

History Beyond Trauma
IRSJA Presentation by Frank Barth, April 2017

References and Selected Quotes

PRIMARY REFERENCES

Davoine, Françoise and Jean-Max Gaudillière. (2004) Susan Fairfield, trans. *History Beyond Trauma*. New York: Other Press, 2004.

Note: A training module, **Psychotherapeutic Work with Intergenerational Trauma**, which includes videos by twelve presenters, including Françoise Davoine, is available at: <http://www.confer.uk.com/module-intergenerational.html>

Gorney, James. (2004) Book review of *History Beyond Trauma* published online by the American Psychological Association, Division 39. <http://www.apadivisions.org/division-39/publications/reviews/history.aspx>

ADDITIONAL REFERENCES

Baudrillard, Jan. (1995) *Simulacra and Simulation*. Translated by Sheila Glaser. Ann Arbor: University of Michigan Press, 1995.

Eigen, Michael. (2004) *The Psychotic Core*. London: Karnac Books, 2004. Previous editions in 1986 and 1993.

Schoenl, William, and Linda Schoenl. (2016) *Jung's Evolving Views of Nazi Germany*. Asheville, NC: Chiron Publications, 2016.

Von Franz, Marie-Louise. (1974) *Shadow and Evil in Fairy Tales*. Dallas: Spring Publications, 1974.

* * * * *

Beyond Diagnoses and Drugs

Françoise Davoine and Jean-Max Gaudillière remind us, convincingly, that madness can only be genuinely understood when seen in its proper personal, social, and historical contexts. *History Beyond Trauma* is a genuine labor of love and stands in stark, and refreshing, contrast to the current dominance of a simplistic biogenetic ideology with its unhelpful overreliance on diagnoses and drugs. The authors are to be congratulated on a truly personal approach to a topic that has been depersonalized for far too long.

—Dr. John Read, Director of Clinical Psychology, University of Auckland, New Zealand; Editor, *Models of Madness* (Brunner-Routledge 2004)

More Prevalent Than We Might Think

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. —Michael Eigen, *The Psychotic Core*

Engaged with the Client in a Nearly Incomprehensible Effort

Martin Cooperman once commented that in psychotherapy the patient comes with his symptoms and the therapist comes with his technique, and if things go well, they both come out from hiding.

Drs. Davoine and Gaudillière would certainly agree....They would [say] that madness has to do with the 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 that social context through the medium of the analyst, whose own connection to or dislocation from the social field is used by the patient in this process.

Psychoanalysis is not a method of 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. (Gerard Fromm, Foreword to *History Beyond Trauma*, xiii-xiv)

Serving as “Seconds” in the Combat

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 foreclosed but essential social context. (Gerard Fromm Foreword to *History Beyond Trauma*, xv)

Credible Testimony from an Independent Source

...it is important to note that the traumatic symptoms are themselves the sign of a memory that is too close, that is inscribed at the level of the body and represents a constant torment. The potential subject fights to get out of the space governed by the whim of that flawless other whom we have called the Real other.

Analytic discourse is not immune to this risk. Quite the contrary: at certain times, the analyst necessarily becomes the incarnation of the tyrant. It is up to him to disengage himself and, using his own landmarks, to gain the proximity not only of the ordeals but of the memory that does not leave the patient in peace....

Like it or not, analytic discourse can be established when speech emanates from a locus without a subject or from someone who experiences himself as a reject. In the proximity of combat and risk, this speech can be addressed only to a therapist who is familiar with the same field.

Thus a particular mirror is constituted, a mirror of history in which the intersection of two trajectories allows for a triangulation. Only in this way can essential facts, expelled from transmission, sometimes be located. Their existence becomes possible once again, after having been annulled, because an other attests to them, from an independent source, on the basis of his own experience. (*History Beyond Trauma*, 135-136)

JAMES GORNEY Book Review Excerpts

Dr. James E Gorney is a member of the Appalachian Psychoanalytic Society and is in independent practice in Knoxville, Tennessee. He reviewed *History Beyond Trauma* in 2004 for Division 39 of the American Psychological Association. The entire review may be found at: <http://www.apadivisions.org/division-39/publications/reviews/history.aspx>

Seeking a Place that has Exploded or Disappeared

Davoine and Gaudillière approach madness not as a symptom, pathology or structure in the DSM, but rather as a *Place*. This is the place where the symbolic order, which guarantees an individual's connection to language, history and social relations, has ruptured, exploded or disappeared. Consequently, one of the most original and important insights to be found in this work is that the psychotic is engaged in a form of research investigation into the nature and history of this place; he or she is a seeker.

In the clinical situation, the therapist is second in command to the patient---the Principal Investigator—who desperately attempts to articulate an unspeakable dimension of trauma and catastrophe, which has come to be foreclosed in individual or social history. Within this context, Davoine and Gaudillière draw upon numerous other powerful traditions to inform this non-reductionistic formulation of the psychotic experience. From their many years of contact with clinicians associated with the Austen Riggs Center they have assimilated the work of Sullivan, Fromm-Reichman, Searles and Otto Will. They also have been significantly influenced by the texts of Winnicott, Bion and Gaetano Benedetti. Within *History Beyond Trauma* the authors weave multiple strands of the many French and non-French masters from whom they have learned; yet, as they themselves are quick to point out, their most profound teachers have been those psychotic patients with whom they have engaged in psychoanalytic exploration over the years.

The book is divided into two sections: Part I—Lessons of Madness, and Part II—Lessons from the Front. Broadly speaking, Part I develops a philosophic and psychoanalytic theoretical model of psychosis and Part II develops a framework for the psychoanalytic treatment of psychosis by drawing upon principles derived from war psychiatry. The theoretical and clinical sections of the book dovetail; they mutually enrich and inform each other.

Naming the Un-Symbolized Trauma

The essential insight which is developed with great nuance and complexity in Part I is that the psychotic symptom is a marker pointing toward a *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 as yet un-symbolized location. The un-symbolized trauma comes 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 and inserted into the symbolic order of language 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 into a “social link” through the dialectic of symbolic speech in a human relationship, then the trauma can be remembered, spoken, eventually integrated, and even, for long periods, usefully repressed or forgotten. This field of symbolic language is entered through the inscription of a name or a word that functions as a signifier. How to facilitate the emergence of such a signifier, in word or perhaps, at first, in gesture, within the psychoanalytic situation is at the center of Davoine and Gaudillière’s clinical concern. A general framework for clinical praxis with psychotic patients eventually comes to center stage within Part II.

Bringing a War Zone into the Consulting Room

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 own earlier life experience, but also those of preceding generations. The authors draw upon their own personal history, as well as their French and European identities, to develop a model of trauma based upon the paradigm of war. Davoine and Gaudillière were literally born into a war zone in the early 1940’s. They and their patients had parents and grandparents who were directly affected by both of the world wars fought on their native soil. In toto, the carnage, brutality and social disruption of war lead to breakdowns in the symbolic order, the rule of law and the predictability of social relations. This collapse becomes for the authors the basis of a powerfully illuminating model of trauma. They go on to illustrate their concept of trauma as a war zone with vivid clinical material....

The patient in the place of madness initially comes to the therapist in a state of “rupture, departure and confrontation,” thereby thrusting the therapist into a battle scene. This war zone becomes an empty possibility within which the first beginnings of symbolic exchange may be inscribed.

***Symbolon*: Piecing Together the Broken Shard**

At this juncture, the authors provide a rich metaphor for the entire therapeutic process via elaborating the etymological metaphor of the ancient Greek word *Symbalon*:

“*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 on 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 as they are the possibility of language itself (p. 66).”

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 now approach the patient in madness upon the battlefield, carrying the broken shards of his own humanity and history.

Drawing Upon the Salmon Principles

Davoine and Gaudillière, 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 shell-shocked soldiers returning traumatized from the front. The so-called “Salmon Principles” are elaborated upon in Part II by the authors and the implications of each of

these principles for establishing the possibility of psychoanalytic work with traumatized, psychotic individuals is developed in detail. The 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.

Proximity and the use of the transference:

Proximity not only refers to the actual physical encounter within the consulting room, it also involves a willingness to engage face to face upon the battlefield of a traumatic place; a 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 trauma will eventually become revealed within the specifics of the transference relationship. Through the unfolding of the transference, a significant relational bond develops: "Combat evokes in those who are fighting side by side a passion for taking care of the other physically and psychically, equivalent to the earliest and deepest family relationships" (*History Beyond Trauma*, p. 154). Thus, referencing the etymology of the ancient Greek term *Therapôn*, meaning a second in combat and ritual double, the therapist is understood as a comrade in arms.

Immediacy—active engagement in a confusing, ghost-filled fabric:

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, Davoine and Gaudillière 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" (p. 169). It is the gradual working out of this confusion via the identification and naming of 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 countertransferential backing away by the analyst from the dangerous urgency of the battle scene.

Expectancy—Analyst and Client sharing shards of their own traumas:

It conjures 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 and histories with them (the *Symbolon*) into the evolving relationship. Davoine and Gaudillière are not thereby proposing a boundaryless, mutual confessional, but rather they recognize that upon entering a zone of trauma, two histories converge in analytic space. Put another way, they assert that when analyst and patient encounter each other in the war zone, all of both of their relatives and ancestors also enter this space. The past is also in the present. Therefore, there are critical moments when the analyst's own life, memories, experiences and history must be articulated to initiate symbolic exchange. It is possible for this then to be experienced by the psychotic patient as a trustworthy affirmation.

Simplicity—making connection directly and with profound honesty

Within these accounts both analysts are heard to speak simply, directly, and above all, with profound honesty to their mad patients. They make creative use of found objects to initiate symbolic exchange when speech fails or is not yet possible. They utilize aspects of their own (sometimes traumatic) histories in order to make points of connection with patients who have disappeared, exploded or evaporated. Davoine and Gaudillière are true masters of their craft and it is mesmerizing, and a rare privilege, to observe them help create small (and sometimes large) miracles within 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.