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An Updating on Traumatism



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Summary

The term trauma can refer to disorders with different symptoms and uneven severity. The sexual trauma described by Freud is very different from the symptoms found today in victims of sexual abuse. PTSD is no longer sufficient to describe the symptoms of war victims, and extreme situations are the most serious, disorganizing group of traumas on the edge of psychosis.

Keywords: Traumatism; Transient psychosis; Paradox; Self-destructiveness

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The term psychic trauma covers different kinds of trauma of unequal severity, and whose symptoms differ. The severity of the trauma, and the extent of the psychic disorganization, depend on the violence of the traumatic event, and on the quality and solidity of the psychic resources.

When everything goes well, that is to say when the child is able to mobilize psychic resources in himself, the negotiation of trauma gives rise to changes, psychic transformations. It will be the character traits, the choices of object that will be the later mark. The psyche may be momentarily upset, but this will not necessarily produce pathological symptoms in the long term. The ability of each child to overcome these traumas depends on what has allowed him to develop psychic resources or on the contrary has deprived him of them. These resources are what Freud calls the *aquirrel*, or what Bion calls the “maternal reverie” that allowed the child to make sense of what he was experiencing, or what Anzieu refers to as psychic envelopes. All of this is important to support the narcissistic foundations of the self.

However, there are situations so violent that all this is undermined. There is an extensive break-in. The usual psychic resources no longer work. It is these cases that we usually refer to as traumatic. Moreover, the trauma can be collective, as in war situations or terrorist attacks. The reconstitution of psychic resources can also go through the group or social collective.

Today I would like to mention three cases with a potentially traumatic impact both psychological and social, and which require

an update of our concepts: sexual abuse of minors, situations of war or collective violence, and finally extreme situations.

Sexual Abuse

In the past, Freud was criticized for having, by abandoning his neurotica (i.e. the real, not fantasized, sexual etiology of hysterical symptoms), denied the importance of sexual abuse. However, there is a difference between the symptoms of hysteria and those of the trauma generated by sexual abuse. When the facts have been ignored, or even denied, in the family, the children, abandoned to themselves, cannot get away with these experiences having left deep traumas, because the psyche is confronted with the violence of an unthinkable reality.

We see it with teenagers who were victims of sexual abuse in their childhood. The fantasy elaboration is poor, they sometimes express a feeling of emptiness and boredom, which is a symptom of depression, it is also often in poor academic results that their discomfort manifests itself, as well as in relational difficulties, sometimes in addictive behaviors. Young men or women who have suffered sexual abuse in their childhood and sometimes for years, often have a bad image of themselves, have difficulty projecting themselves into the future, making plans. They lack benchmarks to say what they are experiencing; they are in the midst of confusion of feelings.

When public institutions take care of these adolescents in educational services, they often refuse to talk about what happened, obliterate their memories, because they do not know

how to treat them: they say they are there, because they have run away, or because they have poor academic results. They feel persecuted by interrogations, they sometimes have a feeling of guilt. And often they are very ambivalent towards educators.

Therapeutic help is needed: I would add that there is also a therapeutic dimension to the intervention of justice and the judicial process itself. Adolescent victims of sexual abuse need three things:

a) 1 ° First of all to be believed, that we recognize that they have told the truth, because their words of children have often been the object of a denial on the part of the entourage.

b) 2 ° In the second place, some parents, including the abuser, often accuse them of having destroyed the family, and they feel a sense of guilt. So, they need the abuser to acknowledge his own guilt.

c) 3 ° Finally, some ask to participate in the whole judicial process, and not only to testify, because if they are brought into court to testify and then they are made to leave the room, even with the laudable intention of avoiding a painful situation, they have the feeling that things are happening outside of them, over their heads, reducing them to a passivity that reactivates the trauma.

Magistrate Denis Salas indicates the requisitions of reparation:

“To repair is first of all to name the act, the crime or the misdemeanour. Only such an appointment makes it possible to stop the spiral of acts of action, where one act succeeds another act, in the mimicry of violence.” Reparation also means accepting the ordeal of the criminal trial, “the only place where there can be a transitive and direct relationship between the victim and the perpetrator” Reparation is finally the punishment. We know how much the moment of the final judgment is expected by the victims. This judgment is a public statement that sets out a sanction and opens up a possibility for the future. “He is punished, I can exist without shame,” said one victim.

Until the mid-1980s, sexual abuse was not recognized in France. Justice spoke of “indecent assaults”, or “equivocal maneuvers”. The recognition of such attacks is relatively recent. The even more recent impact of movements like Me Too, the findings of the CISE which revealed mass sexual abuse in the Church, have raised awareness of these issues in society, and one can hope that sexual abuse will be taken into account earlier.

Situations of war and collective violence

Modern wars lead to mass destruction, due to the power and sophistication of weapons. And we can talk about collective traumas for the populations that suffer them.

War neurosis, so designated for the first time in 1908 at the Congress of Internal Medicine in Berlin by the German psychiatrist Honigman, widens the field of traumatic neurosis related to a situation of imminent danger. The First World War, where soldiers in the trenches were constantly pounded by artillery, and saw their comrades die en masse, made countless psychic traumatized. The writings of novelists such as Roland Dorgelès, Henri Barbusse, Erich-Maria Remarque, on the German side, or those of historians such as Stéphane Audoin-Rouzeau, who interviewed the last survivors of this war, show the trials they faced, of such violence that many of them were never able to talk about it, and locked themselves in silence.

Near-death-threatening encounters, which are often collective events, such as war situations, can lead to traumatic symptoms, described as post-traumatic stress disorder (PTSD). The dread that grips and paralyzes the person who sees himself or herself about to die is extremely disorganizing. In the moment, this person loses all his means of thinking and acting. It is both motor paralysis and psychic amazement. Once the danger is removed, the person constantly relives the traumatic event, especially in nightmares. Subsequently, a specific means of defense is manifested: the massive development of anxiety, which plays the role of preparation and a barrier to excitement, to protect the psyche from the revival of trauma [1-3].

However, it is also necessary to take into consideration other symptoms, less often highlighted, such as the delusional puff. Françoise Dolto recounts somewhere that some women of her generation suddenly made a delusional puff when they first heard the alert siren exercises on the first Wednesday of the month. They rushed into the street, in total panic, screaming in terror and shouting “Daddy, Daddy!” They were hospitalized, given milk to drink, and the next day everything was back in order. These middle-aged women were little girls during the First World War, when sirens foreshadowed imminent bombings; and the terrorized little girl had suddenly resurfaced, some fifty years later, when the siren had sounded again.

Closer to home, people who have lived under bombing in the Middle East also report nightmares where they relive their terror of dying, where they hear the screams of the victims, see the bodies shredded, feel the breath of explosions. It is very difficult for them to talk about what they have experienced, because the word brings revival and with it fear and pain, about which nothing can be said. But in addition, many of them feel that their words are far below what they have experienced, that they cannot account for what has been experienced: only those who have shared this traumatic situation can understand them.

There is then a risk of sinking into melancholy, of losing interest in everything that gives a taste for life, a risk of deadly disconnection “beyond the principle of pleasure”. It is

therefore a serious trauma, which cannot be negotiated without psychotherapeutic help.

We still find in traumatized narcissistic traits, bouts of rage, excessive importance given to food, demand to be cared for as children. Some stiffen in a victim posture.

Living the Extreme

The twentieth century has seen the emergence of a new form of mass murder, one that is part of a logic of extermination, and brings us to the borders of the loss of meaning and madness. The logic of extermination is that of a totalitarian ideology that wants to destroy an entire people, an entire ethnic group, and not only destroy it, but deny its character as similar, as human. It is not because this people is an enemy that threatens the existence of another people, as in war situations. This people is called into question by its very existence. They are by definition the stranger, the other, the non-me. To proclaim the "Aryan" identity, Nazism declared the Jewish people non-human. The Nazis were trying to destroy the humanity of the prisoners, they were trying to reduce them to pure animality, to an instinct for survival.

The massacre of Tutsi in Rwanda is the same perversity. Terrorists who organize attacks against people they don't even know, see them as "dogs of hell," not humans. For them, those who do not share their fanatical beliefs, do not have the right to exist. To erase a people, to deny it the quality of likeness, to refuse otherness, is to introduce not only the fear of losing one's life, but the terror of being identified as what must be erased from the world and from history.

The extreme experiences, those of genocide, torture, terrorism, present a number of specific points:

First of all, their **paradoxical** character: the old values and coping mechanisms no longer work, and some of them endanger the life they were supposed to protect. This is what happens when some seek to destroy men not for what they have done, but for what they are, or when we seek to destroy in them humanity, the values of solidarity, self-respect.

A second feature is the **feeling of deadlock**, highlighted by R. Roussillon. In general, when a lived experience reaches the limit of tolerable, one solution is to flee. In extreme situations, this is not possible. One does not escape from the camps, one does not escape torture, one does not easily escape from a terrorist attack in a closed place. Being without recourse produces a sense of subjective impasse.

Under these conditions, psychic life under the regime of pleasure – displeasure, psychic conflictuality, both of which characterize the Oedipal organization, are put out of play. Instead, the subject is propelled into the world of paradox, double-bind, which exhausts any possibility of feeling satisfied or satisfying.

All this is an **attack on the narcissistic foundations**. Extreme experiences destroy self-confidence, self-feeling. It is also a breach of the narcissistic contract (Piera Aulagnier), the unconscious alliance of the I with the group, an alliance that makes it possible to maintain investments and self-preservation. Such events are unthinkable, they cannot receive meaning, and this leaves the subject in the grip of the forces of disconnection and the death drive [4,5].

Hence a fourth trait: **delinking and destructiveness**. Primary processes governed by the pleasure-displeasure principle are temporarily sidelined. It is the very possibility of a logic of the pleasure principle that becomes problematic. The invalidation of this logic leaves the field open to destructiveness, and especially to self-destructiveness. The extreme situation causes a state of absolute despair, a feeling of loneliness and dereliction.

These "attacks on ties" (Bion) go much further than a loss of dignity, even though a loss of dignity is among the serious narcissistic attacks. With extreme situations, we can say that the person experiences a state of dereliction that isolates him from the human condition, a loneliness that places him out of the symbolic.

How does the psyche survive these extreme experiences?

First of all, we don't always survive. Some commit suicide, others lose the desire to live, or are suffering from somatic diseases.

For those who survive, it must be remembered with Roussillon that to survive is not to live, even if it is not to die. Survivors are in the grip of psychic agony, in the etymological sense of the term "agony", that is, "struggle" between desire to live and self-destructiveness.

Psychic survival sometimes results in symptoms of a psychotic nature, (even if people are not psychotic): symptoms such as derealization, depersonalization. The being who experiences extreme pain is "out of itself", which is symptomatically evidenced by an absence of emotional reactions, a kind of insensitivity. To be "out of oneself does not mean to be (non-being), but "not to be there". The extreme situation evokes what Ferenczi says, "it seems that the first reaction to a shock is always a transient psychosis, that is, a break with reality, with negative or positive hallucinations, (usually predominantly persecution).

The cleavage of the post-traumatic self is another symptom. Part of the lived experience is obliterated. It becomes inaccessible to consciousness, not by repression but by dissociation. The cleaved part nevertheless leaves traces: it can result in the appearance of somatic symptoms, or in hallucinations or delusions. The self does not remain unscathed. In this survival strategy, the self cuts itself off from a part of itself. In extreme situations, the cut is of the order of mutilation. It represents the need to cut oneself off from a central subjective experience, to neutralize in oneself what is

connected with the zone of unbearable pain or “nameless terror”. This is what is paradoxical, sacrificing a part of oneself in order to be able to continue to be [6].

It is the putting out of the game of the principle of pleasure in favor of a logic of psychic survival.

Therapeutic work with survivors

As has been said, the clinic of extreme situations concerns not the register of desire characterizing Oedipal organizations, but the conflict between destructiveness and Eros, impulses of disconnection and impulses of life.

1 ° A first question is to know how far it is relevant to confront what the psyche has put in place, to be able to survive. The patient fears above all that he will have to relive what he has experienced, without knowing what the monster lurking in the darkness is. It cannot be done in a normative way.

Sometimes, despite obvious pain, there is no demand for psychic care, as the patient fears being destroyed without what has been put in place. It is therefore necessary to understand how its survival strategy is organized, and what the logic is. Not only listen, lend an ear, but also be attentive to all non-verbal signs, mimicry, posture, gestures, tone of voice that are also a (unconscious) way of communicating with the therapist. What the analyst then brings to the patient is the possibility of no longer being alone in the face of what he feels or fears to feel. It is a shoring function, it is to create a sufficiently stable and containing frame.

2 ° In a second step, if the person has withdrawn from part of his experience to be able to survive, there are parts of himself to which he no longer has access.

It is in these conditions that we can see a **paradoxical transfer** being established. The patient makes the analyst live, by his actions, what he cannot live himself: helplessness, despair,

feeling of impasse, terror. The therapist can then rely on his counter-transfer to verbalize what he himself is experiencing at that moment, and this form of reflexivity through an intermediary can, gradually, lead the patient to question himself as well. But it is a double-edged sword, because the moment when the patient glimpses this part of himself that may have escaped him, is also an unbearable pain. To begin again to experience oneself in distress and agony, in decay, is a part of oneself so horrible that one refuses it. The analyst then appears threatening and hateful. Accepting this and holding on, however, is the only possible way.

It is clear, and this will be my conclusion, that the person who has had extreme experiences cannot come out of it alone. It needs to share with others a collective experience, speaking group or judicial process, as is currently the case for victims of terrorist attacks. Above all, it must go through a long and painful therapeutic work, and the empathy of the analyst is necessary, as well as the ability to withstand the violence of affects. The patient needs to make sure that his analyst will not be destroyed, to be able to recover what had remained in an inaccessible region, to be able to face it without fear of a disaster occurring.

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