Despite the severity and horror of the trauma events that stand out over the period of one's combat experience, MacLeish argues that these discrete events alone do not sufficiently capture the effect of the experience of combat, and that "the rubric of trauma [is] unhelpful in attempting to grasp what war does to and for people." He instead places importance on the affect, or self-evident feeling, that entire experience of war creates. Specifically, he focuses on the affect of vulnerability, which arises from "the condition of existing for long periods of time and in various modes of exposure in harm's way" (16).

The sense of vulnerability created by this condition of prolonged exposure has intensified with the development of warfare in the last fifty years. Before, the environment of older wars, like World War II and the wars before it, was characterized by clearly discernible (albeit often changing) fronts, at the site of which a soldier would likely encounter a visible and distinct enemy combatant; meanwhile, behind the front one enjoyed a relative sense of security. Violence in these wars often occurred on a prepared or planned basis as a part of a major campaign. Starting with the Vietnam War, the environment of war significantly changed. Since

Vietnam, wars (at least most US-involved wars) have been fought against a significant guerrilla or insurgent threat rather than a uniformed military. These actors now tend to blend in with the unarmed civilian population and conduct unconventional attacks using methods including improvised explosive devices, sniper fire, and suicide tactics. Conventional military forces, although well-equipped, often lack the flexibility to respond to such attacks, and many times are unable to identify an enemy combatant when attacked, adding to their frustration and sense of helplessness. In addition, the front has disappeared in this type of warfare; instead, conventional forces now usually protect themselves on enclosed bases, separated from the population. Once they leave the base to conduct operations, they are immediately vulnerable in an unfamiliar environment in which insurgents are often indistinguishable, have general freedom of movement, and possess detailed knowledge of the terrain in comparison to the military. In this environment, violence against soldiers is random and unpredictable, and poses continuous and unexpected threats to one's life. This unrelenting potential of violence produces a permanent vulnerability that induces terror, helplessness, and fatalism for the individuals caught in this environment (National Academy of Sciences 52).

The conflict in Turkey's Southeast resembles this new environment of warfare, and imposes a similar affect of permanent vulnerability as that which MacLeish observed among American veterans from Iraq. Turkish Armed Forces established protected but isolated bases throughout the region, from which soldiers would conduct temporary security operations to

locate and attack insurgent groups. The bases themselves were not invulnerable; they often came under attack by mortars, rockets, or small arms fire. The environment was even more inhospitable due to the mountainous terrain, through which lightly equipped PKK fighters often had freedom of movement, but heavy-laden soldiers strained to traverse. Daily living conditions were austere for most soldiers; they often lived for a year in simple tents and went without hot water, dealt with fleas, and ate only military rations, which caused digestive problems for quite a few. These additional non-life-threatening factors accumulated to assault the patience and psyche of conscripts, adding to the emotional and physical toll created by life-threatening conditions.

Adding to the tension of the environment was with military's generally poor relationship with civilians living in the region. Locals were usually reticent and suspicious of the Turkish military, often because they were under a threat from PKK fighters not to cooperate with the army. Several of my interviewees acknowledged that the civilians were caught in a hopeless situation, destitute and threatened by the PKK to provide support on one side, while being pressured by the Turkish military to provide intelligence on the other, with no guarantees from either side for their own well-being or safety. My interviewees did not adopt a retrospectively hostile attitude towards the local civilians they encountered or label all of them as an "enemy" equivalent to the PKK, as several of Mater's subjects did (Mater 2005; 86, 145, 200, 202). At the same time, they did describe how poor relations with the people living in the Southeast made the environment more

unwelcoming and uncertain, as Ibrahim, 31, a former conscript who worked in intelligence, remarked: "The person who seems to be the most threatening can actually turn out to be the friendliest, and the person who seems to be the friendliest can turn out to be the most dangerous."

Operations often consisted of "search and destroy" patrols, in which soldiers would be sent to a specific area with a mission to find and attack insurgent fighters, usually with very little intelligence other than "terrorists are in the area." Most of the time these patrols resulted in no contact with the insurgents; soldiers would just spend many hours walking through the terrain. Other times, the patrol would result in contact, either in the form of an ambush or a chance encounter with the insurgents. Additionally, frequent routes of travel were often booby-trapped with mines or improvised explosive devices, as were caves used by the insurgents. Even for soldiers for whom enemy contact was rare, the possibility of any day including one of those encounters with violence made every day that much more tense and uncertain, and over time wore on the emotions of some men. Yusuf, 36, a mountain commando who served in Şemdinli, Tunceli, and Yüksekova in 2000-2001, describes daily life in the Southeast:

> Men in the East go out on operations, into the mountains. Out there, conditions are horrible; for example, a man thinks to himself every day, 'am I going to die today? Is a bullet headed my way?' These are his thoughts. 'Am I going to be able to get back home? Am I ever going to see my family again?'

For many soldiers, violence occurred rarely, but just often enough to introduce the possibility of imminent harm or death to each day. Monotone days, weeks, or even months of uneventful patrolling were punctuated by random intense encounters with explosions, gunfire, and chaos, keeping soldiers always on edge in anticipation of the next encounter. Such constant hypervigilance was exhausting. Insurgents knew this, often just harassing Turkish Army soldiers for the psychological effect. Interviewees described several instances in which insurgents would throw rocks or fire flares at them at night to keep them on edge while they protected a village, knowing that they could not respond in the darkness. Soldiers were forced to stay in their positions, knowing that a potential threat to their lives was literally a stone's throw away.

For other soldiers violence was so frequent that it became commonplace. Hüseyin, 42, who served in 1990-1991, describes adjusting to the environment after his first night on the base in Şırnak:

> There was an attack somewhere every night. The first night we got there… somewhere near the base someone had been shooting, so a 120mm illumination mortar was fired from the brigade headquarters. It was the first time we had heard such a thing. It was so loud, we thought it was an earthquake, but they were using it to light up the area around the base so the soldiers could see who was shooting. It turned out every night was like this…After a while, we would be uncomfortable if it didn't happen. 'Why didn't they fire the mortar tonight?' we would ask.

Many soldiers became inured to this type of environment and the affect associated with it. Uncertainty, vigilance, and violence became normal aspects of everyday life over the period of their service. As we will see later, adjusting to civilian life from the life of combat to which they had become accustomed became a struggle itself.

Common to almost every soldier's experience is the proximity of death. In some cases such proximity took the direct form of the experience of being under attack, being in imminent danger, and having one's life threatened. Other times, death found its way into even the more mundane details of daily life. After an exchange of fire, soldiers were often sent on search patrols (*arama-tarama*) to find the bodies of dead insurgents. Ahmet describes the "cleanup" duty:

> Because I was a point man I had a little bit more respect, and I didn't have to do all the dirty tasks, like carrying the dead bodies of terrorists. Most of my friends who had to do stuff like that suffered psychologically. Taking them (the bodies) out of caves, they had rotted and smelled horrible.

Handling dead bodies was seen to be as menial or routine a task as cleaning the unit latrine, and soldiers approached the task as a necessary but unfavorable one. In other accounts, people approached death and the grotesque with apparent amusement. Hüseyin describes a common scene on his base:

> Sometimes when a terrorist was killed they would capture his body and a helicopter would drop it off at our HQ. Some soldiers on the

> base would take pictures posing next to the bodies, holding their heads up for the photos. Why would you take those pictures? Who are you going to send them to?

Not only did some soldiers become inured to the frequency of violence and the constant threat to their own lives, they also became callous to death itself, treating dead insurgents as if they were not even human at all. One need to look no further than a Facebook page of any number of military units that served in the Southeast to see a series of photos in which soldiers pose with the bodies of dead PKK fighters, as if they are the trophies of a hunt. The bodies are on display in a version of Katherine Verdery's "dead-body politics," in which corpses are used to advance a particular political or value-based agenda (13). The "trophy photo" stands in contrast to the solemn burial of ancestors that solidifies family bonds or the erection of a national mausoleum for a political leader—like Anıtkabir for Atatürk—to embody the narrative of the nation (Verdery 13, 108). In this case a denial of a proper burial for the fighters' bodies is a political statement that cuts off their connection to their family, any community, or any nation; they lose all ties that make them human.

In addition, on these websites, the bodies of the dead fighters are often referred to as "carcasses" (*leş*)—a term used several times throughout *Mehmedin Kitabı*, but only used by one of my interviewees, although he had likely seen the heaviest combat of everyone in the subject pool. Such terminology is introduced into the military culture in order to remove the human qualities of the enemy, and make it more acceptable for soldiers to

kill them. Dave Grossman identifies this relegation of the enemy to the level of animals as a distancing mechanism that has allowed soldiers to justify killing other humans for centuries—the less a soldier recognizes that he has in common with his enemy, the more willing he is to kill him (160-164). However, the distancing may also serve as an attempt to deny the common vulnerability that the soldiers share with the PKK fighters. Seeing a dead enemy fighter can serve as a clear reminder for a soldier, "that easily could have been me." Although he tries to deny it through a distancing mechanism, the vulnerability is unavoidable, and eventually adds to the psychological weight of the combat environment, as the point-man commando suggests.

While the persistent threat to one's life produces a cumulative toll on a soldier's psychological being, another aspect of the combat experience may have an even sharper effect. Fontana and Rosenheck found in a survey examining psychiatric symptoms of veterans from World War II, Korea, and Vietnam that "responsibility for killing another human being is the single most pervasive, traumatic experience of war," even more so than being the target or observer of an attack (30). Mehmet, 42, who served as a commando in Adıyaman, described how such an unnatural responsibility was a regular part of life in combat in the Southeast:

> In normal life, for me personally, there is no way I would be able to kill another person. But once you enter the military the mindset is much different. You now see something like that simply as your

duty. It's just a different mindset. I wouldn't harm another person in civilian life, but the military mindset is different.

The expectation in combat to kill another human creates enormous tension in its opposition to a person's natural tendencies. Grossman examines in detail the manifestation in the history of modern warfare of our natural propensity not to kill, pointing to consistent instances from the American Civil War up to World War II in which most soldiers refused to fire upon the enemy. S.L.A. Marshall found that in a typical American army unit in World War II, 80 to 85 percent of soldiers refused to fire their weapon, despite having been trained through repetition to do so (Grossman 20-27). Grossman then documents how after World War II the U.S. military instituted new training methods to overcome this resistance, promoting a desensitization to killing, conditioning soldiers to shoot humans by using targets shaped like people in training, and encouraging denial of the humanity of soldiers' targets in war. As a result, the U.S. Army observed a rate of soldiers refusing to fire their weapon in combat as low as 5 percent in Vietnam (251-259). Grossman argues that this aspect of combat—the placement of soldiers in an environment where they are expected to be agents of killing—along with the failure of American society to address the psychological effects on soldiers who are expected to kill, has resulted in the high prevalence of PTSD among Vietnam veterans (284).

Although only a few of the veterans I interviewed referred to the responsibility of killing another person, all of them were placed in an environment in which they were expected to be able to fulfill that

responsibility. Not all of them came into a situation in which they had to fire their weapons at the enemy; however, several of them did, and fired as expected. They had been trained according to the same methods developed by the U.S. Army after World War II, so that when the critical time came they would be able to overcome their natural instinct not to kill, leaving the effects of such an action to be dealt with at some undetermined point in the future.

We can see that the experience of combat of the veterans of the Southeast can be understood not only in the context of discrete traumatic events, but also with respect to the affect of continuous vulnerability created by an environment of unpredictable violence, persistent death, and expectations of soldiers that ran contrary to human nature. This understanding is an attempt to capture the lived experience of soldiers in the Southeast; however, we must turn our attention to the effects of that experience, and how that experience shaped life after combat for these veterans.

The Immediate Effects of Combat Experience

The experience of psychological effects on soldiers who served in the combat environment of Turkey's Southeast can be organized into three general time periods: during the period of military service, the period of transition to civilian life, and over the long term, many years after military service. My interviewees generally placed either their own struggles with

mentally dealing with the effects of their service, or the struggles they observed in other soldiers, into these three time periods.

Through the Vietnam War, the immediate clinical effects of combat stress during active wartime service were the primary focus of the military psychiatric effort. As we have seen, the short-term psychological problems associated with combat stress took on multiple labels over time, including "nostalgia," "shell shock," and "war neurosis," based on a varied but incomplete understanding of the conditions and its causes. Zahava Solomon, who has studied the psychological effects of combat among modern Israeli soldiers, identifies psychological breakdown on the battlefield simply as *combat stress reaction*, acknowledging that the disorder itself is quite difficult to diagnose or categorize because its "somatic, emotional, cognitive, and behavioral manifestations" are so widely varied; one soldier may freeze or hide when under fire, while another may frantically "run amok or charge against a hidden enemy" (27). Still, the term *combat stress reaction* points to the extreme stresses of combat to which a soldier is exposed as the source of that soldier's breakdown (30). Solomon bases her definition of *combat stress reaction* on criteria set out by H.R. Kormos: "Behavior by a soldier under conditions of combat, invariably interpreted by those around him as signaling that the soldier, although expected to be a combatant, has ceased to function as such" (Kormos 8). This definition is rather broad, implying that any soldier who is behaving in a way other than a soldier "should behave" might be suffering from a stress reaction to combat. Even Kormos points out that such a definition does not

distinguish between soldiers who are unable to fight and those who are unwilling; however, he argues that such a distinction is clinically irrelevant, since in either case the soldier is "no longer functioning as such," and should be treated in any case (8-9).

My interviewees' encounters with combat stress reactions were as wide-ranging as Solomon suggests. Although only a few men I interviewed admitted dealing with psychological struggles themselves, most at least had observed other fellow soldiers who had such problems. Often soldiers attributed their struggles not necessarily to the extreme dangers of coming under fire or participating in attacks, but rather to the exhausting nature of the environment and the toil of daily life in the combat zone. Former commando Mehmet observed that many of the soldiers who suffered psychologically simply could not handle the rigors of military order and discipline. Salih, 40, who served as an infantryman, observed soldiers who had self-inflicted gunshot wounds or drank cologne to poison themselves, forcing their own evacuation from the combat zone, even though they had not seen direct combat themselves. It was as if they had never been meant to be soldiers in the first place; though they wore the uniform, they met Kormos' criteria of either inability or unwillingness to function as soldiers. However, paradoxically, now that they were conscripted and trained and equipped to be soldiers, they needed psychological help to achieve functionality and fulfill their obligated duties.

Kormos' reference to functionality recalls the historical interests of military medicine with respect to psychological reactions to combat stress.

As we have seen, up to and including the Vietnam War military authorities were primarily concerned with addressing soldiers' psychological problems as quickly as possible so that they could be returned to the front. Preserving the soldiers' combat readiness took top priority in order to keep the ranks of military units filled with bodies able to fight. In World War I, many civilian psychiatrists temporarily employed by the military found this morally problematic, in that by effectively treating soldiers who suffered from psychological symptoms of combat stress, they were healing them only to send them back to combat and probable death. Had the doctors not treated these soldiers, they would have remained "combat ineffective," would not have been sent back to fight, and therefore would most likely survive the war. In this respect physicians found themselves serving as the state's instrument of enforcement to keep soldiers fighting (Jones and Wessely 17).

During the early years of the conflict with the PKK, the Turkish military did not recognize—or at least did not take action to address—the problem of psychological breakdown in combat, even in terms of its effects on military readiness. Mustafa, 51, who served in a parachute infantry unit in 1984-1985, described wrestling with depression when he felt isolated after weeks of patrolling in the mountains:

> It wasn't possible to get treatment there. You had to treat yourself. For example, we would do things that would cheer us up, like singing songs or writing poems, or picking and smelling flowers—happy things. Out there you have to struggle with yourself…I would

> sing really loudly, or yell, these kind of things. Because there wasn't anything else to do. You're in the mountains.

As the conflict developed and more soldiers suffered as psychological casualties, the Turkish military took measures similar to those employed by the U.S. military in Vietnam, providing treatment close to the combat zone, and rest for soldiers who needed it. Ahmet, who fought in 1989-1990, described how several soldiers who suffered from psychological problems after staying in the mountains for long periods of time would be rotated out to the brigade headquarters in Siirt for about 15 days of rest. Those who needed more serious psychiatric treatment would be sent to the military hospital in Diyarbakır. Soldiers were encouraged to watch out for each other, and call attention to any signs of psychological problems:

> You would see that your friend was having problems, that his behavior and condition were changing. You would realize that his mental state was breaking down, and you told the team commander, who would call the headquarters, and a helicopter would come and pick your friend up.

This vigilance towards psychological casualties became a top priority among commanders through the peak years of the conflict. Testimony from Ali, 38, an infantryman who served in Tunceli in 1999-2000, suggests that the military worked hard during this time to refute any claims that it disregarded the effects of combat stress reaction on its soldiers:

> Commanders treated their soldiers as if they were their own children. They would do everything they could to get help for people who

needed it. If someone was in bad shape mentally, they would send them directly to the military hospital. There weren't any soldiers who complained of problems who didn't get the help that they needed.

Military commanders became sensitive to the effect of psychological breakdown because it directly affected their bottom line: manpower required to complete their combat mission. In recognizing that the bodies of soldiers were their most expensive commodity, which through an investment of military training and discipline had become both useful for war yet obedient to authority (Foucault 138), commanders recognized the need to protect against those soldiers' vulnerability to psychological damage caused by combat stress. As such these soldiers received immediate attention from military medical professionals in order to restore their utility as rapidly as possible and get them back to contributing to the combat mission.

Despite this climate of hyper-vigilance towards the immediate psychological effects of combat, many of my interviewees only referred to these effects in the context of someone "faking it" to take advantage of an opportunity to get out of combat duty. The interviewees generally regarded these "fakers" with low esteem. Several described seeing other soldiers falsely (in their estimation) take on the behavioral symptoms of psychological breakdown in order to be evacuated (these were apart from those who physically injured or poisoned themselves as previously described) only to be evaluated by a medical officer, shown to have no diagnosable problems, and sent back to the combat zone. Once a doctor had

proven the "faker" to be a charlatan, the soldier was often considered fit for service, sent back to the combat zone, and reissued a weapon. In one case, a commander was confident enough to determine when a soldier was faking it, without having to refer to medical opinion, as Osman, 29, a former gendarme, describes an incident on his base in Mardin in 2009:

> One time, a soldier had held his own weapon to his head and threatened to kill himself. My commander approached him, took the weapon from him and put it down, then gave the soldier his own pistol and told him, 'If you're going to do it, do it with mine,' figuring that the soldier was bluffing. I was shocked. But the soldier didn't shoot himself. He wasn't evacuated, but he didn't pull any guard duty after that.

This incident seems to stand in contrast with the testimony of vigilant commanders who were always attendant to the mental health needs of their soldiers, but apparently this commander had seen his share of what he determined to be "fakers" by this point, and was fed up with soldiers who simply did not want to do their duty trying to swindle their way out of their obligation. As Davis acknowledges in her examination of "invisible disability," concerns and skepticism about people taking advantage of benefits afforded to those who suffer psychological disorders by "faking it" are well-founded to some extent, because some "fakers" do exist, especially when a particular affliction is identified on the basis of psychological or behavioral factors alone (181).

Even so, the concept of someone faking a psychological problem to avoid combat is a clear departure from Kormos' criteria for determining a combat stress reaction. On one hand, Kormos makes no distinction between unwillingness and inability to perform combat duties. A person unwilling to perform his duty—and any "faker" may be assumed to be so unwilling—deserves treatment for his psychological condition as equally as a soldier who is unable to perform his duty. On the other hand, the Turkish military medical officers, commanders, and my interviewees sharply differentiate between unwillingness and inability. For them, inability—beyond one's control—to perform combat duties constitutes a condition that requires medical treatment. Unwillingness, on the other hand, simply constitutes a lack of honor, and should be discouraged lest any soldier be able to shirk his duty simply because he does not want to do it. For these arbiters of legitimacy, the psychological suffering must be provably "real" enough to be clinically diagnosed; a weakness of the will does not constitute or even indicate sufficiently "real" suffering.

However, the distinction between inability and unwillingness may not be so clear in a diagnostic realm that involves nebulous mental states, emotions, and the variance of behaviors and other manifestations that Solomon purports combat stress reaction to generate. How much control does a soldier have over the emotions that drive him to want to avoid combat? If he is unwilling to do his duty, does that not equate to an inability of the will? Would a person not be naturally compelled to avoid situations in which he may lose his life or be forced to kill another person? In order to

guard against soldiers abusing the avenue of psychiatric disorder to avoid combat and weaken the military mission, a force must be in place that discourages soldiers from claiming “false” psychological suffering. In fact, this force is strong enough that it most likely inhibits soldiers who actually need help from seeking it.

The U.S. military has recently recognized the problem of stigma over seeking help for stress problems, and research has shown that veterans of the wars in Iraq and Afghanistan are unwilling to seek professional help for fear that doing so will jeopardize their promotion opportunities and career goals (National Academy of Sciences, 135). However, this is unlikely to be a source of stigma in the Turkish military, since most soldiers are conscripts with no military career aspirations. Still, the stigma exists, despite military commanders’ efforts to provide needed medical treatment. For example, Ibrahim, who had worked in intelligence, observed the effects of such stigma, regretfully recalling how he witnessed several soldiers who suffered from psychological trauma, yet these soldiers simply refused to give themselves the opportunity to find treatment.

The source of stigma can be thought to be a twofold form of fear: fear of failing others, including the Turkish nation; and fear of failing oneself.

Many of my interviewees emphasized the importance of honor in serving the nation through military service. Some claimed that even if the state did not require military service, men would do it anyway out of internal

compulsion to serve and defend the nation. Several interviewees proudly claimed that they volunteered to serve in the Southeast, like Ismail:

> I am a patriotic person. I really love my homeland, my nation. For that reason I wanted to be able personally to do something against these terror events, so I volunteered…I wanted to do something about this threat within our borders and from Northern Iraq from the PKK, so I went willingly.

For such individuals who believe in the cause of the war and the value of their military duty as service to the nation, being unable to carry out such duty due to "psychological weakness" would be a grave dishonorable failure to the nation soldiers have sworn to defend. In the same way, failing to conduct one's duty would also be a failure to one's military comrades, who are bound in the intimate friendships of interdependence we observed above. For this reason those who are assumed to be "fakers" are looked down upon with such disdain; in comparison to the soldiers who continue on despite their struggles, these "fakers" are betraying their nation and their comrades by taking the easy way out. It would be unthinkable for many of my interviewees to dishonor one's nation or one's comrades by failing to do one's duty.

Secondly, much is at stake for the individual aiming to complete his military service. In Turkey, conscription fulfills a vital social function for many men. According to the national narrative, compulsory service teaches young men discipline, and prepares them to be fully responsible adult Turkish citizens who show proper respect to authority (Altınay 62). In some

respects, the importance of military service seems to lie more in the transformational effects it has on individuals, rather than the value it provides in terms of support of the national defense. As a 1995 *National Security Knowledge* textbook defines: "Military service, the most sacred service to the nation and the homeland, prepares young people for real life situations. A person who does not do his military service is no good to himself, to his family, or to his nation" (70). Military service is regarded as the definitive rite of passage for Turkish men, and the gateway to participation in important aspects of full citizenship. A man who has not yet completed his service obligation (or who has not been legally exempted) cannot expect to get married or find long term employment until he does. Most women (or their families) will not associate themselves with a man who has not completed this rite, and most employers are not willing to hire someone only to lose him for a significant period of time while he completes his obligation (Sinclair-Webb 74). In short, completing military service is not only legally required, but is socially necessary for any Turkish man who aspires to enjoy completely the publicly social aspects of citizenship. Under this framework a man who fails to endure the rigors of his military service fails to complete the national masculine rite of passage. Just as a failure to complete one's military duty would constitute a betrayal of the nation and one's fellow men, it would also constutute a failure to achieve full manhood in the eyes of Turkish society.

The fear of such twofold failure is powerful enough to deter soldiers from seeking professional help for psychological problems brought about by

combat. Just as many American soldiers have been shown to refrain from reaching out when suffering, we may assume that many Turkish soldiers have done the same. More often than not, a soldier determines that the psychological effects of combat are worth suffering compared to the risk of being a failure, no matter how "real" the suffering is. Such a failure to seek short-term treatment has undoubtedly had longer-term effects.

The Transition from War to "Normal" Life

The second period to which my interviewees often refer when discussing the effects of their combat experience is that of transition from the military and the war back into the civilian world. The importance of this transition has surfaced repeatedly in discussions of the effects of combat stress on the mental health of soldiers. As Dave Grossman writes, military historians such as Arthur Hadley and R.A. Gabriel have observed that warrior societies throughout history have incorporated purification rituals for soldiers returning from war in order to ensure the health of the soldier and society as a whole. Gabriel maintains that these rituals, which often included ceremonial cleansing, served to provide relief for soldiers from the "stress and the terrible guilt that always accompanies the sane after war." Fighting men could decompress trough these rituals, ensured that what they did in combat was right, and that the community to which they were returning was grateful and welcomed them back (Grossman 271-272).

Many modern militaries have adopted a "decompression period" as a new form of this ritual purification. At the end of World War II, soldiers

spent days traveling home together on transport ships, sharing their feelings, grief, and fears, and receiving each other's support in a cathartic environment. The British Army, although it could have quickly transported its troops home from the Falkland Islands by air, chose to do so by sea to allow for decompression time (Grossman 272-273). The Canadian military has recently employed a "third location decompression period," in which soldiers returning from combat in Afghanistan have stopped for several days in Guam or Cyprus to process their experience in a structured environment before returning home. Although research is still evolving and no scientific conclusions have been made about the benefits of such a program, most participants beleived that it made the reintegration process into life at home easier for them and for their families, in addition to reducing the stigma of seeking professional help for mental health issues (National Defence and Canadian Forces Ombudsman 23; Garber and Zamorski 400). In light of such practice, the U.S. military is considering a similar program for soldiers returning from Afghanistan (National Academy of Sciences 76).

In addition to a decompression period, the nature of a soldiers' homecoming from war—especially a society's reception of returning soldiers—has been believed to be an important factor in the development or mitigation of psychological problems. Fontana and Rosenheck found that the poor quality of the homecoming for Vietnam veterans had "a major impact on the subsequent development of PTSD and other psychiatric symptoms" in comparison to World War II veterans, who were welcomed home as heroes (31). Likewise, Grossman attributes the lack of a

decompression opportunity combined with an undignified homecoming to the extreme feeling of loneliness and vulnerability among Vietnam veterans, who suffered rampant psychological turmoil as a result (274-277).

The return home for Turkish soldiers from the Southeast can be best characterized as an experience of loneliness. No decompression period or similar program has been instituted for soldiers returning from the combat zone. Although they entered the Southeast with the soldiers with whom they endured basic training, sharing the anxieties of entering combat with friends and comrades, they returned home by themselves. Some soldiers were back in the civilian world within only a few days of having conducted combat operations, with no one available to whom they could turn to impart their thoughts and feelings. This rapid transition from the world of war into "normal" civilian life was an immense shock for most of my interviewees. Yusuf describes his transition: "When I finished my duty it was unreal, I couldn't believe it. I grabbed my bag to go but I still thought it was a joke. At home for a month I still woke up very early, and I even called my mother 'commander.'"

These men had been transformed by the discipline of the military from inapt bodies of "formless clay" into "useful" bodies with an aptitude for combat (Foucault 135-138). Now, the shock of return from the combat zone exposed this transformation through the feeling of unfamiliarity in the non-combat world. They found their adaptation to the unique aspects of the combat environment to be disjointed and unsuitable with the everyday facets of life in the civilian environment. Murat, 41, an ex-gendarme, described

the feeling of being back in the civilian world as like being a "fish out of water." Ahmet, the former point-man, reported a persistent hyper-vigilance after his discharge from the war zone, in which he would constantly scan his surroundings for a threat, as if he were still conducting a combat patrol. Even soldiers who said they had suffered no psychological trauma while in the military said that readjusting to civilian life took several months. For others, the process took several years. Some who had become accustomed to the military life of orders and structure, even though it was punctuated by the chaos of combat on occassion, found the lack of hierarchy and the new pressures of civilian life to be great sources of tension. This tension often coincided with the difficulty of finding work, as Hüseyin describes:

> People would say to us, 'OK, you finished your service. Now what work are you going to do?' That's the question. You get back from the military and everyone is asking, 'What will you do?' This wears on some people's morale, even more so than the army itself. Back in the military, we had a commander, and we had direction and discipline. No one was around asking us 'what kind of work are you going to do?' Once you get back to civilian life it starts.

Mehmet describes the tension of civilian life in emotional terms, as the affective expectations of life in combat stayed with him after his discharge, but didn't fit the non-combat environment: "I felt like a robot. I couldn't smile at anything. In civilian life everything feels monotonous, like you can't feel anything. You can't laugh at people's jokes. There's always this tension."

Mehmet and many others abruptly left a life of action, hyper-stimulation, and close camaraderie to find themselves alone in the world of the "ordinary," with no one with whom they could share their feelings to try to make meaning of their recent extraordinary experience. As a result many became withdrawn and suffered from a sense of loneliness. Ironically, for these men it seems that military service, the very experience of "man-making" that was to prepare Turkish men to be full-fledged adult citizens, turned out to be a stumbling block to their ability to continue their lives. This struggle not only took the form of difficulty in adapting to a new environment, but also became complicated with the residual effects of trauma experienced in combat. Ismail describes his experience of adjusting:

> I couldn't recover. Why? (In the military) we slept in the mountains, outside. When I came back home, sleeping on a mattress made me uncomfortable. Every day (in the military) I heard the sound of bullets, and even the sound of birds made me uncomfortable. We had gotten accustomed to it out there, to the different lifestyle. Also, because of the horrible events we had lived through…but over time we adjusted back to civilian life. Until then I woke up often at night, and I usually re-lived those horrible events in my dreams, like those times when my friends were killed or shot.

Paradoxically, Ismail refers in one thought to how the combat environment had become comfortable for him, but in the next thought the traumatic events he experienced in that very same environment were sources of disruption and psychological struggle. The soldier adjusting to civilian

life from combat has to deal with the dissonance between a subconscious desire to return to a familiar environment and a conscious memory of the horrors of that environment. For many, such a dissonance combined with the feeling of being a "fish out of water" to bring about new sense of helplessness.

Other soldiers returning from combat re-lived traumatic events not only in their dreams, but also through flashbacks triggered by what many would consider to be mundane events of everyday life. Such flashbacks often elicited an involuntary bodily response. Hasan describes an instance that is not uncommon among combat veterans:

> Six months after I was discharged, I was at the market and a paper bag popped. I hit the ground and crawled under a fruit stand. Everyone was wondering, 'What's wrong with this guy?' I was ashamed and went to the toilet, and I stayed there for a half hour washing my face and hands and pulling myself together.

Once again this former commando finds himself in a situation in which not only does his body automatically react as though he is experiencing a traumatic combat event, but this time, instead of experiencing the trauma along with his fellow soldiers, he is alone. No one around him understands why he reverts to a fight-or-flight response, and he cannot turn to someone who might understand his feeling of vulnerability. Instead, he only feels isolated, self-conscious, and ashamed of his "weakness" and inability to control his own behavior.

It is notable that many of the behaviors and symptoms reported by these veterans coincide with the diagnostic clusters for PTSD as set forth by the *DSM-V*: intrusion symptoms, avoidance, negative conditions and mood, and arousal. Intrusion symptoms include spontaneous memories, recurring dreams, and flashbacks, in which the individual perceives that he is re-living the traumatic event. Avoidance consists of efforts to avoid distressing memories, thoughts, feelings, or external reminders of the event. Negative conditions and mood refers to self-blame, detachment or estrangement from others, and decreased interest in activities ("I felt like a robot"). Arousal includes hyper-vigilance, sleep disturbances, and an exaggerated startle response (American Psychiatric Association, *DSM-V* 271-272). Many of my interviewees recalled exhibiting one or more of these behaviors during the period following their discharge from the military. While this research is not meant to be a diagnosis of PTSD or any other psychiatric condition among the veterans I interviewed, it is significant that these men's experiences and behaviors correspond to this collection of symptoms. Both Emma Sinclair-Webb (83) and Deniz Yılmaz point to this similar correspondence in their analyses of the interviewees in *Mehmedin Kitabı*. Such a correspondence points to the great need for this population of veterans to receive greater clinical attention, so that appropriate diagnoses and treatment can be made.

The clinical dimension of this struggle to transition from combat to civilian life, particularly in the context of PTSD, is only one facet of these veteran's experiences, which often focuses only on the effects of singular

traumatic events. The effects of combat experience and the affect of vulnerability that continues after leaving the military must also be taken into account, along with its social and political consequences, as Jones and Wessely insist. Often, the suffering of these veterans cannot be pinpointed back to a specific traumatic event; instead, it simply points to the condition of the ex-soldier as shaped by the whole experience. Hasan recounted his period of transition back to civilian life simply as one of fear: "I was 21 years old after I left the army, and I slept in between my mother and father because I was so afraid. That was my state of mind."

In this instance we see a reversal of the masculine rite of passage of military service; instead of becoming a man as a result of doing his military duty, this veteran experiences "infantilization and shame," similar to that observed by Açıksöz among physically disabled veterans (*malul gaziler*) who rely on their natal families for financial support and daily care (Açıksöz 2012, 8). As discussed above, the military experience is purported to be the definitive "man-making" process for Turkish men. Ironically, at least in Hasan's case, it has instead made him more like a child. This reversal of such a sacred social practice, along with the psychological effects on those suffering from such a dissonance, deserves serious attention in both a clinical and a social sense from the Turkish military.

Despite such a need these veterans have received no such attention from the Turkish military or government. Not having been physically injured, they did not (and still do not) qualify after their discharge for the benefits given to *malul gazis*, including health care services. Instead, their

suffering has been ignored, and they have been abandoned by the military and the state, as Ahmet describes: “After I left the war, I didn’t get any psychological help. The state left me completely alone in that regard. And many of my friends couldn’t recover. They were in such a fragile emotional state, they couldn’t get any better.”

In abandoning these veterans by failing to provide treatment for their psychiatric needs, the military has continued to regard these men only in terms of their “usefulness” as soldiers in combat. While these men were active conscripted soldiers, the military prioritized attention to their psychological needs in order to preserve the manpower required to complete the combat mission. After their discharge, these men were no longer useful to the mission, and accordingly did not warrant any further psychological attention from military medical professionals. This approach went hand in hand with the military’s refusal to acknowledge the depth of the psychological impact of combat on its conscripts, as observed previously. As a result, these veterans, despite their suffering, were discarded as useless, and left to deal with their struggles on their own.

These struggles were most common among my interviewees during the first few years after their discharge. For many, the passage of time mitigated their suffering and allowed them eventually to return to “normal” lives. However, some veterans continue to suffer the long-term effects of their service in combat.

Long-term Effects: Living with Invisible Disability

Research (outside of Turkey) has repeatedly shown that combat exposure can have clinical and social effects that perpetuate over the long term, even decades after combat. In the clinical domain, as mentioned above, the NVVRS showed that more than ten years after the end of the Vietnam war, a significant portion of veterans still suffered from PTSD or other psychiatric disorders; the study emphasized the chronic nature of PTSD and framed these veterans' psychiatric problems as a continuing struggle to "readjust" after the war (Kulka et al. 2-3). With respect to social impact, a review of long-term research on the effects of combat shows that combat exposure has had a universal negative impact on veterans regardless of time and place of combat experience; in comparison to noncombat veterans, combat veterans were shown to have worse overall health, higher divorce rates, and lower socioeconomic attainment (MacLean and Elder 188). Another survey of American men, among whom were veterans of World War II, Korea, and Vietnam, shows that combat exposure produces a "direct cumulative disadvantage;" that is, combat negatively affects servicemen regardless of their pre-combat disposition. This survey in particular showed that combat veterans were more likely to be disabled or unemployed later in life due to the "scarring" effects of combat (MacLean 563, 573-576). The cumulative nature of the effects of combat exposure is evident in that symptoms tend to build upon each other: psychological conditions affect ability to find work, which in turn takes a toll on physical health, which further affects socioeconomic attainment and family life; the

effects build in a cyclic fashion (576). Western research has demonstrated the undeniable connection between combat exposure and negative clinical and social outcomes.

All but one of my interviewees had served in the Southeast nine or more years before I met them. Most of those who had described difficulties in months or years following their transition to civilian life from the military said that they no longer suffered any problems of that nature. However, these "fully recovered" veterans did refer to many friends and former comrades who still struggle psychologically, a decade or more after their combat experience. Several attributed these men's long-term struggles to having been exposed to a higher level of trauma during their service; interviewees mentioned that those who had friends killed beside them or those who regularly handled dead bodies still live with those experiences and have not fully recovered from them.

In addition, my sample of interviewees may have been limited by a selection bias, in that I found many of them through their employer. As a result, all of my interviewees, with the exception of one graduate student, were employed at the time that I interviewed them, and furthermore had jobs that were relatively secure. Because I gained contact with these veterans mostly through their employment channels, I ended up excluding a representative sample of veterans who were presently unemployed or had persistent trouble finding a job due to their psychological struggles from combat exposure. This is a limitation of my research, and collecting the

experiences of this other cohort of veterans would certainly give greater insight into the socioeconomic implications of the problem.

Nonetheless, some of my interviewees still experience long-term suffering. Two of these veterans admitted to persistent avoidance of memories of their combat experience. When I asked them to recall some of their experiences from their service, they gave general descriptions of life in the military, but refrained from recalling specific combat events. Such a recollection and description of the trauma they had experienced would have been too difficult, and may have triggered additional psychological suffering manifested in the intrusion symptoms of PTSD described above. Indeed, my interview was not an appropriate setting for these individuals to deal with such past events; a clinical setting, although not provided to these veterans, would have been appropriate and probably beneficial.

Two additional interviewees admitted that they still struggle with psychological problems today. Mehmet, who previously described "feeling like a robot" after his discharge, made only a vague reference to such struggle, saying only that psychological issues "come up from time to time." The other, Hasan—who suffered flashbacks in the market after his discharge—described his struggles in more specific terms. He told me that when his wife and children leave the house, he sits alone and recalls the many traumatic events he experienced during his service and cries for an hour or two, an activity that he finds relaxing and therapeutic. Even though he completed his military service fifteen years ago, he still suffers occasional panic attacks, and avoids crowded areas. He admits, "*Benim*

psikolojim hala bozuk"—"My state of mind is still in ruins." Though he served as a commando in one of the most elite units in the Turkish military—the epitome of masculine prowess—Hasan now suffers from feelings of persistent vulnerability and shame in his inability to control his emotions and behavior. For this veteran and for others with similar troubles, the war did not end with their discharge from the military—they still fight their own battles to this day.

These veterans who still struggle with the psychological effects of combat exposure suffer from what N. Ann Davis defines as "invisible disability." According to Davis, an invisible disability is any condition in which one or more of the following criteria are met: the condition cannot be ascertained through visual observation or superficial social interaction; the suffering individual is at risk for recurring painful or limiting episodes; the individual is limited in the ability to interact with others in everyday social spheres; and, the condition is verified by technical medical procedures that require medical professionals to exercise interpretation and judgment as opposed to simply measuring quantifiable symptoms (202-203). Davis qualifies psychological conditions that have been shown to be connected to combat exposure, including PTSD, depression, anxiety disorder, and mild traumatic brain injury, as invisible disabilities (153). Importantly, diagnosis of these invisible conditions is dependent on analysis of their lived experience instead of physical symptoms (209). As the lived experiences of these veterans reveal, a significant number of them suffer, or at one time did suffer, from invisible disability.

The recognition of a disability in a society suggests the establishment of standards that determine who qualifies as "abled" or "disabled." However, such a distinction is not so simple; the judgments made to determine disability are dependent in a complex fashion on a range of norms that "invoke purposes, policies, and institutions" (Davis 157). Difficulty lies in determining what qualifies "able-ness" or "normalcy." History shows that quite often these determinations are faulty, and primarily driven by political agendas to a dangerous and inhumane extreme, as in the case of the eugenics movement of the 20th century, various forms of American immigration policy, and the policies of Nazi Germany (171-172). In the case of defining normalcy to determine what constitutes disability, a class of "gatekeepers" is established—relevant experts who have the power of diagnosis, usually medical and scientific personnel (179).

In the case of Turkey's war veterans, the military and associated state policy makers have established themselves as the gatekeepers when it comes to determining what qualifies as a combat-related disability. In its definition of *gazi* and provision of associated benefits and treatment, the state has designated physical disability as the only qualifying condition that determines whether a veteran is disabled, and has excluded those who suffer only from psychological conditions from the honorific and beneficial status. The political motivations for such a determination may never be fully revealed, but may include: a refusal to recognize the conflict in the Southeast as a legitimate war in which the PKK may invoke rights granted by international conventions on the law of war (as mentioned above); a

refusal to acknowledge that the Southeast conflict's damaging effects on Turkish conscripts are much more widespread than just physical injury alone (as we may infer from the reaction to *Mehmedin Kitabı*); an unwillingness or inability to financially support treatment and benefits for ex-soldiers who require clinical attention for their psychological condition; and the apprehension that the concept of combat-induced psychological disability threatens the national militarist narrative that "Every Turk is born a soldier." Regardless of the motive, the state has made itself the "gatekeeper of disability" by establishing the standards of normalcy through its definition of *gazi* and associated benefits.

It is important to note that while the state has excluded psychological conditions from the criteria that determine combat-related disability, it does recognize psychological disabilities as legitimate diagnoses in other contexts. For example, by law a person with non-treatable PTSD (a disorder that can also arise from trauma that is not combat-related) may be recognized as handicapped and receive associated financial support from the government if his or her condition is certified in a "disabled medical board report" from a government hospital ("Özür Oranları Cetveli" 27). Such a legal admission reveals a double-standard: while the state acknowledges that psychological disabilities do exist, it denies such disabilities any recognition in the context of combat exposure, especially when concerning the conflict in the Southeast. This serves to illustrate the political sensitivity behind this armed conflict in particular. While the clinical psychological effects of combat in the Southeast are clear, the state has deliberately decided to

disregard them in order to mitigate dissenting opinion against the military's endeavors in the Southeast.

As a result of this politically-motivated decision, despite these veterans' persistent struggles, they are offered no treatment or recompense of any sort from the state. Though many of my interviewees insist that those suffering from the long-term effects of combat exposure need clinical support, and that support should come without cost from the government, such assistance remains unavailable for those who are no longer in the military. These veterans do not seek clinical support through other means, either because they cannot afford it, or because the stigma of seeking such support is too great; for some, admitting such a vulnerability and seeking treatment amounts to an admission of weakness and a failure to meet the requirements of manhood in Turkish society, just as it did when these men were soldiers.

Davis further elaborates on the effects of stigma associated with invisible disability, and the reluctance of individuals to reveal their suffering. She posits that a person suffering from invisible disability not only must acknowledge his own weakness and face the possibility of being stigmatized when he reveals his disability, but also places himself in a position in which he must provide "proof" of the disability in the face of skeptics, which may involve re-living the trauma or suffering that caused the condition in the first place, intensifying his vulnerability. In revealing his condition, the sufferer faces the judgment of observers; in seeking diagnosis and treatment, he must satisfy the opinion of the medical gatekeepers, which

carries more weight in legitimizing his suffering than his own lived experience. Such an untenable position, which Davis describes as one of "oppression," often prevents sufferers from seeking help in the first place (205-212). As Davis states, "Those whose disabilities are invisible will often have more motivation to 'pass' than to 'come out,' which may imperil their well-being, exacerbate their disability, and deepen their invisibility" (212). We may assume, according to Davis's argument, that in addition to those Turkish veterans who admit their psychological struggles, there are many more who suffer silently from invisible disability because they prefer to refrain from revealing their condition.

Recognition

While we have observed that the military and the state have disregarded the experiences of these veterans in a clinical sense, we may also attempt to examine how they are regarded in Turkish culture and society. Since this research focuses on the interviews and experiences of this small group of veterans, it is insufficient to extensively address general cultural discourse about attitudes towards non-*gazi* veterans, and such analysis may be appropriate for further research. However, my interviews with these veterans did give insight into how they perceive that they are regarded by Turkish society. It turns out that such perception varies widely by individual.

The title of *gazi*, though officially bestowed by the Turkish government, carries significant social meaning in general (although that

meaning is understood differently by different people, as mentioned above in reference to Açıksöz's research). Generally the term signifies recognition of a special population of men who deserve respect and gratitude. Despite being denied this title, some of my interviewees feel as though they do not deserve any such special recognition; rather, they maintain that they simply fulfilled the duties required of them as Turkish citizens. When I pointed out to Mehmet that there are titles for old war veterans and injured veterans, but not for veterans of the PKK conflict, he replied that he simply should be recognized as "someone who has done his duty for the nation." He continued, "We didn't avoid our debt to the nation. We went and did our duty, then came back. We did our duty for the nation, that's all."

Ömer, 33, echoed these similar sentiments, adding that most Turks—those who serve as soldiers as well as their families—feel that military service, even in combat, is simply their duty:

> I don't feel like I sacrificed anything extra. If I felt that way, I wouldn't have volunteered to participate in operations. This is one of the biggest things about Turks; they don't think that way. Even if a mother and father lose their son as a martyr, they would still send another son.

This concept that men serve in the military in order to fulfill a debt or obligation to the nation suggests that military service lies in a system of exchange, as illustrated in Mauss's essay, *The Gift*. Mauss uses "primitive" societies to illustrate the universal human phenomenon of markets, centering his analysis on the concept of the gift, which although theoretically

voluntary, is actually given and reciprocated obligatorily in a system of exchanges and contracts (3-5). He illustrates the dynamic of gift-giving through the concept of potlatch, a system of exchange used widely among Pacific Islander tribes, as well as in native tribes of the American Northwest. In potlatch, gift-giving takes place in a continuous cycle of obligations to give, receive, and reciprocate the gift. These obligations have a spiritual basis, and in failing to fulfill them one risks losing his honor, and even his soul (50). In addition, as Mauss states, "The potlatch, the distribution of goods, is the basic act of '*recognition*', military, juridical, economic, and religious in every sense of the word" (52, emphasis mine). This system is not limited to archaic societies; rather it found in our contemporary societies as well, often in the relationships between the state and the individual (86).

The Turkish soldier who does his duty to repay his "debt to the nation" can be interpreted as fulfilling his obligation in the cycle of exchange as described by Mauss. The nation has provided him (and his family) with something that requires reciprocation—perhaps the right to live within the nation in the first place.[6] In return, the young Turkish man (along with his family) gives himself to the nation; as former parachute infantryman Mustafa succinctly stated, "You give yourself to war." Then, in a subsequent reciprocation by society, the man who completes his military duty is given full recognition as an adult male Turkish citizen. With this

[6] When the Turkish pop star Tarkan returned to Turkey from France in 2000 to complete his military service under a one-month paid military service scheme, his return was highly publicized and a reporter asked for a message to his fans. He replied "half-satirically," "*Ne mutlu Türküm diyene*"—"How happy is he who says 'I am a Turk,'" a phrase ubiquitous in Turkish classrooms and public spaces originally attributed to Atatürk that evokes nationalist ideals (Sinclair-Webb 84). According to this narrative, simply being a Turk is a gift enough that requires reciprocation.

recognition comes concrete social benefits; a phrase repeated among several of my interviewees regarding military service was "*Askerliğini yapmamış adama kız verilmez*"—"A woman is not given to a man who has not done his military service." In this system of exchange, a woman—along with the rights to marry and to have a family—is a component of the gift provided by Turkish society in exchange for doing one's military service. Presumably, the man is thus once again indebted to the nation, obligated to serve as an upright citizen in order to reciprocate the gifts of being recognized as a man and the right to full social participation given to him.

However, in the context of the conflict in the Southeast, and our observed experiences the veterans of that conflict, such a system of exchange is not so straightforward or equitable. Although the gift-giving system of military service purportedly rewards each individual equally, there is certainly a difference in what is given as a "gift" between those who serve in combat and those who do not. If the reciprocation on behalf of Turkish society is supposedly sufficient for those who do not serve in combat, the same reciprocation for those who serve in combat, who risk their lives and their physical and psychological well-being, seems to fall short. Indeed, some combat veterans note this distinction, and remark that their experience does not match that of just anyone who simply did his duty. Yusuf, who lived through heavy combat, contrasts his experience with those of soldiers who serve in western Turkey: "In the west, they sit and play sports. Someone there says to himself, 'I'm going to eat, I'll get my discharge

papers, and I'll go home.' He comes home as if he had been out on vacation." Hüseyin echoes the distinction:

> Of course soldiers who have been to war deserve more than those who didn't. Some were in the war, and some were only prepared and trained for it…It just isn't the same thing, going or not going. Those who don't go are trained, but those who go are putting their lives down. There should be some small recognition for that.

In the context of social dynamics, Mehmet mentioned that because of the difference in military experience, men who served in the East do not talk to those who served in the West. He claims that the two groups simply cannot relate to each other's experiences. However, I found this to be a unique perspective, as I observed several instances of combat veterans and men who did not serve in combat reminiscing together about their military service. In addition, in these interactions the combat veterans did not assume a place of superiority or entitlement over their friends. Still, Ahmet's testimony differs slightly: "Among my friends, I get a little bit more respect because I did my service in the East." Though there is some variance between interviewees regarding personal social interactions, for the most part, when asked the question whether they think society gives combat veterans the respect that they deserve, most of them said either that it does, or that they were not sure. They attributed any shortfall in recognition to the failings of the government, which according to many interviewees should provide extra material benefits to combat veterans such as job opportunities or other compensation.

I found one interviewee—Hasan, who suffered flashbacks in the market—to be a notable outlier in his perspective of how combat veterans are regarded by society, whose attitude is shaped by the government's actions. He feels that in allowing room for the Kurdish political movement to grow, the government has betrayed the sacrifices of those who fought against the Kurdish guerillas: "The PKK terrorists who set ambushes against my friends and me are now ministers in Parliament. I can't accept that. Why did you send me there then?" In addition, he sees the government's recent efforts to quell the long-standing influence of Turkey's military leadership through political action and controversial court cases as another betrayal:

> In your country (addressing me and referring to the United States) all soldiers who fight are known as heroes. Unfortunately in our country it's not like that. In my country, all the commanders under whom I served are now imprisoned…The Prime Minister and President gave the orders, and did this to them. When the government changed, these men were thrown in jail…(On an operation) for 26 days I didn't take my boots off of my feet. After those 26 days, when I took them off, my feet were so eaten up that I had to cut my socks off of my feet, and the socks would have taken the skin off the bottom of my feet with them if I had pulled them off. I did these things for this country. My commander did these things for this country. Why would you throw him in jail?

According to Hasan the government has shaped cultural opinion through its political actions. He feels that society not only fails to recognize appropriately the sacrifices of combat veterans, but also regards them with outright hostility: "Now, men like me are regarded as murderers. We are treated like murderers or fascists." While this was a unique opinion among my group of interviewees, it is presumably shared by some portion of the population of veterans from the Southeast. Undoubtedly this feeling of betrayal and being an outcast in society—whether well-founded or not—intensifies the psychological suffering that these veterans endure.

In the final chapter of his ethnography, MacLeish addresses the problem of the "unreciprocatable" gift of combat service. American soldiers sacrifice their bodily and psychological integrity—some give their lives—by conducting their wartime duties, leaving a society that under Mauss's system of exchange is obligated to reciprocate but cannot possibly meet that level of sacrifice. These combat veterans from Turkey find themselves in a similar situation—the sacrifices that they have made and the experiences that they have lived on behalf of the nation cannot be adequately compensated, regardless of whether the government provides the material benefits that they suggest. As Mauss asserts, "The unreciprocated gift still makes the person who has accepted it inferior" (83), suggesting that these veterans somehow hold the upper hand. Indeed, all of my interviewees except the university graduate expressed some measure of pride in having done their service in the Southeast, independent of their opinion on cultural recognition of their sacrifice. Perhaps this pride is a reflection that by giving

the unreciprocatable gift, they achieve a small sense of superiority in that they are no longer obligated in the gift-giving cycle. Still, the opinion among veterans on whether this position is culturally acknowledged is far from unanimous, and the determination of whether veterans are appropriately valued in society remains murky.

MacLeish concludes that war cannot be thought of as a straightforward transaction, and the debt that war creates cannot be expected to be resolved. Instead, a society that is responsible for making war must live with the differences it produces, address the permanently open responsibilities of the debt incurred by war, and accept the impossibility of fully providing recompense for those affected. A society must take "collective social responsibility for violence done in the name of preserving the sociality" that it inhabits (221-222). With respect to the effects of the war in the Southeast, Turkish society faces the same obligations.

A Non-Modern Perspective

The problems founded in the lived experiences of these veterans seem to create tensions between conflicting and separate realms of nature, psychology, politics, and society. However, instead of attempting to categorize the problems in a discrete fashion as one-dimensional phenomena in each of these separate realms, we may take what Bruno Latour describes as a "non-modern" approach. In such an approach we identify combat-related disability as an example of Latour's quasi-object and the veteran as a quasi-subject. Doing so allows us to understand the simultaneous impact of

the problem on these multiple realms within both the natural and social orders, and to appreciate the multi-dimensional character of the problem.

First, it is important to summarize Latour's concept of quasi-object and quasi-subject. This concept stands in contrast to the claims of modernity in which the world is divided into two separate poles, Nature and Society, through which we can understand phenomena. According to moderns, nonhuman phenomena of Nature, or objects, can be explained purely by science, while human phenomena of Society, or subjects, are understood strictly through the lens of political and social theory (Latour 11). As a descriptive example, Latour offers the cases of scientist Robert Boyle, who in a laboratory purportedly created a pure representation of the natural properties of air through his vacuum pump; and political philosopher Thomas Hobbes, who explains the social phenomenon of sovereignty through the social contract in his *Leviathan*. According to modernists, Boyle and Hobbes illustrate a separate and symmetrical world, in which "the representation of things through the intermediary of the laboratory is forever dissociated from the representation of citizens through the intermediary of the social contract" (27). However, the problem arises when we clearly realize that these supposedly "polar" events actually cannot be placed on either extreme of the Nature-Society spectrum. Boyle's vacuum was funded, supported, reviewed, and published (as is any other scientific endeavor) under certain social and political conditions that had a direct effect on the significance of the experiment. Likewise, Hobbes's explanation of the social contract is rooted in his thoughts on human nature,

which itself has at least a partial basis in scientific principles of biology and psychology (28-29). As a result, these events are not distinct as pure objects of Nature or as pure subjects of Society as moderns would claim them to be. Instead, they are better understood as quasi-objects or quasi-subjects, which lie somewhere along the spectrum, in between the two poles (51-55). Latour points out that the problem becomes more complicated for moderns as all phenomena can be placed somewhere along the spectrum instead of at one of the poles—the exception to modern ways of thinking becomes the norm, and the bipolar system of understanding becomes untenable (85). Thus, all phenomena are better understood as quasi-objects or quasi-subjects.

Importantly, we must distinguish Latour's quasi-objects and quasi-subjects from the idea of hybrids, the moderns' attempt to explain phenomena that carry properties of both Nature and Society. The concept of hybrids implies that things are still made up of pure forms originating from the poles (49-51). In this reductionist scheme that suggests that pure objects and pure subjects are still the basis for reality, hybrid phenomena serve as intermediaries that refer back to their pure cause: either Nature or Society. That is, according to modern thinking, our understanding of the pure forms within the hybrid newly enlightens us to the unchanging and unrelated truths of either Nature or Society. In this frame the poles of the spectrum are still the origin of phenomena. Quasi-objects and quasi-subjects, on the other hand, serve as mediators—original events whose outcomes are Nature and Society (79-81). In contrast to hybrids, quasi-objects and quasi-subjects shape the world around us, both naturally and socially. In this non-modern

frame, phenomena originate in their own place, exist in their own right, and create discourse that intervenes in the natural and social order.

With this background, we now may turn to the concept of disability; more specifically, psychological disability caused by combat exposure. At first glance, this object seems to belong completely under the domain of science; the vast research of clinical professionals concerning the causes and nature of combat stress reaction and long-term combat-related disorders like PTSD, depression, and anxiety attempts to mark the phenomenon as an issue that falls squarely under the domain of psychiatry. The 1980 codification of PTSD in the *DSM-III*, the canonical standard of medical psychiatric disorders, purportedly solidified this position; the clinical realm now had a monopoly on the object. However, as we have seen above, such a narrow view does not hold water. The effects of psychological disability are evident across the social realm, in quantifiable measures such as socioeconomic attainment, crime, divorce, and employment, as well as in affective concerns like vulnerability and stigma. Introduction of combat as a cause of disability serves to complicate further its categorization, involving the military and politics into the matter. We find that not only is disability a relevant issue in both the scientific and the political realms, but it also causes each to intervene in the other. We see instances of politics intervening in the clinical domain, as when the U.S. military, out of political sensitivity, lobbied the American Psychiatric Association to change the name of PTSD from a disorder in the *DSM* to "posttraumatic stress injury" in an attempt to use the language of soldiers and reduce the stigma of the

condition (American Psychiatric Association, "Posttraumatic Stress Disorder Fact Sheet" 2). Conversely, the scientific findings regarding combat-related PTSD shape government programs and military policy in an environment in which the political and the clinical are intertwined in no simple fashion. We cannot place combat-related psychological disability solely in the clinical or the social realm; rather it stands at a complex intersection of these domains as a quasi-object.

The case of combat-related disability in Turkey reinforces this interconnectedness. Here, the clinical concept of disability has been highly politicized through the concept of *gazi*. Namely, the Turkish state, through its legal definition of *gazi* and provision of treatment and benefits, has inserted military and nationalist politics into medical diagnosis. On one hand, the identification of physically disabled veterans as *gazis* has led to their condition being leveraged by ultranationalist movements to achieve political ends, as Açıksöz has shown. On the other hand, by excluding the psychological effects—especially long-term effects—of combat exposure from the *gazi* concept, the state has established the norms that determine what officially constitutes combat-related disability, and what constitutes "abledness." Military medical professionals, the "gatekeepers" of combat-related disability recognition, are found at the intersection of the responsibility to treat a clinical problem and to support both the state policy related to the military-political conflict of Southeastern Turkey, as well as the general national military ideology. At the same time, the scarcity of clinical research within Turkey on the psychological effects of combat on

veterans from the Southeast belies the state's intent to let political motives overshadow what may otherwise be accepted as simple scientific reality: that the lived experiences of combat veterans are marked by suffering that can be defined both clinically and socially. The intersection of medicine and politics at the point of disability recalls Giorgo Agamben's description of biopolitics, a dynamic in which "the physician and the sovereign seem to exchange roles" in a phenomenon that first assumed its complete form under totalitarian states of the 20th century, most notably the Nazi regime (Agamben 143). The problem of combat-related psychological disability as a quasi-object highlights this biopolitical problem within Turkey, and exposes the need to rebalance the understanding of the full effects of combat exposure.

We then turn to the Turkish combat veteran, the quasi-subject corresponding to—and affected by—the disability quasi-object. On the surface, this subject appears to belong completely in the realm of politics. After all, as Carl von Clausewitz asserts, "War is merely the continuation of politics by other means," (28) and the veteran, as a former soldier, was the frontline agent of that continuation—an agent of politics. However, we cannot accept such a reduction. Elaine Scarry objects to this simplification, asserting "The main purpose and outcome of war is injuring," suggesting that war centers on its biological effects, a fact that is purposefully set aside either by "omission" or "redescription" in political, historical, and strategic accounts of war (63-70). While Scarry refers primarily to physical injury inflicted in combat, we see from the interviewees in this research that the

psychological effects of war are relevant as well. Their lived experience was and still is simultaneously political and biological. These veterans, who entered the military under the obligation of both political power and social rite of passage, were exposed to the biological realities of war through their combat experience in the Southeast. Many witnessed physical injury or death first-hand, while simultaneously experiencing imminent threats to their physical bodies and suffering the psychological effects of trauma and the enduring affect of vulnerability. After having left the military, the psychological effects of their experience have been shaped by political and cultural influences. As non-*gazi* veterans, they find themselves in an ambiguous space in which they are excluded from both recognition and treatment for their psychological suffering and other lingering effects of combat exposure.

Such a position again recalls the biopolitics of Agamben, and the eponymous focus of his work, *Homo Sacer*. Agamben defines *homo sacer* with respect to its meaning in Ancient Roman law: while on one hand he is identified as "sacred," on the other hand he can be legally killed, except in ritual sacrifice, without his killer being condemned of homicide. *Homo sacer* finds himself in a contradictory position at the hand of the sovereign (71-72). The Turkish soldier is situated in the same contradiction: made sacred by the nationalist narrative's focus on the honor of military service and its importance as a rite of passage, the soldier at war finds himself in a situation in which his potential death, although tragic, is still legally tolerable. In this "state of exception," a "zone of indistinguishability

between law and life," the sovereign has intervened to the greatest degree in biological life, which Agamben defines as "bare life" (59). The Turkish government has even literally established a state of exception in the Southeast, called the *Olağanüstü Hal (OHAL) Bölgesi*, the Zone of Emergency Rule, in which military rule is the law of the land. Ironically, despite having been employed as the agent of the sovereign in this state of exception, the soldier simultaneously finds himself as the object of it as *homo sacer*.

Although these veterans have left the *OHAL Bölgesi*, they still find themselves in a continuing state of exception. Their ambiguity as *homo sacer* remains, not in the sense that they may be legally killed, but in the sense that the political power of the sovereign continues to dictate the terms of their biological lives. Examining the narratives of these interviewees, we find that bare life is inextricably intertwined with political life in the experience of the quasi-subject, the Turkish war veteran.

We see that the concepts of combat-related disability and the Turkish veteran stand at the intersection of science, nature, society, and politics. Addressing these concepts as quasi-object and quasi-subject allows us to view these issues not as products of either Nature or Society, but as original problems in themselves, which shape the natural and social order. Namely, these veterans' experiences simultaneously reveal the horrific and draining nature of war, illuminate the psychological and affective consequences of combat, demonstrate the nature and implications of invisible disability, expose the Turkish state's political intervention into medical understanding,

and challenge the Turkish militarist narrative, just to name a few of their effects. Combat-related disability and the veteran are infinitely faceted, not reflecting a sum of pure objects and pure subjects, but rather existing in their own right and mediating the world around us.

In a critique of specialization in academia, Karl Popper writes, "There are no subject matters; no branches of learning—or, rather, of inquiry: there are only problems, and the urge to solve them" (5). Likewise, Timothy Mitchell, in his description of the tendency of social scientists to oversimplify their explanations of complex webs of phenomena and reduce events to a binary or single cause, states (with some sarcasm):

> Surely the task of social science, like all science, is to simplify, to identify a limited number of more decisive agents. Why not accept a simpler but more powerful story, one that can depict the big picture and even identify certain patterns or predictions? There is an old answer to this question: that if the world is a complicated and indeterminate place, with many agencies and forces at work, then an accurate picture of that world will be a complex and indeterminate one (Mitchell, 34).

Both of these thinkers assert that the events we observe cannot be examined through the lens of a single field of expertise or attributed to a singular agent or cause. In this respect, combat-related disability and the veteran cannot be reduced to one-dimensional problems of only psychiatry, military policy, law, or politics in a modernist attempt to reveal the unchanging reality of Nature or Socieity. Neither social science nor medical

science can reduce the experience of these veterans to a single cause, nor should they search for a single solution to their problems. Rather, the veterans' lived experiences must be understood and approached as unique and distinct problems. As mentioned above, Turkish society has an obligation to address collectively the effects of war. As Latour's concepts suggest, it must do so holistically, in true "non-modern" fashion.

Conclusion

In addition to the fourteen veterans I interviewed, millions of other men completed their military service obligation in Turkey's Emergency Rule Zone—Mater estimated the number at 2.5 million as of 1999 (Mater 1999, 13). As mentioned above, the lived experience of each of these veterans is unique according to that individual's particular set of circumstances. While I do not intend to portray the collection of my interviewees' testimonies as a complete or proportional representation of all veterans' experiences, it does illustrate common matters and difficulties shared by many.

Furthermore, while this research focuses on the lived trauma and affect of combat and connects those experiences to some veterans' subsequent psychological struggles, I do not intend to suggest that all combat veterans suffer in this manner. American society has wrestled with this issue since the post-Vietnam era; popular culture and common discourse has consistently indulged the stereotype of the unpredictable, violent, and antisocial ex-soldier, suggesting that all war veterans are permanently

scarred and fragile (National Academy of Sciences 40). In fact, many, if not most, veterans have left combat and the military fully able to reintegrate into the civilian world and move on with their lives. This also must be true to a certain extent in Turkey, as indicated by my interviewees' present situations. Most of them have stable jobs and a family, and many have been able to move forward from their military experience with no significant problems.

Nevertheless, as this research shows, the effects of the extremely abnormal environment of combat, into which these men were delivered, cannot be ignored. Many of these men experienced severe trauma during their military service, coming face to face with death either in the form of imminent threats to their own bodies or in witnessing the death or injury of others close to them. In addition, they had to endure the persistent affect of the combat environment: vulnerability shaped by the continuous specter of uncertainty and unpredictable violence. Some men sought clinical support while they could get it from the military during their service period. Many others did not, overcome by the stigma of being labeled a "faker" or the fear of failing to meet masculine standards.

Many veterans, having been shaped by military discipline to be useful agents of warfare, struggled with the loneliness and unfamiliarity of civilian life after completing their military obligation. Having no one with whom they could make meaning of their recent extraordinary experience, they became emotionally detached. Some struggled to find work for several months; others took years. Meanwhile they had to deal with the lingering effects of combat trauma, including nightmares and flashbacks. Some

veterans exhibited common indicators of combat-related psychiatric disorders like PTSD; however, since they were no longer soldiers useful for war, military medicine would no longer address their clinical needs.

The long-term effects of combat still remain with some of these ex-soldiers. However, they have been disregarded by the Turkish state, which in its legal definition of *gazi* and provision of associated benefits has excluded those veterans that suffer from invisible disability. In doing so, the state has intervened into the clinical realm, defining the norms of combat-related disability and "abledness" in order to meet political ends. Meanwhile, the problem of recognition remains not only for those who suffer psychologically, but for any ex-soldier sent to the conflict in the Southeast. The comparison of the sacrifice of these combat veterans to the experience of conscripts who did not get sent to the Southeast reflects an imbalance in the ostensible system of exchange within Turkish society. Such an imbalance suggests that the gift of "giving one's self to war" is one that cannot be fully reciprocated.

The problems presented by these veterans' lived experiences are simultaneously significant in the domains of clinical science, politics, and society. The endeavors of psychology, sociology, or politics alone are adequate neither to understand the nature of these problems, nor to attempt to begin to resolve them. Instead they must be addressed as uniquely existing phenomena in a comprehensive manner that integrates all of these domains.

N. Ann Davis observes that societies that recognize the struggles of persons with disabilities not only reduce the marginalization of those disabled, but also acknowledge the common bond of vulnerability that unites all humans. She declares that those who fail to accept this vulnerability are "more likely to cause great damage both to themselves and to other people." A society that fails to reflect on these things undermines its own moral efficacy, its ability to understand itself, and its capacity to perceive and appreciate value (193-194). Faced with the consequences of nearly three decades of war in the Southeast, Turkish society and the state are obligated to recognize the sacrifice and vulnerability of all of those who were sent to participate in it. Currently such recognition is inadequate, to the detriment not only of these veterans but also of the society as a whole.

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