

# “The other kind of murder“: Growing up in the Shadows of War

En av föredragshållarna på PC:s vårkonferens, som hade temat Traumatiska upplevelser och deras effekter, var professor Vladimir Jovic från Serbien. Hans föredrag handlade om hur krigstrauman överförs mellan generationer genom en ”dehumaniserande” process. I nedanstående artikel återger Jovic sitt föredrag, som även innehåller fallbeskrivningar. Det handlar om två unga män, vilkas psykopatologi i hög grad hade påverkats av faderns respektive farfaderns erfarenheter under Bosnienkriget.

I believe that you are familiar with the war and atrocities in the former Yugoslavia of the 1900s, as so many of our compatriots found refuge in Sweden. Since 1993, I have been working with refugees, war veterans and victims of torture coming from Croatia and Bosnia, as well as from Kosovo later on. Needless to say, all those years of working with traumatized populations made me think many times about trauma – psychological trauma, its impact on society and the mechanisms that are operant in transmission between generations. We worked with veterans and refugees in the 1990s and today we meet their children, those who were born and raised with or had parents who had been severely traumatized 20-25 years ago. Most of them do not realize how much the trauma of their parents has had an impact on their lives. On the other hand, the concept of trans-generational transmission was already familiar to my generation which contains those who were born not so long after genocide and atrocities of the Second World War. I would like to share with you some thoughts about these issues.

Growing up in post-war communities is a complex issue that has not been explored thoroughly, according to my knowledge. While we can relatively easily

approach an individual and his/her family *milieu*, and investigate pathogenesis of trauma transmission through maleficent communication and emotional response between parents and children, other societal mechanisms are less understood. A couple years ago, a student of mine in Kosovo was explaining her interest in relations between aggression among children and parental trauma. She told me that in an elementary school, where she works as a psychologist, a group of seven-year-old boys devised a plan to kill a six-year-old, throw his body in a sewer and cover it with tree branches. Those children were born after the horrible atrocities during the armed conflict in Kosovo, but their deadly game seems to function as a replay of horrific crimes.

I would like to focus on the specific topic of transmission of traumatic damage from parents (fathers) to children, through the mechanism of dehumanization. In brief, I believe that extreme traumatic experiences such as those related to war cause damage to personality through the process of dehumanization - a schizoid process based on splitting and denial, which functions as a prerequisite of interpersonal violence. Dehumanization is well known to us through nationalistic propaganda. While it can be useful during war

as a defense mechanism, it proves to be highly damaging – which can be observed only after soldiers return to “normal” life. During the post-war process, when different experiences need to be integrated, all split-off ambiguities, dilemmas and understandings begin to haunt the survivors like “ghosts” – non-incarnated split-off fragments of the self and anxieties that are now unbound from the safe, libidinal coat that helps us to fall asleep at night. The relation to the other becomes severely damaged, and thereby the trauma is transmitted to their children. I will try to explain this mechanism, but first I would like to briefly rearrange some thoughts about trauma itself and the process of dehumanization that are basically different psychological processes but are specifically combined in war. As an example, I will present excerpts from psychotherapies with two young men, which can probably shed some light on the damage that dehumanization can produce.

Although we have the model of psychological consequences of trauma, in the form of posttraumatic stress disorder (PTSD), the symptoms of this disorder do not encompass all possible consequences of traumatic experiences. In fact, the original description of “Post-Vietnam syndrome” (Shatan, 1972) did not include anything like intrusive traumatic memory, attempts to avoid remembering and/or increased arousal in contact with traumatic stimuli. Instead, the main characteristics were guilt feelings and self-punishment, the feeling of being scapegoated, alienation from one’s own feelings and from other people and doubt about continued ability to love and trust others. It is interesting to see how many papers that appeared just after the war in Vietnam were concerned with societal processes during adjustment of veterans to civilian life.

One of the veterans, with whom I had a couple of sessions, came after the birth of his child. He had been a teenager when the war in ex-Yugoslavia started and he took a prominent and deadly role in it. As I understood it, he had been able to continue with his life after the war in a kind of relative mental balance, until now. Upon entering my office, he exclaimed: “Say whatever you want, but don’t ask me if I feel guilty for what I did!” The birth of his son endangered his defences, as he was now compelled to establish an empathic relationship, or, in other words, ultimately *re-humanize* himself, which he perceived as an extremely painful process.

This “defreezing” I believe is a process in reverse to the dehumanization that takes place in war: in order to survive, a soldier splits off the parts that are able to relate to others (killed comrades, or enemies), thus defending himself from complex emotions, such as empathy. The enemy is reduced to possessing only “all-bad” qualities, and complex re-examination of combat situation is avoided; the same goes for complicated, time- and energy-consuming mourning for those who died. A similar process can be seen in everyday life. I have in mind a patient who was in treatment when his small child developed a dangerous, life-threatening illness. For a year he functioned perfectly well and adjusted to circumstances; he was putting all his efforts into activities needed for securing the best possible treatment for the child. When the danger was over and the child recovered, he gradually collapsed into a severe depressive state.

Bollas described the “Fascist state of mind” (1992) through a similar mechanism; the individual is composed of various parts of the self and “these parts are the ordinary functioning parts of the mind”. The pressure of some particularly intensive drive or anxiety can transform the complex structure into “a less representative internal order, particularly as differing parts of the self are projected out into other objects, leaving the mind denuded of its representative constituents”. Quoting Eric Brenman, who explained “the practice of cruelty” as a “singular narrow-mindedness of purpose” that when “put into operation...has the function of squeezing out humanity and preventing human understanding from modifying the cruelty”, Bollas wrote that “in object relations terms, humanity is presumably represented or representable by the presence of different capacities of the self (such as empathy, forgiveness, and reparation) which had been squeezed out of the self” (1992, p. 198). This is similar to Grotstein’s sentence that “Dehumanization is the obverse of empathy” (2009), p. 269. Dehumanization is essentially a schizoid mechanism that offers huge benefits in the times of war and terror; propaganda supports it, as it offers dehumanizing and/or demonizing images of the enemy and idealization of our own group identity.

Returning to individual psychology, I believe that we can understand the process of post-war re-humanization as a reestablishment of structures and defenses of the depressive position. This is a demanding and



painful process, but it allows us to relate to others, empathize with them and perceive them in all their complexities. Some severely traumatized patients are never able to achieve that, being instead trapped in a state that largely resembles Steiner's "pathological organizations" (Steiner, 2003) – a limbo between the paranoid-schizoid position and the depressive position.

Military training seems to be directed to ensure that this process will take place. Common military training is aimed at transforming an adolescent into an obedient soldier; "Initiates [...] – are robbed of their masculinity, pillaged of their individuality, and forced into humiliating submission" (Shatan, 1978), p. 586-7. Those soldiers were complaining about dehumanizing "basic training" (Bourne, 1967); Peter Bourne offered a similar description when he tried to explain atrocities such as those committed in My Lai village. In such training, adolescents are exposed to humiliating treatment, i.e. attacks on their still fragile masculine identity through insults, fear, physical exhaustion and depersonalizing practices (lack of personal space, hygienic rituals, food-related habits etc.). At the psychosexual level, they are humiliated with threats of castration – "unmanning, emasculation, feminization" (Wieland, 2014). The outcome is supposed to be their readiness for combat, in which they will be able to revenge that humiliating treatment through outbursts of anger and destruction. In other words, humiliation is aimed at destroying individual autonomy and promoting obedi-

ence, while at the same time the system offers redemption in the form of pride in participation within the group identity (This process is similar to any initiation ritual that contains trial in the form of pain and/or humiliation, but ends in acceptance and embracement.) Humiliation and pride become two sides of the same medal. It seems that the "training" can easily skip into mere dehumanization, in which drill practices turn into a dehumanizing torture. We have had experience with many male refugees (and their number is probably higher than 10.000), from Croatia and Bosnia and Herzegovina, who entered Serbia after the Croatian military actions in the summer of 1995 and were almost immediately arrested by the Serbian police (Opačić, Jović, Radović, & Knežević, 2006). They were escorted *manu militari* to paramilitary units bases, where they were tortured – humiliated, beaten, or "disciplined" (as their guards said). Humiliating and dehumanizing practices were the core of this ordeal: many of them were tied to a doghouse and forced to bark like a dog, or were forced to carry a rock with the inscription "Mr Discipline", dig trenches and perform other, often pointless physical activities (Samardžić, 2005).

It is important to understand the dynamics behind dehumanizing trauma. I believe that the main pathogenic mechanism is unbinding of annihilation or catastrophic anxieties that were neutralized during the child's development (if it was successful). War destroys feelings of safety and apprehension of danger becomes

probably the main characteristic of PTSD. It can also serve as an example of the unbinding process: during the infantile development, we are helping children to feel safe in their environment, consoling, comforting them, i.e. matching their anxieties with love and care. Love is the libido that binds annihilation anxieties. This interaction (container/contained) stimulates introjection of a good object and development of a transitional space, as well as development of a sense of coherence and security. In a favorable order of things, the child becomes able to relate to the external environment, producing representations and symbols that enrich its own internal world and strengthen its own ego. Over time, the child will be able to achieve some kind of autonomy through introjection of the functions (alpha-function, container/contained) that were developed in this interaction with the mother and the external world. The quality of this development can be described as ego strength and ego can be seen as an envelope or a “skin”, as it is described by Didier Anzieu (2016) and summarized as a “process by which the infant’s emerging ego develops a container for psychic contents and achieves a secure feeling of well-being, it encloses the psychic apparatus as the skin encloses the body, and becomes able to fix barriers protecting the internal world and to screen exchanges with the id, the superego, and the outside world.” (Anzieu-Premmereur, 2015, p. 659). It can be said that the child becomes capable of containing and neutralizing powerful affects and extreme external stimuli, such as serious threats and dangers, through a process similar to relation with the primary object (transformation of beta-elements through alpha-function). This is a kind of “protective shield”, which Freud introduced in *Beyond the Pleasure Principle* (1920) or a threshold, which, once breached, leaves a person defenseless.

Individuals who have survived concentration camps and severe forms of torture can help us understand how dehumanizing torture destroys this protective shield. “Its primary goal is to bring about a change in the victim’s self-conception” (Tindale, 1996, p. 351). We investigated “types of torture” among 322 survivors of camps in Croatia and Bosnia (Jović & Opačić, 2004), and it seems that the most frequent were the forms of torture where infliction of pain could be a demonstration of the perpetrator’s control and power, i.e. where humiliation, threats and fear are used for achieving obedience. But it also included attacks

to the body, exposed to deprivation of all imaginable sorts: deprivation of food, of medicines, of personal hygiene, of water, of light (being confined in darkness or blindfolded), of sleep, of movement (either through solitary confinement or forcing people to remain in a fixed position for hours) and of urination or defecation (Jovic & Opacic, 2004). It is as though the main aim is to destroy all capacities and ego-functions (hardly acquired through good contact with benevolent objects during development), such as basic safety, thermoregulation, sleep and wakefulness cycle, sphincter control, sensorimotor autonomy, control of interpersonal space, etc. In this sense, it seems that torture is a process that goes in the opposite direction to the development of the ego, which unfolds through benevolent interpersonal contact with the mother who is taking care of the body, helping it, ideally, to establish its autonomy.

When we say that trauma destroys ego-functions, I believe that it is the equivalent of saying that not only is the ego or “skin” damaged, but the capacity to symbolize/mentalize is damaged as well, so that it cannot produce layers of representations that create the “thickness” of the preconscious system, “a protective mental buffer formed from the successive layers of representations produced in the process of normal psychic development of the ego” (Lecours & Bouchard, 1997 p. 859). In fact, most sequelae can be seen at the level of disruptive impulsions (*ibid.*), at which “drive/affect experiences are neither tolerated nor contained; rather, one finds an uncontrolled direct expression” (*ibid.*, p. 861). These impulses could be expressed through a) somatic channel (multiple somatization, as they often appear in traumatized patients), b) motoric expression, e.g. in symptomatic actions (repetition of a traumatic event, self-harm, risky behavior), c) imagery (posttraumatic hallucinations or obsessive thoughts) and d) verbally (outbursts of anger with shouting, insults and ruminations). Destruction of the protective shield results in damaged affective regulation; all affects can break into extremes – grief becomes excruciating pain, anger turns into explosive action and apprehension becomes fear of concrete destructive experiences. Individuals will have moments when they expect that something extraordinarily bad will happen (like an explosion in a restaurant). They may unconsciously re-traumatize themselves (one patient travelled to the place where he committed a crime and cut his face with glass), or a traumatic story

could trigger uncontrollable fits of crying (a woman who described to me the death of a child in a refugee column, killed in an airstrike). When they perceive something that can result in feelings of helplessness, many attempts will be made to evacuate those feelings, in outbursts of anger and attacks directed to those who triggered that reaction. Often energy is completely consumed by efforts to regulate affects, vegetative arousal and the negative perception of others. Wish or longing for contact with others is immediately followed by catastrophic (or annihilation) anxiety, which leads to a further withdrawal. In therapy or in consultations contact with the therapist is avoided, perceived as emotionally exhaustive or a form of torture in itself (Jović, 2017).

Now, we have some ideas about how those traumatized parents can function in relation to their children. I can imagine that they cannot relate to them fully and could be absent or unreachable emotionally. Also, their inability to modulate affect and their consequent outbursts of anger can do a lot of damage during the child's development. At the level of unconscious fantasy, massive projective identification brings up even more confusion. One specific possibility – which is related to the topic of this paper – is that in relation to the child a parent evacuates his helplessness and anxieties, which child introjects and identifies with the parent's own humiliated and dehumanized parts. It seems that in the process of identification with the father, a son introjects his fragile and wounded identity, which functions as a real trauma. Here we should not underestimate "father's power in its threatening capacity and the corresponding need on the part of the son for submission to authority as a means of escaping the father's (fantasized or real) destructiveness" (Stein, 2006, p. 1006). This situation can result in probably more than one structural outcome, but I have in mind a structure of the "archaic" or "phallic" father, as Ruth Stein wrote some time ago, using images such as "patriarchal (monotheistic, fundamentalist) version of the Judeo-Christian-Islamic God" (ibid. p. 1008), or Kronos who is devouring his children, or Freud's "dangerous promiscuous tyrant" father from *Totem and Taboo* (1913). It can be illustrated with the dream of one of my patients, who came to therapy in the course of his gender transitioning: he dreamed that his father had implanted a chip in his brain in order to get him killed if he makes a mistake.



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I believe that this structure develops in interplay between two forces: the first one is the father's evacuation of impotent, helpless parts and humiliation and contempt expressed in violent outbursts, and the second – a lack of a loving, caring and supporting father who can help a boy to overcome oedipal anxieties, rivalry and ambivalence. The resulting structure presents itself as a masculinity that is in continuous danger of being damaged, castrated. Simultaneously, internal fragile ego-structure is threatened by overwhelming anxieties, inner drives and forces, or external conflicts, and unable to symbolize/mentalize as there is no safe, transitional space for such representations. Instead, safety is sought in safe, idealized objects, real or phantasized (like ideology, or religion) to which one can surrender in attempts to find a relief from annihilation anxiety.

### **Clinical examples**

I would like to illustrate my points by a brief summary of the therapeutic process of two young men. (The clinical examples are shortened and all details that could lead to the disclosure of identity are erased.)

These young men differed considerably in many aspects, not least in the level of psychopathology they presented. But they shared some aspects that are of interest to the topic: they had a damaged and fragile masculinity, split into attempts to overemphasize it and in constant fear of castration/helplessness. This was reflected in their inability to sustain any loving relationship as dependence would amount to effeminization. They could not make progress at the university, as it was perceived as a hostile transgression into the father's territory which would end with retaliation. And they could not sustain any professional activity, as their collaboration with other men was perceived as a continuous battle for dominance and submission. In both of them I could see a kind of superego function that resembles „ego-destructive superego“, as it was described by Bion (1959). In one of them (I will call him Mr. A) this was expressed in a more symbolic form. The other one, Mr. B, would concretely endanger himself in fights in the streets or even try to commit suicide several times; he had been hospitalized five times before his twentieth year, when I saw him for the first time. For both of them, external reality seemed to be the only field where they could evacuate and replay their conflicts, and both of them were socially engaged. In fact, their Superego structure could

be compared to what Fromm (1941) described as the 'authoritarian character': their psyche was dominated by a cruel sadistic superego reigning over a weak and masochistic ego that is longing for submission to the sadistic superego.

Another thing that they had in common was their upbringing in the shadow of a severely war-traumatized man. Mr. A's father had been mobilized during the war in Croatia and Bosnia and Herzegovina. Mr. B grew up as the only child of parents who were often absent and he spent most of his time with his grandfather, war veteran from the Second World War. The old man had been involved in combats in a region which was specifically targeted in attempts to repress rebellion among Serbian population and many thousands of civilians were killed in concentration camps. Both of them had been severely physically abused and punished in their early years.

I will try to illustrate parts of their dynamics with short excerpts from their therapies.

#### **Mr. A.**

He had a dream in his fourth year of psychoanalysis:

*In the street, there is an older man with a beard (he spontaneously connects that figure with me), who holds his daughter, who is a baby on his chest, in a kangaroo carrier. The baby is "defective" and has no limbs, only the head and a small torso. Her father is gently caring for her.* That image touched me as a powerful indicator of total helplessness; it became clear to me that this crippled child was a part of him, regressive, incapacitated, effeminized, completely helpless and hopeless, only with a desire to find refuge in the hands of an idealized father figure (therapist).

This dream was related to a rather challenging move in his career, which he perceived as an attack to father's possessions (actually he would achieve something his father never had). A day before the crucial event, he had a kind of breakdown: He was completely frozen, stiff, immovable, could not speak; he only felt huge anxiety and horror. And that condition lasted for hours. When he was talking about it he was very serious; he was surprised that he could have been so helpless for so long and did not use any manoeuvre or defense to deny or diminish those feelings. This incident changed his attitude to and his understanding of the therapy. His omnipotence was weakened, as was his reliance on

narcissistic defenses. In the following year, we were able to understand better the anxieties that were related to his advances and successes. It appeared that in his fantasies, success was something possessed by a dangerous omnipotent “evil” (a combined parental figure that would devour him if he tried to steal it).

### **Mr. B**

The second patient, in contrast, was a much more disturbed young man and he was referred to psychotherapy after several psychiatric hospitalizations. His behavior had been seriously disturbed since puberty: failure in school, alcohol and other substance abuse, self-injuring, piercing, occasional episodes which he called psychotic – a violent clinical image of borderline disorder. A few years before he came to me, he had gone through several different phases – he had been a punker, skinhead (“no Nazi but oi”), he had played in a punk band, he had been admirer of different nationalistic ideologies, he had studied “racial differences” (i.e. racist trash literature from the Internet) and, at the same time, he had been a passionate Christian and sang in a church choir. When I saw him for the first time, he was showily dressed, had a neat haircut and appeared under control, yet at the same time he was talking about suicidal ideas and “disintegration”.

Over time, it became clear that his compulsive piety was in fact a protection from sexual and aggressive impulses that sometimes appeared as obsessive thoughts: he would provoke extreme right-wing nationalists by singing communist songs in front of them, or vice versa. But while he started to rely less on prayers (and became less suicidal), aggressive and sexual contents became overwhelming and his feelings towards the omnipotent God were partly transferred onto the omniscient therapist, while the contents that indicated a powerful homoerotic transfer were becoming stronger. Anxieties of annihilation were perceived as coming from a horrible god whom he tried to appease with a vassal, passive, homoerotic attitude. Some time around New Year holidays, his anxieties were strongly enhanced but he did not link them with the pause in therapy until he started to talk about the god who tortured him even though he also might help him. Linking this with therapy cheered him up: “Oh, my doctor, why did you leave me?” he asked laughingly, alluding to Jesus on the cross.

Then something started to happen that I could describe as a dramatic change: as he was giving up on prayers (and icons were removed from the room) and was starting to talk about racism and fascism with contempt, his internal conflict became stronger and he seemed to be on the brink of psychotic breakdown. Over time, it became clear how the previous constellation of impulses and defenses was used for redirection of internal self-destructiveness of “negative narcissism” (Rosenfeld, 1959) or “addictive relationship to bad parts of the self” (Meltzer, 2003) and “submission to tyranny”. This negative narcissism is an ideology of destruction that creates, as Hinshelwood says, “omnipotent hegemony of inhuman attitudes, beliefs and actions embodied in pathological organization” (2007, p.4). The Cruel God whom he served peremptorily was replaced by diffuse persecuting and destructive parts of the self that tortured him with sadistic pleasure. But the battle was raging now in his inner space, and he was not able to cope with it. What he used in a compulsive way was a production of a rank of perverse, homosexual and sadomasochistic fantasies coupled with images of destruction, dehumanization and annihilation. Here is a concise representation of one session.

At the beginning of the session, he talked about how he had been drunk and throwing up (he would really destroy himself with enormous amounts of alcohol). One of his friends visited him and brought him a picture – Catholic Jesus with a bloody face and a crown of thorns covered with silver. He imitated the wide-open eyes of dying Jesus and laughed. They looked for all kinds of bizarre pictures and found some showing the massacre in Srebrenica. Then they found a picture of a man who had been eaten by an animal (he jumped from horror, obviously overwhelmed by memories of that image). I told him that it seemed to me that he used those pictures to destroy himself and I offered to help him understand the purpose of it. His mood changed and he said that they had found a picture of hanged soldiers from the Second World War, but they looked feminine, like homosexuals. After that they would make music (grunge, noise) and the name of their band would be composed of perverse and war-related nouns; they would use audio replicas from movies about the Second World War (exclamations calling for slaughter). He planned to wear his grandfather’s military coat (“it would be retro”) and he wanted to put a picture on a T-shirt representing children





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from a concentration camp combined with another grotesque and perverse image. Again, I offered to help him understand why there is so much destruction in everything he talked about, especially in everything that is human and everything that is love. He answered in a cold voice: “Because there is not enough love”.

During the therapy, he produced many other images of dehumanizing relationships in which he never fully identified with the victim or the perpetrator. But they could not bring any relief, as they were packed with bizarre, pornographic and aggressive images that did not serve and could not progress into a symbolization proper, but instead were locked at the level of “disruptive impulsion” (Lecours & Bouchard, 1997).

### **Conclusion**

I am aware that the described pathology is only a segment of what could be seen as consequences of trans-generational transmission of trauma. I believe that what is described is just a part of structural problems of growing up in a violent environment, and I am not sure how much of these violent dynamics could

be ascribed to war-related experiences of adults, since we could find similar structures in families ridden with other kinds of abuse and physical violence.

Another point needs to be underlined – the relationship with the father could be understood as the main point at which I see pathology crystallize but it is not so. Recently, Christina Wieland published a book “The fascist state of mind and the manufacturing of masculinity” (2014), where an important understanding of masculine identity and societal violence was explored. She argues that “annihilation anxieties are translated into castration anxieties because the individual attempts to solve the problem of the dissolution of the self by retreating in fantasy into the protective container of mother’s body or mind” (ibid., p. 7). This could be illustrated with the kangaroo carrier from the dream of my patient. Mr. B also had fantasies of a powerful woman, but she appeared to have been unavailable or too threatening for him. Anyhow, I believe that the described dynamics cannot be understood without explanations reaching into the deeper, dyadic levels. ○



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