



CHAPTER 4

Experiencing Trauma Before Trauma: Posttraumatic Memories, Nightmares and Flashbacks Among Finnish Soldiers

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INTRODUCTION

The psychiatric diagnosis of posttraumatic stress disorder (PTSD) entered the standard American *Diagnostic and Statistical Manual of Mental Disorders* in 1980 and the World Health Organization's *International Classification of Diseases* in 1992.¹ The diagnosis has been an attempt to create a universal, objective psychiatric description of the psychological consequences of traumatic stress, and to thus medically standardize the observation and treatment of traumatized patients. The key premises

¹ *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (Washington, DC: APA, 1980), 236–8; *The ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: WHO, 1992), 148–9.

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behind PTSD are, first, that there exist traumatic events that cannot be processed within the normal spectrum of human experiencing; second, that those events as such can cause long-term psychological consequences for the victim; third, that these consequences take the form of “traumatic memory;” and fourth, that its symptoms form a distinctive disorder separate from other mental disorders.²

As Peter Leese points out in his introduction to this volume, PTSD as a combination of psychiatric knowledge is a historically constructed concept. As several studies on the genealogy of PTSD have demonstrated, its birth in the United States was bound to the politicized atmosphere surrounding the Vietnam War in the 1960s and 1970s. A new generation of psychiatrists started to advocate a concept of war trauma which would be medically valid but also socially just and morally acceptable. Finally, and after heated debates, this advocacy gave birth to the diagnosis of PTSD.³ It has also been pointed out how PTSD’s “objective” scientific premises are embedded in a particular Western culture of mental illness and individual subjectivity, whereas human responses to potentially traumatizing events are diverse, historically and culturally conditioned, and often do not correlate with the diagnostic criteria of PTSD.⁴ Historians have joined in

²For the “inner logic” of PTSD, see Richard McNally, “Conceptual Problems with the DSM-IV Criteria for Posttraumatic Stress Disorder,” as well as Allan Young, “When Traumatic Memory Was a Problem: On the Historical Antecedents of PTSD,” both in *Posttraumatic Stress Disorder: Issues and Controversies*, ed. by Gerald M. Rosen (Chichester: Wiley, 2004).

³Most importantly, see Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, NJ: Princeton University Press, 1995); and further Wilbur J. Scott, “PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease,” *Social Problems* 37:3 (1990), 294–310; Michael G. Kenny, “Trauma, Time, Illness, and Culture: An Anthropological Approach to Traumatic Memory,” in *Tense Past: Cultural Essays in Trauma and Memory*, ed. by Paul Antze and Michael Lambek (New York: Routledge, 1996), 151–71; Patrick J. Bracken, “Hidden Agendas: Deconstructing Post Traumatic Stress Disorder,” in *Rethinking the Trauma of War*, ed. by Patrick J. Bracken and Celia Petty (London: Free Association, 1998), 38–59; Derek Summerfield, “The Invention of Post-traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category,” *British Medical Journal* 322 (2001), 95–8; Simon Wessely, “Twentieth-century Theories on Combat Motivation and Breakdown,” *Journal of Contemporary History* 41:2 (2006), 269–86.

⁴Derek Summerfield, “Cross-cultural Perspectives on the Medicalization of Human Suffering,” in Rosen, ed. (2004), 233–45; Peter D. Yeomans and Evan M. Forman, “Cultural Factors in Traumatic Stress,” in *Culture and Mental Health: Sociocultural Influences, Theory, and Practice*, ed. by Sussie Eshun and Regan A. R. Gurung (Chichester: Wiley-Blackwell, 2009), 221–44.

the critique of PTSD's timeless validity: it is not possible to take the current psychiatric paradigm as universal knowledge that can be applied as such to past experiences.⁵

In the humanities, in cultural studies, and in social sciences concerned with the concept of trauma, there is thus a strong constructivist focus on the idea of posttraumatic memory and its changing manifestations. From this perspective, trauma and PTSD are seen as discursively produced conglomerations of psychiatric knowledge. Yet my concern in this chapter is not to underline the historical and cultural sensitivity of trauma's conceptualizations, although I have done so elsewhere.⁶ In the critique of the universality of the PTSD paradigm, it has been natural to emphasize temporal changes and cultural variations in human reactions to violence. As an example, one of the most thorough and historically informed works in the field has been *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (2005) by psychiatrists Edgar Jones and Simon Wessely, in which they concluded: "Our findings imply that the pathology of war syndromes is not static. Culture, along with advances in treatments, the discovery of new diseases, new diagnostic tools and the changing nature of warfare, plays a significant role in shaping patterns of symptoms." Interestingly, though, Jones and Wessely also observed a considerable overlap in the recorded symptoms from different wars, stretching from the 1850s to the 1990s. There was no clear-cut PTSD to be found in the past sources; yet there was also remarkable coherence in symptoms that kept

⁵Jay Winter and Emmanuel Sivan, "Setting the Framework," in *War and Remembrance in the Twentieth Century*, ed. by Jay Winter and Emmanuel Sivan (Cambridge: Cambridge University Press, 2000), 15–6; Paul Lerner and Mark S. Micale, "Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction," in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. by Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 6–9, 20–7; Wulf Kansteiner, "Genealogy of a Category Mistake: A Critical Intellectual History of the Cultural Trauma Metaphor," *Rethinking History* 8:2 (2004), 193–221; Frank Biess, *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany* (Princeton, NJ: Princeton University Press, 2006), 73–4; Svenja Goltermann, *Die Gesellschaft der Überlebenden: Deutsche Kriegsheimkehrer und ihre Gewalterfahrungen im Zweiten Weltkrieg* (München: DVA, 2009), 18–22.

⁶Ville Kivimäki, "Languages of the Wound: Finnish Soldiers' Bodies as Sites of Shock during World War II," in *Languages of Trauma: History, Memory, and Media*, ed. by Peter Leese, Julia B. Köhne and Jason Crouthamel (Toronto: University of Toronto Press, 2021a), 70–96.

appearing in all the studied conflicts over the timespan of 140 years.⁷ Similarly, historian Eric T. Dean has shown how the soldiers of the American Civil War in 1861–65 suffered from traumatic and posttraumatic symptoms long before the invention of these concepts in psychiatry.⁸ In accordance with Dean, I will claim that by an adjustment of perspective it is possible to see continuity and constancy in the very same source materials that reveal change and variety in human reactions to extreme stress and violence.

In short, my criticism of the critique of PTSD is that it tends to reduce the question of posttraumatic memory to an analysis of medico-political construction of a *psychiatric* concept. This is useful and important in its own right, but it directs attention away from the *experiences* of trauma. I agree that the diagnostic principles and medical treatments available at a given time do influence the experience of a mental disorder. But in contrast to studies that emphasize the role of psychiatric knowledge in the genesis of trauma,⁹ I consider this a secondary influence when compared to the experiences of violence (which are a culturally and socially conditioned phenomena, as well). Consequently, in this chapter I will study the manifestations of traumatic memory among the Finnish soldiers of World War II in the 1940s and 1950s, at a time when traumatic memory (and even less PTSD) was not recognized in Finnish psychiatry or in the culture at large. I will demonstrate that the following central tenets of traumatic memory can be found in wartime and postwar sources: these recurrent memories are outside the person's control; they intrude into the mind in vivid flashbacks, dreams, or re-experiencing; and they can (re)appear even years after the traumatic event.¹⁰ It is important to note that I am not

⁷ Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005), 199–208, cit. 208.

⁸ Eric T. Dean, Jr., *Shook over Hell: Post-traumatic Stress, Vietnam, and the Civil War* (Cambridge, MA: Harvard University Press, 1999).

⁹ For fine examples in this vein of research, see Young (1995); Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000); Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (Princeton, NJ: Princeton University Press, 2009); Ulrich Koch, *Schockeffekte: Eine historische Epistemologie des Traumas* (Zürich: Diaphanes, 2014); Anne Freese, *Gewalt – Deutung – Selbstoptimierung: Eine Geschichte der posttraumatischen Belastungsstörung seit dem Vietnam-Syndrom* (Stuttgart: Franz Steiner, 2018).

¹⁰ Cf. *DSM-5: Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: APA, 2013), 271, 275. For an introduction to the problem of traumatic memory, see Richard J. McNally, *Remembering Trauma* (Cambridge, MA: Belknap Press, 2003).

claiming any universal diagnostic validity for PTSD that could allow it to be applied as such in historical studies. What I want to show, nevertheless, is that the phenomenon of posttraumatic memory can be empirically found and studied in sources from earlier times, too. By so doing, I will argue that traumatic symptoms are not simply born out of changing psychiatric paradigms and conceptualizations, but that the “culture” that shapes and produces the symptoms must be understood much more broadly. In the end, I am proposing the concept of experience as a move forward in the historical analysis of human reactions to trauma.

I consider this a relevant approach to a wider understanding of human reactions to the mass-scale violence of World War II. There have been some preliminary attempts to apply PTSD in analyzing post-1945 histories¹¹—and the concept of trauma is, of course, an often-used metaphor for the devastating memory of the war and the Holocaust. But the study of experiencing the violence of 1939–45 and the possible role of posttraumatic memory in this respect—as it manifested in the specific historical conditions of the time—necessitate much closer scrutiny, as Mark Micale underlines in his chapter. This is especially true for Eastern and Central Europe, where most of the violence in Europe took place and where societies and individual lives alike were most profoundly affected by war. Finland was not among these “Bloodlands” as famously phrased by Timothy Snyder.¹² In fact, Finland remained an exceptional country in war-waging Europe with regard to the distribution of war-related fatalities since nearly all of the Finns who died in the war were military personnel.¹³ Nevertheless, the relevance of the Finnish case in studying posttraumatic experiences of violence lies in showing how these experiences could have a long-lasting effect on people’s lives, although there was no psychiatric or public discourse that recognized them. In Finland, trauma existed even

¹¹Alice Förster and Birgit Beck, “Post-Traumatic Stress Disorder and World War II: Can a Psychiatric Concept Help Us Understand Postwar Society?” in *Life after Death: Approaches to a Cultural and Social History of Europe During the 1940s and 1950s*, ed. by Richard Bessel and Dirk Schumann, (Cambridge: Cambridge University Press, 2003); Niels Birbaumer and Dieter Langewiesche, “Neuropsychologie und Historie – Versuch einer empirischen Annäherung: Posttraumatische Belastungsstörung (PTSD) und Soziopathie in Österreich nach 1945,” *Geschichte & Gesellschaft* 32:2 (2006), 153–75.

¹²Timothy Snyder, *Bloodlands: Europe Between Hitler and Stalin* (London: Bodley Head, 2010).

¹³Ville Kivimäki, “Sankariuhri ja kansakunta – Suomalaiset sotakuolemat 1939–1945,” in *Suomalaisen kuoleman historia*, ed. by Ilona Pajari et al. (Helsinki: Gaudeamus, 2019), 280–3.

before its medical invention, and this was also arguably the case elsewhere in war-torn countries and regions. My chapter thus mirrors the very similar findings made by Robert Dale in his previous chapter on psychological injuries in the Red Army during World War II.

CONTEXT, QUESTIONS, AND SOURCES FOR TRAUMATIC MEMORY

Finland became independent of the Russian Empire on 6 December 1917. Only a small number of Finnish volunteers had participated in the battles of World War I, practically all of them on the Eastern Front. In January–May 1918, a short but bloody civil war raged in Finland, fought mostly between two amateur militias: the Red Guards and the “White” Civil Guards. Most of the fighting consisted of short skirmishes between light infantry, and there were no artillery barrages or prolonged trench battles akin to what was experienced on the Western Front. It is safe to say that most of the horrors of modern warfare in 1914–18, including the outbreak of war-related mental breakdowns, remained unfamiliar to a majority of the Finnish population. The most traumatic experiences of the Civil War were the summary executions perpetrated by both sides of the conflict and the terribly high prison-camp fatality rate of the defeated Reds following the end of the war.¹⁴

Finnish psychiatry of the 1920s and 1930s had close ties to German psychiatry. The interwar period saw the establishment of large asylums for the treatment of mental illnesses, which were seen as hereditary and constitutional psychopathologies. Actually, the role of psychological (or “environmental”) explanations for mental diseases *diminished* considerably from the turn of the century up to the interwar era.¹⁵ It is noteworthy that both psychoanalysis and clinical psychology were still in their infancy in Finland: the former made its breakthrough only in the 1950s and the first professor of psychology at the University of Helsinki was appointed as late as 1951—up until then psychology had been taught under the

¹⁴For a concise history of the conflict in English, see *The Finnish Civil War 1918: History, Memory, Legacy*, ed. by Tuomas Tepora and Aapo Roselius (Leiden: Brill, 2014).

¹⁵Helena Hirvonen, *Suomalaisen psykiatriatieteen juuria etsimässä: Psykiatria tieteenä ja käytäntönä 1800-luvulta vuoteen 1930* (Joensuu: University of Eastern Finland, 2014), 206–10.

discipline of philosophy.¹⁶ Some German post-1918 discussions on the nature and proper handling of “war neurosis” were noted in passing in Finnish psychiatric discussions of the 1930s, but this did not amount to a wider recognition of traumatic memory. The generation of Finnish psychiatrists who would come to have the responsibility of treating the military psychiatric patients in 1939–45 had adopted a German doctrine which rejected the idea of traumatic neurosis; the reasons for soldiers’ mental breakdowns were to be looked for elsewhere. During World War II, altogether about 18,000 Finnish soldiers ended up in military psychiatric care. Yet their conditions were not perceived as symptomatic of mental trauma, but were treated as signs of psychopathology, nervous weakness, deficient intelligence, or earlier mental illness.¹⁷

This short overview is designed to underline the fact that the occurrence of traumatic memory among the Finnish soldiers and war veterans could not be derived from a medical culture that might have produced or fostered posttraumatic symptoms. A popularization of psychiatric concepts was not uncommon in Finland: at the turn of the twentieth century, “neuroses” and “neurasthenia” escaped from the professional medical vocabulary into lay language and encouraged ordinary people to examine their own nerves for signs of fragility and exhaustion.¹⁸ But for trauma, this was not the case in the 1940s and 1950s, so the soldiers or war veterans would not have been encouraged to express their mental agony in terms of traumatic memory.

¹⁶ Juhani Ihanus, “Psykologia,” in *Suomen tieteen historia 2: Humanistiset ja yhteiskunta-tieteet*, ed. by Päiviö Tommila (Porvoo: WSOY, 2000), 451–5.

¹⁷ Ville Kivimäki, *Battled Nerves: Finnish Soldiers’ War Experience, Trauma, and Military Psychiatry, 1941–44* (PhD thesis in Nordic history: Åbo Akademi University, 2013). Virva Liski’s study on war invalids on the “White” side of the Civil War is about to bring some new light to this issue. It appears that there was some recognition of war-related mental disorders among the *older* generation of Finnish psychiatrists, as long as the invalids had served in the victorious White troops, which had a glorified position in the post-1918 Finnish society. Yet the phenomenon remained quite marginal and confined to the professional discipline of psychiatry. Furthermore, mirroring a similar development in Germany, the attitudes grew less tolerant during the 1930s and the younger generation of Finnish psychiatrists rejected the idea of traumatic neurosis altogether; see Virva Liski, “‘Vain veri yksin ei ole invaliditeetin merkki’: Henkiset invalidit ja psyykkisesti sotavammaiset valkoisessa Suomessa 1918–1939,” *Historiallinen Aikakauskirja* 119:2 (2021), 195–207.

¹⁸ Minna Uimonen, *Hermostumisen aikakausi: Neuroosit 1800- ja 1900-lukujen vaihteen suomalaisessa lääketieteessä* (SHS: Helsinki, 1999); Anssi Halmesvirta, *Vaivojensa vangit: Kansa kysyi, lääkärit vastasivat – historiallinen vuoropuhelu 1889–1916* (Jyväskylä: Atena, 1998), 247–78.

I will study Finnish soldiers' traumatic memories as seen in three different instances. In the first part of the analysis, I will focus on posttraumatic memory in military hospital care during the war. My aim here is to acquire an overview of the prevalence and nature of these symptoms among the psychiatric soldier-patients. To this end, I am using a cluster sample of 315 military psychiatric patient files from the years 1941 and 1944. In addition to the statistical sample, I have also studied a large number of unsystematically chosen patient files: all in all, the work here is based upon the reading of over 550 military psychiatric patient files from 1939 to 1945.¹⁹ For my doctoral dissertation in 2013, I conducted both a statistical analysis of the symptoms recorded in the patient files as well as a close reading of individual files in order to understand details and contexts for each case.²⁰ Individual patient files are usually terse when it comes to patients' subjective experiences but reading through several hundred files can compensate for this by offering a polyphonic archive of short but intense expressions of trauma.

In the second part, I will examine Finnish soldiers' dreams in the immediate postwar era, with the aim of analyzing the intrusive re-experiencing of violent memories in war-related nightmares. My source here is the survey "From War to Peace" ("Sodasta rauhaan"), which was collected from war veterans in Northern Finland in 1999–2000. One of the questions on the survey form focused on dreams: "Did the war follow you into your dreams? What kind of war dreams did you have and for how long?" As with the patient files, although the answers to the question were typically brief, this was balanced by the size and coverage of the data: the survey collected 1058 responses in total.²¹ Many respondents simply stated whether they had had war-related dreams or not—but many also described their most memorable nightmares and offered an estimate as to how long they had had war dreams or if they were still having them. It must be noted that these are dreams recorded in writing more than 50 years after the end of World War II. Thus, they are not "authentic," immediate dream descriptions, if there is such a thing. But even though we cannot trust the details and precision of each individual dream reminiscence, the overall

¹⁹The patient files are stored at the National Archives of Finland (NAF), at the patient archive of each respective military hospital. The patients' names have been changed.

²⁰Further details of the sample are described in Kivimäki (2013), 84–5, 479–85.

²¹National Archives of Finland in Oulu (NAF Oulu), "From War to Peace" Survey 1999–2000. I am grateful to Soja Ukkola for first pointing out this material to me more than ten years ago.

picture of the postwar “nightmare years,” mediated through several hundred survey replies, is coherent and reliable.²²

Third and last, I will use the same dream reminiscences as above to discuss the posttraumatic nature of the postwar culture at large. This is of course a vast field for research, and I will limit myself to only one question: How did the dream narrators relate their nightmares to war novels and war movies in the 1940s and 1950s? It has been hypothesized that the introduction of television sets, video recorders, and certain cinematic techniques in Vietnam-war movies “popularized” flashback memories as a symptom of trauma in the final decades of the twentieth century, whereas they would have been rare in earlier times.²³ Several dream reminiscences in the “From War to Peace” survey actually do find a connection between war-related nightmares vis-à-vis war movies and novels as early as in the 1940s and 1950s, but, as I will argue, this relation is not at all straightforward to the point where the movies and novels could be said to have “produced” the flashback-like symptoms. In addition to the above-mentioned survey, I have also used here one particular war-dream reminiscence from the collections of the Finnish Literature Society Archives (FLSA), which underlines the multilayered intertwining of traumatic experiences, cultural products, and posttraumatic symptoms.²⁴

TRAUMATIC MEMORY IN MILITARY PSYCHIATRY

In December 1943, Private Peter Ö., an unmarried fisherman born in 1921, was hospitalized at the 1st Military Hospital in Helsinki for jaundice. He had been conscripted in the autumn of 1941 and was sent to the front in January 1942. The following April, an artillery shell exploded close to him, killing his good friend in a direct hit. After this shocking experience, Peter Ö. started to have uncontrollable fear and tremor fits.

²²For a more thorough discussion of war-related dreams and their sources, see Ville Kivimäki, “Nocturnal Nation: Violence and the Nation in Dreams during and after World War II,” in *Lived Nation as the History of Experiences and Emotions in Finland, 1800–2000*, ed. by Ville Kivimäki, Sami Suodenjoki and Tanja Vahtikari (Cham: Palgrave, 2021b), 297–318.

²³Edgar Jones et al., “Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis,” *British Journal of Psychiatry* 182 (2003), 158–63.

²⁴Originally, FLSA started as a folklore archive, collecting and preserving the national heritage of Finnish folk poetry, but it has since grown into a unique memory organization collecting and studying all kinds of oral history materials.

His sleep turned miserable, and he often had a nightmare where a gun was pointed at him. Now, at the military hospital, Peter Ö. had a mental breakdown: first he ran away, ripping off his clothes, and later lay on his bed immobile and unresponsive. Transferred to the psychiatric unit of the 10th Military Hospital in the Pitkäniemi mental asylum, Peter Ö. appeared mentally exhausted and depressed. Interviewed about what had happened to him in the earlier hospital, he said that the sound of an air-raid alarm during the heavy Soviet bombing raids against Helsinki in February 1944 had triggered horrible nightmares for him, in which he re-lived his past war experiences: the very real sound of artillery shells, air bombardments, and his fellow soldiers mutilated by bayonets. The nightmares were accompanied by a bad headache, and any loud noise in the hospital made him nervous and caused him to tremble. Peter Ö.'s roommates said that he regularly talked about rifles and shells while asleep. He was dismissed from the hospital in April 1944 with a diagnosis of neurasthenia, *reactiones psychogeneae*, and was deployed to auxiliary service at the home front.²⁵

Peter Ö.'s case is close to being a textbook example of a contemporary diagnosis of chronic PTSD as represented in the latest version of the *Diagnostic and Statistical Manual of Mental Disorders*. He had clearly been exposed to a traumatic event involving actual or threatened death or serious injury; he suffered from a number of intrusion symptoms as if the traumatic event was recurring; there was persistent avoidance of stimuli associated with the trauma; there were negative alterations in cognition, mood, arousal, and reactivity associated with the traumatic event; the duration of the disturbance was more than one month; and all this caused clinically significant distress or impairment in social, occupational, or other important areas of functioning.²⁶

The remarkable thing here is, of course, that the PTSD entered official psychiatric diagnostics only after the Vietnam War in 1980. Although the concepts of traumatic memory and delayed psychological symptom presentation, central to the present PTSD paradigm, had their early origins in the classic writings of Sigmund Freud, Pierre Janet, Jean-Martin Charcot, and others,²⁷ these ideas were neglected by the Finnish psychiatry of the time, as described above. Consequently, Finnish military psychiatrists were

²⁵ NAF, 10th Military Hospital Patient File Archive, date of arrival 1 March 1944, folder 68, patient file 3043 (3254).

²⁶ *DSM-5* (2013), 271–2.

²⁷ See Leys (2000), *passim*; Young (1995), 13 ff.

not at all inclined to observe and record their patients' "posttraumatic" symptoms; they were sharply focused on quite different factors such as heredity, intelligence, psychopathology, and nerves.²⁸ Thus, Peter Ö.'s final diagnosis was based on neurasthenia and *reactio psychogenea*, already recognized as quite ambiguous medical terms at the time, and both of which referred to his constitutional weaknesses.

Yet it is obvious that Peter Ö.'s was not a singular case. Undefined and unrecognized in the 1940s, the posttraumatic symptoms associated with traumatic violence—nightmares, general nervousness and irritation, memory problems, depression, tearfulness, delusions—nevertheless surfaced frequently among Finnish soldiers. In Table 4.1, I have collected the ten most frequently recorded symptoms in the cluster sample of 315 military psychiatric patient files during June–December 1941 and January–September 1944.

It is important to note the shortcomings of such a categorization. First of all, there were differences in military hospitals' accuracy and scrupulousness in writing down their patients' symptoms. Furthermore, categories such as "tremor," "general nervousness," or "disorientation" include

Table 4.1 Symptoms recorded in the military psychiatric patient files: combined samples of 1941 and 1944 (n = 315, frequencies in percentages)

	<i>Percent among all patients</i>
1. Sleeplessness, tiredness, restless sleep	60.7
2. General nervousness and/or irritation	53.8
3. Tremor	45.3
4. Depression, depressive reticence	35.8
5. Headache	35.5
6. Memory loss	31.1
7. Dizziness, nausea	28.0
8. Disorientation, general confusion	25.8
9. Uncontrollable fear or terror	25.2
10. Tearfulness	24.8

Source: National Archives of Finland (NAF), the sample of patient files from the Finnish military hospitals' psychiatric units in 1941 and 1944

²⁸On the slow entry of the traumatic memory paradigm to military psychiatry, see Young (2004), 130–2; also, Wessely (2006).

symptoms with very different gravities. Some of the symptom categories, such as “sleeplessness, tiredness, restless sleep,” are quite elastic: although most records note a difference between, for instance, exhaustion and nightmares, not a few use such ambiguous terms as “lack of sleep” without further specification, thus hindering a more nuanced differentiation between the symptoms. The recording of symptoms at the hospitals was not “objective,” so that all the symptoms might be noticed equally readily. Instead, the psychiatrists, following their training and tenets, paid more attention to things they considered medically relevant for the patient’s condition—and ignored other signs of disorder. Consequently, “posttraumatic” symptoms may have been considered irrelevant or might not have been noticed at all, although it is also possible that some doctors would have found them curious and thus worth noting.²⁹

Notwithstanding these shortcomings, the table provides a sufficiently precise general overview of the frequency of the patients’ most common symptoms. While it is not a list of diagnostic criteria in any medical sense, we can see many features of posttraumatic memory embedded in and between the symptoms. The most frequent group of symptoms—sleeplessness, tiredness, restless sleep—was very common indeed, visible in over 60 percent of the patients. Based on the reading of individual patient files, that usually translates to nightmares or the inability to fall or stay asleep because of some troubling war-related memories. The broad categories of “general nervousness and/or irritation” and “uncontrollable fear or terror” often talk about the same phenomenon of being disturbed by one’s earlier war experiences. Similar to “depression and depressive reticence” and “tearfulness,” they may also connote a temporary or lasting change of behavior or character following the traumatic experience. The category of “memory loss,” and partly also “disorientation and general confusion,” can be seen as related to problems of dissociation. Witnessing severe and continuous violence could lead to a fracture in relating to the surrounding reality: the experienced world turned unreal or was completely wiped from memory.³⁰

The figures above provide a quantitative outline of the prevalence of posttraumatic symptoms in the totality of the military psychiatric patient files. Yet each and every case was different, and the soldiers’ traumatic experiences and their symptoms combined in various ways. It will

²⁹ Kivimäki (2013), 277–88; Kivimäki (2021a), 78–80.

³⁰ *Ibidem*.

therefore prove useful to examine another example of how “trauma before trauma” could appear in wartime medical records:

Lance Corporal Veikko M., an unmarried worker born in 1918, spent three weeks at the front in the Winter War without any mental problems. When Finland joined Operation Barbarossa in June 1941, he served as a tank driver. During the Finnish offensive in the summer of 1941, two of his fellow crewmen were badly wounded by a direct hit, and their blood covered the interior of the tank. Even though Veikko M. survived and continued to carry out his assignment, he began to feel nervous and claustrophobic and could drive the tank only with its hatches open. Later, in December 1941, he was wounded in the arm by a rifle shot. The wound did not heal properly, and Veikko M. spent long periods in military hospitals. Taken into custody for drunk and disorderly conduct in February 1944, he became psychotic and experienced the police cell as a tank, the walls of which were about to crush him. When released, he was in a state of shock, was experiencing tremors and was sent to the psychiatric unit of the 10th Military Hospital in Pitkämäniemi. Depressed and apathetic, Veikko M. explained that his “nerves” had been in bad shape ever since his tank was hit in 1941; he was sleepless, his hands shook, and everything frightened him. He was also using quite a lot of alcohol and had problems adapting to military discipline. Given seven electroshock treatments over a two-week period in April 1944 and with his condition somewhat “improved,” Veikko M. was diagnosed with *constitutio et reactio psychopathica* and sent to serve in the special fortification detachments for “nervous convalescents.”³¹

It is neither necessary nor possible to medically diagnose Veikko M. in retrospect. For the purpose of this chapter, it is enough to note the post-traumatic qualities of his case. He was clearly haunted by the experiences of surviving a direct hit and witnessing the severe wounding of his comrades. Consequently, he suffered from various psychological, psychosomatic, and social symptoms, which had not eased over the two and a half years subsequent to the traumatic experiences. The use of alcohol as an attempt to alleviate the situation—and its negative impact—also fits the picture of coping with trauma. The incident at the police cell can be seen as a recurrence of the original traumatic event in the tank. Yet, as Veikko M.’s patient file demonstrates, those posttraumatic elements of his

³¹ NAF, 10th Military Hospital Patient File Archive, date of arrival 17 March 1944, folder 357, patient file 3131.

experience and his symptoms, which now seem so obvious, were not recognized as etiological causes of his condition—the diagnosis pointed instead to his personal psychopathology.

The wartime psychiatric patient files reveal the acute immediacy of violent experiences, similar in their symptoms to those Soviet cases documented by Robert Dale in his chapter. In addition to war-related nightmares and sleep disturbances, the soldiers were sometimes thrown back onto their traumatic memories in a wide-awake state and with such overwhelming force that it resembled re-living the experience as if it were happening again. For the limitations described earlier, the statistical analysis of psychiatric patient files does not allow for pinpointing the exact prevalence of posttraumatic symptoms among the soldier-patients. Yet the frequency shown in several symptom categories in Table 4.1 is evident. Furthermore, it is worth stressing that posttraumatic symptoms were by no means limited to military psychiatric patients. In order to be sent to a military hospital, a soldier had to be in such bad condition that he was clearly useless for military service—and the official policies in this respect were also notoriously random. Different war-related psychological (and psychosomatic) troubles were widespread among ordinary soldiers who never visited a medical officer; these troubles also included various posttraumatic symptoms.³²

HAUNTED DREAMS

Of the diagnostic criteria for PTSD, one of the most typical symptoms for persistent re-experiencing of the traumatic event is the nightmare: “recurrent distressing dreams in which the content and/or effect of the dream is related to traumatic event(s).”³³ As an example of this important manifestation of posttraumatic memory, I will now look at Finnish ex-soldiers’ dreams in the postwar era. Just as with the appearance of posttraumatic symptoms within the wartime patient files, I want to emphasize here that the prevalence of war-related nightmares in the 1940s and 1950s cannot be attributed to any “therapy culture”³⁴ that could have encouraged the expression of violent memories in dreams. As was noted earlier, there was

³² Kivimäki (2013), 170–7.

³³ *DSM-5* (2013), 271.

³⁴ Frank Furedi, *Therapy Culture: Cultivating Vulnerability in an Uncertain Age* (London: Routledge, 2004).

no support for the idea of traumatic memory among Finnish psychiatrists at the time. Freudian psychoanalysis, which could have fostered an interest in dreams, was a real latecomer to Finnish psychiatry, making its breakthrough only in the 1950s and 1960s.³⁵

At the end of the 1990s, over 50 years after the end of World War II, the advisory committee on war-veteran matters in Northern Finland decided to collect information and reminiscences from surviving war veterans in the Oulu and Lapland Provinces. At this time, the Finnish “memory boom” with regard to World War II had lasted for over a decade, and the war stories of 1939–45 had been eagerly consumed in both public and private spheres of life.³⁶ The committee decided that it would also be useful to gather information on the transition from war to peace immediately after the war had ended. The mid-1990s had finally seen some public discussion of the war veterans’ mental health issues, their problems in returning to civilian life, and some of these themes were now included in the survey “From War to Peace,” which was taken in 1999–2000.³⁷ I am focusing here only on one question in the long, 17-page survey form: “Did the war follow you into your dreams? What kind of war dreams did you have and for how long?”

At the turn of the millennium, the great majority of the survey’s respondents belonged to the youngest Finnish age cohorts that had been conscripted into military service during World War II: only 297 respondents of the total of 1058 had been born before 1920. It was thus natural that the chain of events, which had most strongly influenced the informants’ dreams after the war, centered on the experience of the Finnish retreat and desperate defensive battles carried out against the Red Army in June–July 1944. The opening phase of these battles was especially characterized by an overwhelming Soviet superiority in terms of artillery, tanks, infantry, and air power. The Finnish Army was forced to conduct a hasty and partly

³⁵ Yrjö O. Alanen, Johannes Lehtonen and Pekka Tienari, “Psykiatrinen tutkimus,” in *Seitsemän vuosikymmentä suomalaista psykiatriaa*, ed. by Kalle Achté, Jaakko Suominen and Tapani Tamminen (Helsinki: Suomen psykiatriyhdistys, 1983), 49–55.

³⁶ See, for example, Tiina Kinnunen and Markku Jokisipilä, “Shifting Images of ‘Our Wars’: Finnish Memory Culture of World War II,” in *Finland in World War II: History, Memory, Interpretations*, ed. by Tiina Kinnunen and Ville Kivimäki (Leiden: Brill, 2012), 436–82; Ville Kivimäki, “Between Defeat and Victory: Finnish Memory Culture of the Second World War,” *Scandinavian Journal of History* 37:4 (2012), 482–504.

³⁷ NAF Oulu, *From War to Peace*, E:2–3 includes preparatory materials, instructions, and statistical summaries of the survey.

chaotic retreat, although in the end the Red Army was not able to break through the last lines of defense. This was a bitter and violent struggle that included many traumatic experiences: immense concentrations of Soviet firepower against thinly manned Finnish lines; heavy tank assaults; constant threats of airstrikes; panicky withdrawals and a fear of being taken captive by the Soviets. Of all the phases of World War II in Finland, the summer of 1944 left the strongest and most traumatic imprint on the immediate postwar years.³⁸

“Very often, at first,” was the answer a man born in 1922 gave to the survey question of whether he had had war-related dreams after the war: “I was often woken up by a ‘Uraah’-cry, which made me search for a machine pistol. [The battle of] Ihantala [in 1944] still sometimes returns to my dreams.”³⁹ In a similar tone, another veteran born in 1915 reminisced: “At the beginning I often had a dream of a site where I was the only survivor of our machinegun crew. Being afraid of getting wounded or taken captive, I continued the fight alone, but now I haven’t had those dreams anymore.”⁴⁰ A man born in 1926 belonged to the youngest age cohort that was conscripted into military service during the war and as an 18-year-old recruit he had been wounded in July 1944: “Yes, especially my fear of airplanes follows me in my dreams very frequently. I often have a dream where there are thousands of planes in the sky, especially at night. This might be because of the low-flying Russian ground-attack aircraft, which buzzed above us.”⁴¹ “Yes, the war did affect my nerves, I had nightmares. For example, I would be in a difficult situation and want to get away, but I could never escape as fast as I needed to,” a fourth man, born in 1923, responded to the same question: “I always woke up before they caught me. Often my weapon didn’t work, so flight was the only option. This went on for about a year almost every night. Then the nightmares became less frequent before they finally stopped.”⁴²

These examples are representative of the laconic style and content of the responses. The survey form which held a total of 123 different questions, but only limited space for each answer, did not invite the respondents to write down long and detailed dream accounts. Many chose to

³⁸ For an overview of these events in English, see Pasi Tuunainen, “The Finnish Army at War: Operations and Soldiers, 1939–45,” in Kinnunen and Kivimäki, eds (2012), 159–68.

³⁹ NAF Oulu, From War to Peace, B:8 N:o 02733.

⁴⁰ NAF Oulu, From War to Peace, B:2 N:o 02014.

⁴¹ NAF Oulu, From War to Peace, A:11 N:o 03168.

⁴² NAF Oulu, From War to Peace, B:41, unnumbered survey form.

answer with a simple yes or no. Because most respondents were already very old and frail, they often chose to answer only part of the question litany. This makes it difficult to provide any exact statistical summary regarding the prevalence of war-related dreams. Yet the survey makes clear that war nightmares were a widespread phenomenon, easily recognized and experienced by a great number, if not the majority, of the survey's respondents. Many relate their nightmares to the immediate postwar years. Then the grip of nightly terrors started to ease around ten years after the war. For some, nevertheless, the nightmares were still a frequent disturbance over 50 years after the war—and for some of the respondents the nightmares had started again in old age or were triggered by an incident that somehow resembled the original traumatic event.⁴³

The Finnish war generation was also a nightmare generation. Psychologist Nils Sandman et al. have studied the prevalence of nightmares among the Finnish population between 1972 and 2007, pointing out that frequent nightmares were clearly more common among the men and women who had experienced the war, than for members of the younger generations.⁴⁴ It is safe to say that the recurrence of violent war-time experiences in dreams was a prevalent phenomenon among Finnish ex-servicemen after the war. Based on the “From War to Peace” survey, these dreams were typically very straightforward. Instead of containing symbolically rich content or fantastic plots, war-related nightmares were brutal repetitions of the traumatic event: of being assaulted and wounded, losing one's comrade, fearing for one's life. This matches the findings of psychiatrist Bas Schreuder et al. regarding Dutch combat veterans' traumatic dreams, which were so realistic and “replicative” of the soldiers' original experiences that they could be considered posttraumatic re-enactments.⁴⁵

⁴³ Kivimäki (2021b).

⁴⁴ Nils Sandman et al., “Nightmares: Prevalence Among the Finnish General Adult Population and War Veterans During 1972–2007,” *SLEEP* 36:7 (2013), 1041–50. For similar findings in Germany, see Michael Schredl and Edgar Piel, “War-Related Dream Themes in Germany from 1956 to 2000,” *Political Psychology* 27:2 (2006), 299–307.

⁴⁵ Bas J. N. Schreuder, Wim C. Kleijn and Harry G. M. Rooijmans, “Nocturnal Re-Experiencing More Than Forty Years After War Trauma,” *Journal of Traumatic Stress* 13:3 (2000), 453–63; Bas J. N. Schreuder, Marjan van Egmond, Wim C. Kleijn and Anouschka T. Visser, “Daily Reports of Posttraumatic Nightmares and Anxiety Dreams in Dutch War Victims,” *Journal of Anxiety Disorders* 12:6 (1998), 511–24.

Realistic, re-enactive nightmares thus come close to paralleling the so-called flashback memories, although they take place while asleep. Unlike “normal” memories of past events, flashbacks include strong, involuntary, and visual “revival” of the traumatic experience that keep recurring over and over.⁴⁶ In the diagnostic criteria for PTSD, flashbacks are mentioned as an example of “dissociative reactions” among the so-called intrusion symptoms, which include unwanted, upsetting memories, nightmares, flashbacks, and emotional distress or physical reactivity after exposure to traumatic reminders.⁴⁷

Regarding flashbacks that appear in a wide-awake state, the theory considering them to be photographic, “iconic” memories of the original incident has been disproved.⁴⁸ But even if flashbacks do not represent traumatic experiences with objective accuracy, and contain distortions of what happened, they can still be seen as pointing to the subjective experience of trauma. Similarly, while we cannot really know whether the nightmares recollected in the “From War to Peace” survey are accurate replications of what the dreamer had witnessed when at war, they are clearly referential in this respect and point to actual experiences at the front, whether distorted or not. Besides the continuous repetitions of the same traumatic event, they also refer to a deep experience of vulnerability, impotence, and an inability to act upon the deadly threat. Under assault, a soldier is caught unguarded, he does not find his weapon, or the gun does not function properly: “Two dreams have followed me to this day: 1) The enemy is attacking, and I cannot make my weapon work; 2) I’m skiing downhill in a beautiful pine forest right into the middle of a swarm of enemies.”⁴⁹ Such repetitive visions caused strong emotional arousal and a feeling of being thrown back into the war, night after night.

This type of traumatic memory focuses on dreamers’ feeling of helplessness and being at the mercy of violent powers outside of their control. In nightmares, both the body and the mind are under constant assault. There is also a different kind of traumatic memory that represents a disturbing moral injury: the dreams that bring to mind acts of violence

⁴⁶ Michael Linden, “Spectrum of Persisting Memories and Pseudomemories, Distortions, and Psychopathology,” in *Hurting Memories and Beneficial Forgetting: Posttraumatic Stress Disorders, Biographical Developments, and Social Conflicts*, ed. by Michael Linden and Krzysztof Rutkowski (London: Elsevier, 2013), 5–6.

⁴⁷ *DSM-5* (2013), 271.

⁴⁸ McNally (2003), 113–7.

⁴⁹ NAF Oulu, From War to Peace, B:8 N:o 01833.

committed by the dreamers themselves. The “From War to Peace” survey includes a handful of such reminiscences,⁵⁰ yet they represent only a tiny minority. Instead, the intrusive, posttraumatic element of the vast majority of war-related nightmares expressed itself in forcing the person to be a passive object of violence. To a great extent, this had to do with the circumstances of modern warfare. The soldiers in their trenches were targets of a multitude of invisible threats, from which they could not readily protect themselves: indirect shelling, sniper shots, machine-gun bursts, and air bombardments. These experiences resulted in victimhood dreams rather than in morally traumatic contemplations concerning a person’s own wartime deeds.

POSTTRAUMATIC FLASHBACKS AND CULTURAL PRODUCTS

One particular question regarding posttraumatic flashbacks concerns their relation to cultural products. Originally, the term “flashback” was borrowed from the literature and film industry to studies on hallucinogenic drugs carried out at the end of the 1960s. Consequently, the term was used to describe the traumatic experiences of Vietnam veterans in the 1970s.⁵¹ The historically conditioned nature of flashbacks has been studied in an article by Edgar Jones et al., where the authors compared the British Army war invalid records from six different conflicts, ranging from the Victorian Campaigns to the first Gulf War (1856–1991), in order to understand the historical epidemiology of flashback symptoms. In these sources, flashbacks were almost non-recorded up until the 1990s: in the Gulf War sample (n=400), 9.0 percent of the studied cases recorded flashback symptoms, whereas the second highest rate was recorded in the World War II sample (n=367) with 1.4 percent of the cases. The study underlined flashbacks as a historically and culturally sensitive phenomenon. In explaining the appearance of flashbacks in the 1990s, Jones et al. went on to contemplate the role played by “affordable television sets” and the subsequent introduction of video recorders, color motion pictures,

⁵⁰ One respondent had had to kill Soviet soldiers at close range and recalled their anguished faces, while another respondent had had to participate in a firing squad; see NAF Oulu, From War to Peace, B:49 N:o 00896 and B:64 N:o 00825, respectively.

⁵¹ Fred H. Frankel, “The Concept of Flashbacks in Historical Perspective,” *International Journal of Clinical and Experimental Hypnosis* 42:4 (1994), 321–36.

and flashbacks as a “frequent cinematic device” in Vietnam-war movies serving to popularize the symptom.⁵²

Much in this debate depends on the definition of flashbacks. If we adopt a narrow concept of flashbacks as overwhelming visual experiences of being thrown back into the exact moment of trauma in an awake state, then it may indeed be rare to find them in historical archives. This does not necessarily mean that they did not exist; and as the examples of Peter Ö. and Veikko M. in this chapter have shown, at least something closely resembling wide-awake flashbacks can be found in Finnish sources from the 1940s as well. The rarity of flashbacks could also be explained by the scarcity of historical documents that might have recorded such subjectively experienced trauma symptoms in sufficient detail.⁵³ But it is also possible that a posttraumatic “re-run” or “replay” of the original incident⁵⁴ as a “correct” symptom of mental agony could indeed have become more common through popular cinematic culture, although I think this hypothesis would require much more evidence than has surfaced so far. Yet if we take a wider definition of flashbacks as visual, emotional intrusions of the violent past, when either asleep or awake—and notwithstanding the question of whether these images are photographic “copies” of the original incident—then this chapter has shown that flashbacks are not simply a post-Vietnam-War novelty employed in expressing traumatic memories, but that they were also a real phenomenon in the Finland of the 1940s and 1950s.

The question of posttraumatic memory vis-à-vis cultural products is an interesting one and the dream reminiscences in the “From War to Peace” survey offer some answers to it. I have tracked altogether ten respondents who make some reference to movies, television, or war novels when they write about their dreams.⁵⁵ All these answers share the same story: reading

⁵² Jones et al. (2003), cit. 162; see also Jones and Wessely (2005), 174. As the British Army did not participate in the Vietnam War, the study displays a long gap between the first Gulf War and the previous conflicts, Malay (1948–60) and Korea (1951–53). Furthermore, even as Malay and Korea are treated as single conflicts in the study, they produced an insignificant number of cases (n=21), so we cannot really recognize a possible gradual change between World War II and the Gulf War in the occurrence of flashbacks. In the Victorian Campaigns (n=28) and the Boer War (n=400), no flashbacks were recorded at all; in World War I (n=640), only three cases of flashbacks were recognized.

⁵³ McNally (2004), 7–8.

⁵⁴ Leys (2000), 241.

⁵⁵ In addition to these ten respondents, one war veteran in the survey specifically mentions *not* being disturbed by war novels or watching television; and one comments on how he

a book or watching a movie might have reinvigorated war-related nightmares, but did not cause them in the first place. “Yes, there were nightmares too, but they were soon over. Only when *The Unknown Soldier* movie appeared did it cause battle dreams and nightmares the following night,” a veteran reminisced.⁵⁶ Väinö Linna’s *The Unknown Soldier* was an immensely popular war novel, dealing with frontline experiences in 1941–44, that was published in 1954 and filmed the following year. Five of the respondents in the “From War to Peace” survey mention war novels as a nightmare trigger, four mention war movies or watching television, and one mentions both books and television. It is worth noting that novels were just as common as visual materials in triggering war-related dreams: “[The war] followed [in my dreams] and still does, especially when I’ve read, or am reading, a war book. Always nightmares, there’s a dangerous situation and one cannot escape. One has to yell, to warn others.”⁵⁷ Books, movies, or TV-programs could re-launch nightmares even over 55 years after the war had ended.

Based on these ten responses, postwar cultural products could indeed be triggers for posttraumatic memory. But in contrast to the idea that the traumatized persons may have “borrowed” their symptoms from cultural representations, the direction of causality is rather the reverse. As I have shown earlier, posttraumatic nightmares and even flashback-like symptoms are already to be found in the wartime materials—and the reminiscences in the “From War to Peace” survey also point out that the war-related dreams were most disturbing immediately after the war. The postwar Finnish novels and movies can be seen as a delayed response to these traumatic experiences, not vice versa.

In the first instance, the troubled war experiences can be recognized in Finnish literature. As soon as the war in Finland ended in 1944–45, the men and women of the war generation started to publish their debut novels, where they discussed the challenges faced by young people in the midst of war and its aftermath: personal losses, moral decay, experiences of violence, rootlessness, and relationship problems. This genre consists of around a dozen novels published in 1944–50 and came to be known as

himself had edited a war-related book, something that had brought the nightmares back in the 1990s; see NAF Oulu, *From War to Peace*, B:46 N:o 01816 and B:9 N:o 02177, respectively.

⁵⁶ NAF Oulu, *From War to Peace*, B:35 N:o 00822.

⁵⁷ NAF Oulu, *From War to Peace*, B:27 N:o 00617 (original underlining).

“homecoming literature.”⁵⁸ But while the genre includes specifically war-related stories and some flashback-like narrations, it is not really “trauma fiction” in the contemporary sense of the term. The war generation’s troubled memory is a sub-theme, but the authors’ main concern is rather to depict personal, social, and societal tensions in young people’s readjustment to civilian life.⁵⁹

Similar themes were important in Finnish postwar movies. In the 1940s, the films focused on moral decadence, alcoholism, juvenile delinquency, and other social problems within the postwar society. With respect to ex-soldiers’ posttraumatic memories, things turn more interesting only in the 1950s when a handful of movies thematize in various degrees the disturbing memory of wartime violence.⁶⁰ As Ana Antić, Hana Kubátová, and Marta Kurkowska-Budzan show in their respective chapters for this volume, postwar fiction films have been a major cultural arena for depicting and processing troublesome wartime experiences—this was also the case in Finland.

In “Eyes in the Dark” (*Silmät hämärässä*, directed by Veikko Itkonen in 1952), a previously shell shocked sergeant suffers from the invisible shame of his experience and commits a crime after the war. The sergeant is haunted by a cry for help from his wounded officer, whom he had abandoned in the battle. In “The Days of Decision” (*Ratkaisun päivät*, directed by Hannu Leminen in 1956), a major has had to shoot one of his men for mutinous behavior. Wounded soon afterwards, the major also undergoes a “mental shock” which makes him mourn and ramble on about the incident while unconscious in the hospital. In “Little Ilona and Her Lambkin” (*Pikku Ilona ja hänen karitsansa*, directed by Jorma Nortimo in 1957)—a peculiar children’s movie with rather dreadful depictions of war-related loss and maltreatment—one of the characters is a “shaken-up” and nervous ex-soldier, whose life the war has derailed. And in “Blood on Our Hands” (*Verta käsissämme*, directed by William Markus in 1958), a Finnish officer has to witness a chaotic retreat, the suicide of a wounded soldier, and being taken prisoner in the summer of 1944. Returning from Soviet captivity in the 1950s, the ex-officer ends up

⁵⁸ Risto Turunen, *Uhon ja armon aika: Suomalainen kirjallisuusjärjestelmä, sen yhteiskuntasuhteet ja rakenteistuminen 1944–1952* (Joensuu: University of Joensuu Press, 2003), 228–30.

⁵⁹ Pertti Lassila, “Min täällä teen, se kaikki kieroön vie,” in *Ja kuitenkin me voitimme: Sodan muisto ja perintö*, ed. by Lauri Haataja (Helsinki: Kirjayhtymä, 1994), 141–57.

⁶⁰ Pekka Kaarninen, *Kotimaisen elokuvan maammekirja* (Vantaa: Avain, 2018), 188–202.

betraying his friend and killing a young boy in a car accident, an act he tries to conceal. In the final scene, the troubled man is walking to the police department to turn himself in. This image overlaps with a full-blown flashback to the last desperate battles at the front, as if the man is simultaneously being haunted by these sights and is about to be redeemed from them.⁶¹

What all four movies have in common is that past war experiences cast a shadow over the postwar life and behavior of either the film's protagonist or some other main character. In all four movies the violent events of 1944 cause troubled memories—and, actually, all of the films, except for “Eyes in the Dark,” open with a dramatic scene that takes place at the front. The later battle scene in “Eyes in the Dark” is similar to those in the other three: a powerful enemy is attacking, there is heavy artillery fire and the Finns are forced to retreat. The films also make surprisingly strong reference to other traumatic experiences that were characteristic of the summer of 1944: the executions, air bombardments, tank assaults, shell shocks, being caught by the enemy, and having to leave behind one's wounded comrades. This was the same exact subject matter that terrorized war veterans' dreams as we have seen earlier. The nightmares were there first; and the novels and movies took them as their raw material, or mental canvas, in order to connect with the feelings and experiences of their audience.⁶² This happened at roughly the same time in the 1950s, when a major portion of the dream reminiscences tell us that the nightmares began to be less frequent than immediately after the war.⁶³

I think the best way to understand the link between the ex-soldiers' posttraumatic memories and the postwar cultural products is to see them in a dynamic relation. The tersely worded replies in the “From War to Peace” survey do not allow for a much closer scrutiny of this issue, but it

⁶¹ As was noted earlier, Väinö Linna's novel *The Unknown Soldier* was filmed in 1955. Yet as the novel and the film take place entirely in wartime, they lack the same flashback-like quality as the four films discussed here, which are all situated in the postwar context. On the other hand, Linna's work definitely had the capacity to take its readers or viewers back to the war years, so it can perhaps be seen as a one long flashback for audiences in the 1950s.

⁶² For a similar observation on Väinö Linna's work, see Ville Kivimäki, “Väkivallan kantajat: Tuntemattoman sotilaan posttraumaattisuudesta,” in *Väinö Linna – tunnettu ja tuntematon*, ed. by Jyrki Nummi, Maria Laakso, Toni Lahtinen, and Pertti Haapala (Helsinki: WSOY, 2020), 195–211.

⁶³ Kivimäki (2021b).

is particularly visible in a singular dream reminiscence recorded in the collections of the FLSA:

At the end of June 1944, a 23-year-old Finnish officer, Kalervo A., was at rest behind the frontline when he was suddenly awoken by an approaching Soviet patrol. Kalervo A. and his fellows managed to fire first and killed the three Soviet soldiers. Following a common habit, Kalervo A. went to check the pockets of his fallen adversaries. One of the dead soldiers was also an officer, who had a picture of his wife in his pocket. As the fighting went on, Kalervo A. ignored the incident. Only after he was demobilized in November 1944, did he start to have recurrent nightmares, in which the encounter was vividly repeated. In addition, the woman in the photograph started to haunt Kalervo A.'s dreams, accusing him of murdering her husband. In the spring of 1945, Kalervo A. went to see a movie which depicted a boat that was carrying deceased persons to heaven. The boat's staff consisted of people who had committed suicide and who were thus not allowed to enter the kingdom of heaven. After the film, Kalervo A.'s nightmare grew to new dimensions: he saw himself in the boat and the wife of the dead Soviet soldier had to serve there as a kind of waitress, since she had committed suicide after hearing the news of her husband's death. Kalervo A. started to be afraid of falling asleep and, as the dream usually occurred around three o'clock in the morning, he could no longer get proper rest. As time passed, however, the nightmare became less frequent. Telling his story in 1994, Kalervo A. reported that he had had the dream for the last time in February 1983, following surgery. With regard to this final instance, he remembered telling his pursuer that since the killed officer had had a pistol in his hand, he had been forced to do what he did.⁶⁴

Here, too, war dreams preceded the movie, but the film acted as a trigger that intensified the nightmare and gave it new content. I think that this kind of a reciprocal relation, where war-related traumatic experiences (or rather some fragments of them) influence cultural products in the postwar period, which then retroactively act upon the memories of those experiences, presents a dynamic way of studying trauma, emotions, and memory in the postwar culture.⁶⁵ This is not, of course, an automatic or

⁶⁴FLSA, "Minuun sattui"—Mikkeli area war invalids' reminiscence collection 1994, Kalervo A., 7–10.

⁶⁵Frank Biess, "Feelings in the Aftermath: Toward a History of Postwar Emotions," in *Histories of the Aftermath: The Legacies of the Second World War in Europe*, ed. by Frank Biess

mechanical process, whereby traumatic experiences get transferred to films and novels swiftly and in their entirety. What is transferrable (i.e., culturally expressible) depends upon a multitude of factors—and there are essential gaps, fractures, and silences in this process.⁶⁶ In every case, this is a more complicated, and thus more intriguing, setting than the idea that the “culture” simply produces (or not) flashbacks and other posttraumatic symptoms—the direction of influence is also the opposite.⁶⁷

Finally, Kalervo A.’s story suggests one more observation to be made in relation to posttraumatic memory. Kalervo’s dream was different from the vast majority of other dream reminiscences in that it dealt with the moral injury incurred in having killed an enemy soldier; as discussed earlier, the postwar nightmares in “From War to Peace” survey were, with few exceptions, victimhood dreams. Interestingly, in this respect Kalervo A.’s dream comes close to paralleling the acts portrayed in the films introduced above, three of which dealt with troubles occasioned by the act of killing.⁶⁸ It seems to me that the narratively rich character of both Kalervo A.’s dream and the fiction movies is well suited to contemplating the moral problem produced by committing violent acts, and the experiences of guilt and shame that that can cause. These are also recurrent themes in modern war movies and their depictions of “perpetrator trauma.”⁶⁹ The blunt, repetitive dreams of being an object of violence did not have this same narrative capability of creating a plot or agency. At least in this respect they were less relatable, less story-like. There are neither sufficient sources nor enough space to take this question further here, but it may nevertheless be one

and Robert G. Moeller (New York: Berghahn, 2010), 30–48.

⁶⁶ Jay Winter, “Thinking about silence,” in *Shadows of War: A Social History of Silence in the Twentieth Century*, ed. by Efrat Ben-Ze’ev, Ruth Ginio, and Jay Winter (Cambridge: Cambridge University Press, 2010), 3–31.

⁶⁷ Cf. Anton Kaes, *Shell Shock Cinema: Weimar Culture and the Wounds of War* (Princeton, NJ: Princeton University Press, 2009).

⁶⁸ “How does it actually feel to kill a human being,” as the female protagonist asks of the ex-officer in “Blood on Our Hands,” after they have run over the young boy. In “Eyes in the Dark,” the sergeant is ashamed of not having saved his comrade—and then commits a murder after the war. In “The Days of Decision,” the major sees nightmares of having shot his subordinate.

⁶⁹ On perpetrator trauma and films, see Julia B. Köhne, “Aesthetic Displays of Perpetrators in Joshua Oppenheimer’s *The Act of Killing*: Post-Atrocity Perpetrator Symptoms, Re-enactments of Violence, and Perpetrator-Victim-Inversions,” and Raya Morag, “Perpetrator Trauma and Current American War Cinema,” both in Leese, Köhne and Crouthamel, eds (2021).

worthwhile considering at a later date: different cultural medias may underline and reinforce certain types of posttraumatic memory while neglecting others.

CONCLUDING REMARKS: CULTURE IN TRAUMATIC EXPERIENCE

In this chapter I have ended up balancing between two paradigms of understanding trauma, the constructivist one and the diagnostic one, without being satisfied with either of them. First of all, I started the chapter by criticizing the critique of the “objective” medical PTSD paradigm, as this constructivist standpoint focuses so strongly on the politico-medical “invention” of trauma and lacks interest in the traumatic dimension of the experiences of violence. Therefore, I have shown that posttraumatic memories and their intrusive symptoms can also be found and studied before the genesis of the medical concept of trauma—or in a culture that did not recognize trauma as a psychiatric disorder. On the other hand, it should be clear that I am not advocating any culture-free concept of trauma either. Historically changing cultural meanings, social realities, and medical knowledge matter in defining the space for the experience of trauma, even if this experience cannot be reduced to the sum total of these preconditions.⁷⁰

In order to reconcile the unsatisfactory situation between the two paradigms, I would like to conclude with the following suggestion: the analysis of cultural factors could be brought closer to the primary experience. Instead of searching for trauma in diagnostic manuals (as important as this remains in its own right), there is a plenitude of culture at play in the immediate vicinity of traumatic experience. As bodily, sensory, and mental experiences, such practices of violence as drumfire, death squads, carpet bombing, bayonet assaults, or guerrilla warfare are also cultural phenomena, which produce distinctive experiences both for the victims and the perpetrators. Consequently, they also produce distinctive experiences of trauma, which are then further framed by varying medical paradigms in order to treat and conceptualize these experiences within different societal contexts.⁷¹ There is, for instance, a transnational culture of having

⁷⁰ On films and perpetration, see also Ana Antić’s chapter in this book.

⁷¹ For a pathbreaking study on the interplay between the violent experiences of guerrilla warfare and the consequent idea of “Partisan hysteria” in Yugoslav psychiatry of the 1940s,

experienced indirect artillery fire that has been undergone by millions of men and women in the twentieth century. This experience has given birth to a multitude of novels, films, and art works, but it has also created a wilder and less articulated culture of mental shocks, bodily sensations, and posttraumatic nightmares.⁷²

By situating the social and cultural study of trauma within experiences and in their direct circumstances, I think we can better understand the consequences of violence and possibly circumvent too weighty an emphasis on texts and discourses when defining traumatic experiences. It is possible that on this visceral level there is less cultural and historical variation in trauma responses than is the case in cultural representations and medical cultures of trauma.⁷³ Discussing emotions as embodied practices, Monique Scheer has propounded the following notion concerning the limits the body sets on cultural variation:

*The body also provides the habitus with something to shape; it is not radically or arbitrarily modifiable, and it dictates the range of practices available. Clearly, no human society will develop a dance step that requires five feet or a musical instrument made for a hand with eight digits. [...] Yet, a bright line between nature and culture cannot be drawn on or in the body because human beings hardly leave anything about themselves or their environment untouched.*⁷⁴

Something similar may apply to the case for traumatic experiences and posttraumatic memories. The processes of the human brain give structure to the ways in which potentially traumatic experiences take shape and the

see Ana Antić, *Therapeutic Fascism: Experiencing the Violence of the Nazi New Order* (Oxford: Oxford University Press, 2017), esp. Chap. 5.

⁷²We have a rich research tradition concerning the cultural history and memory of World War I, where shell shock and other frontline experiences occupy a prominent place; see for example, Jay Winter, *Remembering War: The Great War Between Memory and History in the Twentieth Century* (New Haven, CT: Yale University Press, 2006). Yet a transnational history of experiencing artillery fire and other traumatic aspects of modern warfare in the twentieth century are, to my knowledge, missing; Ville Kivimäki, "Violence and Trauma: Experiencing the Two World Wars," in *Routledge Companion to Cultural History in the Western World*, ed. by Alessandro Arcangeli, Jörg Rogge, and Hannu Salmi (London: Routledge, 2020), 533.

⁷³William M. Reddy, "The Unavoidable Intentionality of Affect: The History of Emotions and the Neurosciences of the Present Day," *Emotion Review* 12:3 (2020), 171–2.

⁷⁴Monique Scheer, "Are Emotions a Kind of Practice (and Is That What Makes Them Have a History?): A Bourdieuan Approach to Understanding Emotion," *History and Theory* 51:2 (2012), 201.

manner in which the haunting cognition of them may avoid integration into normal biographic memory and contextual knowledge, thus leading to dissociation and intrusive memories of the event.⁷⁵ This would explain the appearance of posttraumatic symptoms and their relative coherence in a variety of historical and cultural settings—although I recognize that a truly comparative, transnational, and transcultural study of trauma responses is still a work in progress.⁷⁶ Yet there would still be considerable room for the socio-cultural analysis and explanation of trauma, too; just as Scheer points out, this would be a matter of an encounter between biology and culture, where both are inseparably intertwined. The brain and its processes are culturally preconditioned before the experience of trauma, and the brain also continues to experience and memorize along culturally conditioned paths after a traumatic incident. All this takes place in a historically specific context of social relations and societal circumstances.⁷⁷

In returning now to the Finnish soldiers and war veterans in the 1940s and 1950s, the posttraumatic nature of their experiences seems clear to me. They were unwilling participants in the culture of modern warfare, which in the Finnish case materialized most concretely in the experience of artillery fire and trench combat. This was a different experience from fighting in far-away Vietnamese villages and rainforests in the 1960s and 1970s, the American experience of which was then seminal for the shaping of the PTSD paradigm.⁷⁸ But it was also a distinctively limited experience when compared to what occurred throughout most of Europe in 1939–45, where genocidal warfare, foreign occupations, forced resettlements and massive air operations against civilian targets introduced a variety of limitless violence and devastation. All of these different experiences of violence share things in common, hence we may speak of a culture of twentieth-century war trauma. The traces of this culture can be recognized across

⁷⁵ Cf. Chris R. Brewin, *Posttraumatic Stress Disorder: Malady or Myth?* (New Haven, CT: Yale University Press, 2003), Ch. 6 and 209–14.

⁷⁶ Laurence J. Kirmayer, Robert Lemelson, and Mark Barad, “Introduction: Inscribing Trauma in Culture, Brain, and Body,” in *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*, ed. by Laurence J. Kirmayer, Robert Lemelson, and Mark Barad (Cambridge: Cambridge University Press, 2007), 1–20.

⁷⁷ Rob Boddice, “The Cultural Brain as Historical Artifact,” in *Culture, Mind and Brain: Emerging Concepts, Models, Applications*, ed. by Laurence J. Kirmayer et al. (Cambridge: Cambridge University Press, 2020), 369–76.

⁷⁸ For the perception of this experience by one of the leading protagonists of the PTSD paradigm, see Robert Jay Lifton, *Home from the War: Learning from Vietnam Veterans* (New York: Simon & Schuster, 1973).

national borders—and if it would be possible to conduct a comparative study of European dreams after World War II, I would expect to find a transnational culture of posttraumatic nightmares as well.⁷⁹ But it is just as important to pay attention to variations in traumatic experiences and their societal contexts during and after the war, which will partly explain the diverse national politics of memory and trauma within contemporary Europe.

⁷⁹Cf. Peter Burke, “The Cultural History of Dreams,” in idem, *Varieties of Cultural History* (Cambridge: Polity Press, 1997), 25–7; Kivimäki (2021b).

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