

TRAUMA: MORE PREVALENT THAN WE THINK
An Introduction to *History Beyond Trauma*
Frank Barth Presentation to IRSJA, April 2017

PREFACE TO THE PRESENTATION:

Here is how Françoise Davoine and Jean-Max Gaudillière introduce us to their work, *History Beyond Trauma*:

“We would have liked to proceed in a linear exposition, ...unfolding arguments in fine logical order. But the only way we could approach this subject was through the progressive impressions left on us by the strange worlds into which we were led, often against our will.”

(Preface, xxix)

Commenting on the effect of the book’s associative style, reviewer and psychologist James Gorney noted:

“As the book unfolds, an overarching polyphonic structure emerges... in which theoretical, philosophical, literary, and clinical perspectives on psychosis begin to synergize each other in surprising ways.”

My presentation today will also be polyphonic and associative. This reflects the way my psyche responds to such material. I copy out passages that resonate, dwell on them, and note what they prompt in my practice. What you’ll be hearing is a juxtaposition of quotes from three sources—the authors of course, but also Gerard Fromm, an associate of the Austen Riggs Center, who wrote the Foreword, and psychologist James Gorney, whose 2004 review of the book I found especially useful as an overview.

I will make a selection of these quotes available to you as a handout, along with some useful links and references.

History Beyond Trauma has changed my practice in two significant ways. It has validated my own urge to rely on the transference for insight and, it has opened a pathway for me to constructively draw upon the trauma in my own background. Both of these moves have been meaningful to me and have made my practice more effective.

My father was a Naval Navigator in World War II, flying supplies to the Pacific front and returning with the carnage of dead and wounded soldiers. After the war, he was witnessed violently physically abusing my older brother. For much of my childhood I was physically abused by my brother until I could match his physical strength. His traumatizing energy sadly continues with his son. This is an example of trans-generational trauma. Our extended family, like many, remains largely mute about it.

Twenty five years ago, about to begin my analytic training, I was diagnosed with a Stage IV malignant brain tumor and given a sixteen month prognosis. Frantically consumed with surviving, I went silent. This life-threatening experience was never part of my analysis. Effective treatment of trauma was not a part of my training. The terror and dissociative fog of that time can be triggered in me still.

I am not alone in this. Michael Eigen, author of *The Psychotic Core*, writes that "Overtly psychotic individuals make up a relatively small proportion of both the

general and patient populations, but psychotic attitudes and stages can be components of a broad range of emotional states and mental disorders.” In other words, chances are good that we will encounter these energies in our clients, ourselves, in the broader social fabric, and even in our elected officials.

Can we as practitioners better prepare ourselves to intervene effectively? What are the costs and consequences of not doing so? I offer these excerpts from *History Beyond Trauma* as a promising pathway for deepening analytic training and practice.

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Section I: CO-RESEARCHERS IN A NEARLY INCOMPREHENSIBLE EFFORT

"Francoise Davoine and Jean-Max Gaudilliere remind us, convincingly, that madness can only be genuinely understood when seen in the proper social, personal and historical contexts. History of Trauma is a genuine labor of love and stands in stark, and refreshing contrast to the current biogenetic ideology with its unhelpful over-reliance on diagnoses and drugs. [Theirs is] a truly personal approach to a topic that has been depersonalized for far too long. (Dr. John Read review)

“Madness has to do with a radical dislocation of human beings from their social context by way of generational trauma and **the patient's driven and nearly incomprehensible effort** to link to the social context through the medium of the

analyst, whose own connection to or dislocation from the social field is used by the patient in the process.” (Foreword, Fromm, xiii-xiv)

“Stories of deep connection and pain must be told. If they cannot be spoken, they are told through another. If they are unthinkable, their traces or debris are carried generationally and lived as madness by someone charged—in the double sense of an energy and a duty—to represent what Freud called the family’s ARCHAIC HERITAGE. And, in the transference with psychotic patients, it is [the] analyst’s responsiveness within their own archaic heritages that creates a field in which analysts may be charged by patients to represent something for them.” (Foreword, Fromm, xiii).

“Psychoanalysis is not a treatment applied by one person to another; it is a process engaged in by two people on behalf of one of them—and on behalf of all those family members and ancestors represented by that person.”
(Foreword, Fromm, xiv)

“Within psychosis there is a collapse of time as well as personal identity. The individual is inhabited in the present not only by ghosts from his earlier experience but also those of preceding generations. The authors draw on their own personal history, as well as their French and European identities, to develop a model of trauma based on the paradigm of war. The authors were literally born into a war zone in the 1940's. They and their patients and grandparents who were directly affected by both of the world wars fought on their native soil.” (Gorney review)

“Drs. Davoine and Gaudilliere are, as they say, co-researchers with their psychotic patients, “seconds” in the combat with which their patients are engaged as they try—madly, but with deep sense—to restore the links to a fore-closed but essential social context.” (Foreword, Fromm, xv)

“[We must] do battle alongside “these patients who literally fight with their backs to the wall in order to bring forth rejected truths.” (Authors’ Preface, xxx)

Section II: WHEREOF ONE CANNOT SPEAK, THEREOF ONE CANNOT STAY SILENT

“The book develops a framework for the analytic treatment of psychosis drawing on principles derived from war psychiatry....The essential insight...is that the psychotic symptom is a marker pointing toward PLACE—a place of unspeakable catastrophe, destruction and horror once inhabited in the past and now still relived in the present. The symptom both masks and begins to communicate the madness, mute pain, and terror of this yet un-symbolized location. The unsymbolized trauma (continues) to haunt the subject, while at the same time foreclosing free access to individual, familial, or social history .It is only when this Place of trauma can be named that the horror can be remembered, and not just re-lived repetitively as if it is branded or carved into one’s very being. When the catastrophe inhabiting the place of the Real (the unsymbolized) can be brought back into the "social link" through speech and human relationship, then the trauma can be remembered and eventually integrated, even for long periods usefully repressed or forgotten. How

to facilitate the emergence of the key word or gesture within the psychoanalytic situation is at the center of the authors' concern." (Gorney review)

"First and foremost madness is a place where conventional, reliable rules and norms of symbolic speech have been exploded; in their place the psychotic individual engages in language games. The patient initially comes to the therapist in a state of "rupture, departure and confrontation," thereby thrusting the the therapist into a battle scene. This war zone becomes an empty possibility within which the first beginnings of symbolic exchange may be inscribed. This would constitute a first step away from madness, toward the horizon of the symbolic. At this juncture the authors provide a rich metaphor of the Ancient Greek word. SYMBOLON:" (Gorney review)

"SYMBOLON emphasizes the signifying gesture in which two new allies exchange the two pieces of a broken shard, in such a way that their being fitted together later is a pledge of mutual hospitality for them and their descendants. These humble bits and pieces, broken for the occasion, take the place of one's word given as a guarantee. Of no intrinsic value, they are the basis of value and the foundation of the social tie, at the same time they are the possibility of language itself." (66, quoted in Gorney review)

"Thus, to restore the place of language is to restore the place of the symbolic order itself. This is the task of the analyst, who must approach the patient in madness on

the battlefield, carrying the broken shards of his own humanity and history.” (Gorney review)

Section III: THERAPEUTIC RELATIONSHIP IN THE FIELD OF MADNESS

History Beyond Trauma delineates the conditions for the psychoanalyst's investigation into trauma and madness that can facilitate symbolic exchange and activate therapeutic transformation. Toward this end, the authors, remaining within their model of war, recount research that led them to uncover the first principles of war psychiatry. These were developed by Thomas W. Salmon in 1917 to deal with the shell-shocked soldiers returning from the front.

These Salmon Principles are:

- PROXIMITY opens up a new space of trustworthiness amid chaos.
- IMMEDIACY creates a living temporality in contact with urgency.
- EXPECTANCY constructs a welcome to the return from hell.
- SIMPLICITY emphasizes the obligation to speak without jargon.

Modifying traditional psychoanalytic practice in light of these principles may at first, to some, seem radical and controversial, yet they are consistent with modifications proposed by many other important psychoanalytic researchers into madness. (James Gorney, book review)

PROXIMITY not only refers to the physical encounter within the consulting room, it also involves a willingness to engage face to face upon the battlefield of a traumatic place—taking up the gauntlet—and a determination to survive the patient's destructiveness without undue retaliation. From this distinctly

Winnicottian position, the authors assert that the details of the REAL of trauma will eventually become revealed within the specifics of the transference relationship. Through the unfolding of the transference, a significant bond develops: "Combat evokes in those who fighting side by side a passion for taking care of others physically and psychically, equivalent to the earliest and deepest family relationships" (154) Thus, referencing the etymology of the ancient Greek term *Therapon*, meaning a second in combat, a ritual double, the therapist is understood as a comrade in arms. Together confronting trauma, the therapeutic dyad engaged in the psychoanalysis of madness creates "a psychoanalysis upside down. Far from lifting a repression it becomes a tool that makes repression possible and puts an end to the catastrophic effects of the Real." (158) (Gorney review, quoting author passages)

IMMEDIACY opens the possibility of establishing contact with the patient at the maximal locus of urgency. When they contend that "it is better to conceive of all crises of madness as beginnings" (168) the authors follow in a long tradition which postulates that the moment creates the potential for hope and reintegration.

Within psychoanalysis, psychosis cannot be approached at a distance. **IMMEDIACY** implies active engagement, and that may engender risk, uncertainty and confusion in the analyst. Again the authors turn conventional psychoanalysis on its head when they propose that upon entering this field of madness, "transferentially the response comes first, then the formulation of the problem of which the analyst will come to be part once he has become confused." (169) It is the gradual working out of this confusion via the naming of the ghosts that comes to constitute the fabric of the treatment. Efforts to reduce the immediacy of this

encounter by primary recourse to psychotropic medication or behavioral interventions are understood by the authors to be most often a counter-transferential backing away by the analyst from the dangerous urgency of the battle scene.

In the face of contemporary prevailing modes of treatment offered to psychotic individuals in America and Europe, the author's point of view in this regard is unsparing, controversial and ultimately courageous. (Gorney review, quoting author passages)

The principle of **EXPECTANCY** references the the realm of the interpersonal—the place of relying on a trustworthy other. It conjures up images of wounded buddies forging a bond in the trenches and implies a form of mutuality in which both participants in the analytic situation bring shards of their own traumas with them (the Symbolon) into the evolving relationship. The authors are not proposing a boundary-less, mutual confessional, but rather they recognize that upon entering a zone of trauma, two histories converge in the analytic space. Put another way, they assert that when the analyst and the patient encounter each other in the War Zone, all of both of their relatives and ancestors also enter this space. The past is also present. Therefore, there are critical moments when the analyst's own memories, experiences and history must be articulated to initiate symbolic exchange. It is possible for this to be experienced by the psychotic patient as a trustworthy affirmation. (Gorney review)

The affirmation of **EXPECTANCY** begins with the very first word uttered by the analyst at the very first session. The authors are very clear: "This first 'yes' from

the analyst is a primal affirmation that in fact presides over the judgement of existence we have spoken of and opens out the field of speech. ‘Yes something happened, something has happened to you; it's not all in your head, and what you are showing is the only way you could bear witness to it. No, these are not the causes of your condition but the object of your investigation.’” (221) (Gorney review, quoting author passages)

SIMPLICITY refers to the the analyst’s need to speak simply, directly, and above all, with profound honesty to their mad patients. The author's believe the psychoanalysis is within an ancient tradition of oral history and their stories of transformation illustrate this. They make creative use of found objects to initiate symbolic exchange when speech fails or is not yet possible. They use aspects of their own (sometimes traumatic) histories in order to make points of connection with patients who have disappeared, exploded or evaporated. Davione and Gaudilliere are two masters of their craft and it is mesmerizing, and a rare privilege, to observe them help create small (sometimes large) miracles with in the consulting room. Often these clinicians appear more related to shamans or medicine men than to scientists or doctors. Yet, within the arena of madness, this is exactly the direction to which a radical trust in unconscious processes inexorably leads. Shamans and medicine men are also fundamental exemplars of an ancient oral tradition. (Gorney review)

Section IV: AUSTEN RIGGS AND MEDICINE MEN

In 1979 Francoise Davoine and Jean-Max Gaudlliere were invited to the Austen Riggs Center in Stockbridge, Massachusetts. The Center is a small psychiatric

hospital that treats severely disturbed patients with intensive psychoanalytic psychotherapy. Davoine and Gaudilliere told stories of their patients. To their surprise, the Austen Riggs clinicians responded in kind. As the authors put it: the clinicians offered vignettes that described “the impasses in which patients drive their analysts into a corner. These patients, like those who came to see us, were drained and out of breath, after exhausting the theories and ideologies of their former therapists.” (Authors’ Preface, xx)

“We rediscovered this form of clinical exchange several months later with Sioux medicine men in South Dakota to whom we had been introduced by Gerald Mohatt. Mohatt found our Lacanian approach to be a close kin of the Plains Indians. The puns and theories of lack and loss as the basis of desire reminded him of "give-away" rituals. In fact this notion was anchored, for Lacan, in Marcel Mauss's *The Gift*, which was itself influenced by the American Indians.”

“In the ceremonial context, a person is received not just as an individual but in the name of those to whom he is related: the ritual formula is "all of my relatives." This bond is conveyed through the word and through pledging of one's word. We were surprised to find direct experience of a common theory of speech right down to comic use of jokes and double entendres. In the past, in Medieval Europe, laughter had been part of the rite during meals following the ceremony. In any case, Stanley Red Bird, one of the leaders of the Rosebud Reservation, put it during one of these meetings: “You're finding here what you also have at home.” (Authors’ Preface, xx)

“But in France, at this time, the art of telling stories was hardly in favor. As a rule in the human sciences, seriousness of conceptualization relegated such stories to the rank of anecdotes. In retrospect, the pleasure of such an exchange between the Riggs Center and the Rose Bud Reservation had to do with one detail that, though often forgotten, is fundamental: the therapists admitted that they did not always play the right role or offer the right interpretation but were working on the basis of their own flaws. This work was part of the path they had to walk in the transference to a chosen other, analyst or medicine man. Such a skill had not been gained once and for all in moving up through the stages of official training. There is no definitive passport for clinical experience.” (Authors’ Preface, xxi)

Section V: TAKING UP THE GAUNTLET

“The first draft of this book was completed in mid-August 2001. It was a beautiful day. To show the horizon to some young people who were with us, we went to the top of the World Trade Center. One week later when we were back in Paris, we heard the news in the middle of the afternoon. Impossible to believe; it wasn't true. All those people dead, all those missing. Suddenly we realized that we were at war. War was right there. The collapse of the towers and lives made time stand still.” (Authors’ Preface, xvii)

“Several months later; life resumed its course. The war had apparently taken place far away from us. Others, in Afghanistan, the Middle East, were undergoing those collapses of time. As they had so recently down in Rwanda and the Balkans ... For a moment we thought we were living through World War II again, or even World

War I. As in the last century, totalitarian slogans were chanted to a familiar tune, sounding hackneyed.” (Authors’ Preface, xvii)

Within a few month's time, we had experienced concretely what we are taking about in this book:

- Denial of what happened.
- Survivor's guilt: “Why them not us?”
- Identification with the aggressor: “We had it coming.”
- Perversion of judgement: the victims were guilty and vice versa.
- The fascination with criminals and mass destruction noted by Hannah Arendt in *The Origins of Totalitarianism* [Chapter 10, "The Temporary Alliance between The mob and the Elite"]
- The revival of the catastrophes: The old the people were sounding the alarm to us; we're in 1938; we're Munich; 1939: the Blitzkrieg; we're in 1941: Pearl Harbor, the United States is entering the war [and Donald Trump being elected President of the United States]. Nothing will ever be the same anymore.
- And finally, trivialization: the proliferation of commentaries going hand and hand with anesthetizing of feelings. (Authors’ Preface, xvii-xviii)

In all of this we recognize the scansions of our work as psychoanalyst: in the psychiatric hospital, in the clinic , and in our offices, with patients whose madness, transient or ongoing keeps on exploring traumatic breaks in the social link and the political results of such traumas. When psychoanalysis grapples with madness, it is essential that analyst pass through these moments and not just denounce them. (Authors’ Preface xviii)

"**Taking up the gauntlet** consists, first, in showing that there is no question of letting oneself be annihilated by this kind of force of negativity that specializes in the destruction of all otherness." (125)

"Sometimes the 'castrating father' and the 'omnipotent mother' have been brought in as a couple in stereotyped Oedipal interpretations that are obviously inadequate." (127)

"If there is no other to whom to speak, the trauma reduces the individual to an inferiority invaded by annihilation, anxiety and terror."

"A distinction is generally made between the two entities: on the one hand, *normal* traumatic symptoms understood as a survival mechanism and an adaptation to extreme conditions, and, on the other hand the same symptoms, described in the same semi-logical terms but, this time, presented as an illness described in large tomes of psychiatry.

In the second case, we see that the link has been severed to one of the modalities of the knowledge of history. The modality that Sophocles says, seeks to bring bits of history without any images, words or voice into existence for another. Now there is reason to make this into an Illness, especially when these symptoms confront the truth." (130)

"The proof of this is that, each time theory tries to dissociate madness and trauma, the social cost increases." (130)

"Patient and analyst are put to the test of danger, terror, and confusion...And yet the danger of psychic murder committed by diagnosis has long been known." (131-132)

"For the return to civilian life, or even the cessation of hostilities, does not stop the war. Therapists had observed, for example, that certain veterans, struck by injustice of having been hastily diagnosed, could turn to 'demagogues, psychopathic characters, and destructive personalities' who offered them the same unquestionable certainties." (132)

"For stigmatized in this way upon returning one is rejected or ignored by people back home. Better to go in search for of the disaster zones that are familiar to them, offered in the case, by fictitious constructions by those who fear neither God or man, preach in a spirit of hate and the politics of love the apocalypse and destruction of all who do not join them." (133)

"I should like merely to understand how it happens so many men, so many villages, so many cities, so many nations, sometimes suffer under a single tyrant who has no other power than the power they gave him.'... "Now this leader is not so strong as he claims to be. He is in fact 'a single little man.'"(133-134, quoting La Boétie, 1548, p4, and p10-12)

"The body of the people has become the very body of the tyrant: ... 'he has indeed nothing more than the power that you give him to destroy you. How can he have so many arms to beat you with, if he does not borrow them from you?'" (134, and quote from La Boétie, p11-12)

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In taking up the gauntlet, the uniqueness and challenge of the author's aforementioned adaptations to traditional analytic and psychiatric training continues. Françoise and Jean press into analytic precedent by giving very practical psychological advice to analysts, analysands, clients' family members and friends.