

Trauma and the Ghost Dance of Psychoanalytic Practice Brid Greally

Currently, there is an increasing interest in trauma. As well as an extensive academic literature, there are new clinical trainings and the emergency services now employ trauma counsellors as part of their 'Employment Assistance Programmes'. It would seem that the increasing popularity of the signifier 'trauma' is an attempt to grapple with extreme mental suffering, so it is curious that, at the same time, the provision of psychoanalytic practice in the public sector is in decline. In a press release, jointly published by the United Kingdom Council for Psychotherapy and the British Psychotherapy Council in June 2013, it is claimed that 65% of psychoanalytic services within the public sector have been lost. The National Institute for Clinical Health and Excellence (NICE) guidelines which regulate the provision of health care across the National Health Service were issued in 2005. These restrict the provision of psychotherapy to those which can provide positivistic evidence-based practice. Protests from the psychoanalytic community have been muted except for a few exceptions, such as the Alliance for Counselling and Psychotherapy. In December 2012, the Alliance website described, in catastrophic language, the loss of psychoanalytic practice in the public sector. It described the situation thus: 'the decimation of primary care counselling, the destruction of the National Health Service psychotherapy departments, by the growth of the scandalously insufficient Improving Access to Psychological Therapies Project, [and] by the unwarranted dominance of Cognitive Behaviour Therapy' (Alliance 2012). Others seem to enthusiastically embrace the opportunity, for instance Fonagy, Target & Lemma (2011) claim to develop new practices which are both psychoanalytic and congruent with the NICE guidelines. Others, still, claim to combine psychodynamic therapy and cognitive behavioural therapies (Brumley, Northcut, Rovinelli & Heller 1998). Whilst the position of psychoanalysis has always been precarious, I wish to raise the question as to whether the current interest in trauma is linked or in some way symptomatic of the rise of positivism and the demise of psychoanalytic practice. Historically, trauma has played a key role in the development of psychoanalysis. The dilemmas which trauma presents in relation to memory and identity have from the beginnings of psychoanalysis spurred on attempts to address the role of the event in sexual abuse, the role of fantasy in oedipal conflict, the compulsiveness of repetition and the death drive. Since the 1970s, identity politics including feminism and post-colonial studies have drawn on the diagnosis of trauma in order to understand oppression. The Yale School of Trauma Studies, influenced by post-structuralism, has attempted to address the effects of the Holocaust. In 1980, the American Psychiatric Association, in their revised edition of their Diagnostic and Statistical Manual of Mental Disorders (DSM-III) installed a break with psychoanalysis and created the new illness of Post-Traumatic Stress Disorder which focused solely on the external event (APA 1980).

In a discussion of the viability of psychoanalytic practice I intend, through an engagement with some of the threads of post-colonialism and feminism, to explore the challenge which trauma presents to clinical practice and the controversies that trauma raises in realising a psychoanalytic understanding of oppression. Wendy Brown (1995) in a sympathetic yet critical engagement with feminism, is concerned with how an emphasis on the injured self and trauma seeks to justify interventions of the state in the name of freedom. She is concerned with the unintended consequences that have arisen when feminism has turned to the state to redress male dominance. She is troubled by how toxic resentments can parade as radical critique if feminism draws solely on grievances to legitimate its claims. The over use of trauma is in danger of creating a 'wound culture' where oppression gets reduced to an individual engagement with a therapeutic process. A similar criticism has been made of the appropriateness of the use of trauma counsellors in non-Western areas of political conflict (Craps 2014).

I have situated the pervasiveness of discourses on trauma within questions pertaining to the loss of psychoanalytic practice in the public sector. The embrace of the NICE guidelines produces what could be described as a 'haunting'. It involves the valorisation of knowledge, surveillance and objectivity and is an example of what Irigaray would call the Male Imaginary (Greally 2013). Drawing on some interventions of feminism and post-colonialism, I will attempt to address the potential of theories of trauma to realise a psychoanalytic understanding of oppression and to deconstruct the turn to positivism as an attempt to occlude oppression. I will also explore the tensions involved in the clinical challenges that trauma poses for psychoanalytic practice and how to address anxieties beyond those generated by the fantasy of self sufficiency of the modern sovereign subject.

Post-colonialism and trauma

Post-colonialism is an interdisciplinary critique of the autonomous subject of the Western Enlightenment. It deconstructs the self-contained subject who repeatedly projects and disowns in order to shore up a modern 'national self' in opposition to a colonial 'primitive self'. Post-colonialism emerged in the context of reflections on the Second World War and the holocaust. At the Bandung conference of 1955, 29 newly independent African and Asian countries formed a 'third world' perspective which Young (2001) describes as marking the beginning of post-colonialism as a self conscious political philosophy. This approach sought to appreciate indigenous resources and cultures and to question and present alternatives to the Greco-Roman discourses of the West which valorise the triumph of reason, the missionary zeal of Christianity and the commodification of capitalism.

Post-colonialism is a series of critiques. Some writers highlight how certain European texts justify and promote colonialism, others write about the lived experience of the oppressed under colonialism, while some mark the effects and limitations of national liberation. Whilst there are major differences between these writers, they share a focus on how the history and identities of the developing world and the West are implicated in each other and how the traumas of the West are linked to the traumas of colonised peoples. They mainly concentrate on the four hundred years of European imperialism and are currently involved in seeking to understand its relationship to the 'new American Empire' of the post-9/11 world.

*Since Franz Fanon's writings in the 1960s, post-colonialists have engaged with psychoanalysis even though they critique it as a European, modernist discourse. Fanon's compatriot and mentor, Aimé Césaire, wrote *Discourse on Colonialism* (1955) which describes how psychoanalysis as a European discourse is implicated in the interlocking of slavery, colonialism and genocide and therefore part of the murderousness of Christian humanism. He claimed that the violence and oppression of colonialism was disguised as the bringing of civilising reason to a 'savage' people and/or bringing Christian salvation to pagans. He insisted that colonisation was damaging and un-civilising for Europe. Fanon elaborated on this critical stance and drew attention to the dangers of a psychoanalytic practice that might collude with such efforts under the guise of taking on the mantle of a civilising force. Post-colonial studies participate in the controversies over the question of trauma by addressing the psychological effects of colonisation which are not just the loss of lands and material resources but also the loss of a way of life, as the consciousnesses and bodies of the colonised are forcefully possessed by the colonial Other.*

More recently, Oliver (2004) and Khanna (2003) have elaborated on the work of Fanon and examined how psychoanalysis as a colonising discourse conflates the feminine and the primitive and they seek to understand the unconscious dynamics of oppression generally. Khanna explores how psychoanalysis emerged in Europe in the twentieth century when it did and elaborates the shifting ground which allowed it to appear.

In its profoundly European constitution, it expresses the unsayable: the impossible achievement of selfhood for the colonized, who remain primitive and concealed, and the simultaneous

tenuousness of the metropolitan coloniser's self once decolonisation is in place and the strife that sustains the colonised as primitive is over. She claims that as Freud was unable to articulate the full impact of anti-Semitism he resorted to a colonial discourse of the unconscious which he described in terms of the primitive, the childlike and the uncivilized (Khanna 2003).

Whilst living in France, Fanon wrote his first book, *Black Skin, White Masks* (1965). In this and other writings he critically engages with Heidegger and Sartre and their philosophy of existential anxieties pertaining to 'thrownness' in the world and the confrontation with nothingness. They sought to explore anxieties which they claimed to be universal as man was condemned to be free and struggled with the burden to find meaning in his life. Fanon claimed that the anxiety and wish to flee from freedom is the privilege of the European subject, whilst for the colonised subject it is as if one arrives too late and meanings have been settled into racist stereotypes. He also engages with Lacan's theory of the mirror stage where Lacan elaborates on how alienation results from the installation of the orthopaedic self image. Lacan describes the loss of being as the cost that is extracted in order to gain the capacity for meaning and the sense of ownership of one's body as he tracks the move from the specular to the social. He draws on Hegel's philosophy of the master-slave dialectic to describe a structural imaginary dimension of misrecognition and of antagonism in the relation to the other. Again, Fanon describes this as the luxury of the white Europeans who may struggle to free themselves from the lure of perfectionism of the imaginary but who live in a culture where there is, at least, the possibility of claiming one's freedom. By contrast, under colonisation the dominant group is the creator of values and meaning for the oppressed group. Fanon goes on to claim that the black person struggles with a reversed mirror image and suffers from double alienation and double misrecognition and he wonders whether the angst addressed in the work Heidegger, Sartre and Lacan are a cover-up for the guilt and anxieties of the coloniser.

Postcolonial studies draw on psychoanalysis, despite its being critiqued as contaminated with colonial assumptions, for purposes of understanding the damaging effects of colonisation. Psychoanalysis seeks to demonstrate how people are affected at the level of their sense of self as subject, at the level of subjectivity. In an attempt to understand problems with self esteem and inferiority, Fanon elaborates on the paradox of internalisation and the violence of objectification whereby inferiority is internalised in the form of a sadistic superego but which simultaneously erases the possibility of interiority. He claims that instead there is a process which he describes as 'epidermalisation' which excludes the possibility of a psychic life and collapses the space for psychic work. Demonstrating this, he describes a scenario of an encounter with a white child who exclaims:

'Mama, see the Negro! I'm frightened!' Frightened! Frightened! Now they are beginning to be afraid of me. I made up my mind to laugh myself to tears, but laughter had become impossible." (Fanon 1965: 112)

Writers of fiction as well as post-colonial studies, following Fanon, examine different aspects of trauma and what I am here calling the ghost dance of the oppressed. Toni Morrison in her first novel, *The Bluest Eye* (1970), tells of the struggle of her main character a black girl growing up in Lorain, Ohio in the years following the Great Depression. She struggles with the racist ideals of whiteness as beauty and good. Fanon's work elaborates theoretically such impossibility, as Morrison portrays in fiction, and seeks to explain how this identification with the aggressor can seem like the only means of escaping objectification and dehumanisation. He is concerned with the damaging effects of trying to gain recognition from the coloniser and how at the level of society colonisation only works with the help of an indigenous elite which carries out some of the work of colonisation, sometimes with enthusiasm. At the level of the individual it can result in perverse self-destructive desires and a sense of debilitating guilt. Leys (2007) seeks to understand these phenomena in the context of survivor's guilt in the aftermath of the Holocaust. In her genealogy of trauma she tracks the mimetic and antiemetic

understanding of trauma and how this accompanies the move from guilt to shame. She claims that the move of emphasis from guilt to shame enacts a turn to a positivist understanding of trauma. She claims that it is linked to the omission of listing of survivor's guilt in the entries for Post-Traumatic Stress Disorder (PTSD) in the DSM-IV in 1987. She claims that this reinforces the idea of an external event and a sovereign subject independent of psychic and social reality and how sometimes the turn to positivism is justified as a way of ensuring the innocence of the victim. By contrast, Fanon draws on a psychoanalytic understanding of how certain oppressive situations can revive unconscious identifications and desires; how hostility and ambivalence towards parental figures can be imbued with yearnings for love and approval. The pernicious dynamics of oppression can lead to feelings of guilt and shame from a sense of complicity and corruption. Fanon draws on a psychoanalytic approach in order to appreciate that there can be objective innocence whilst having a subjective feeling of guilt.

Fanon (1965: 232) concludes his work with a prayer, 'Oh God; make me a man who questions', where instead of posing innocence in opposition to injustice he highlights the importance of questioning and the creating of new meanings. I believe that post-colonial studies provide valuable insights into the effects of oppression and how trauma, subjectivity and sovereignty imbricate each other. These studies highlight the dangers of separating the psychic and the social and highlight the importance of 'subject positions' in order to understand the 'internalisation' of oppression and the processes of 'identification with the aggressor'. They seek to link the catastrophe of the narcissistic European subject and the catastrophe of the trauma resulting from colonisation. Through the psychoanalytic approach, they demonstrate how trauma is the result not only of the literal but also of the fictional, which is constructed by the subject position of the traumatised person. Through focusing on the limitations of humanising trauma (following Freud and Lacan) they wish to highlight how people who are 'othered' are not only thrown into a world not of their own making but they are also treated as incapable of making meaning. They emphasise that in order for working through to take place, the colonised have to be included in the cultural production of meaning and that this requires addressing the structure of relations within particular social situations.

Clinical issues

The effects of trauma present various clinical dilemmas. It generates a form of suffering which affects all aspects of identity and desire. It cannot be remembered nor forgotten and yet it presents difficulty in communication. One version of how to tackle these dilemmas is proposed by Freud. The aim of analysis, '[d]escriptively speaking, is to fill in the gaps in memory; dynamically speaking, it is to overcome resistances due to repression' (1914: 148). However, he went on to recognise that memory is not static but is caught up in a chain of associations. NICE fails to understand that psychoanalysis is not a form of education but a praxis allowing the possibility of acting out that which cannot be remembered. Thus, a psychoanalytic practice requires a disjunction between the psychic and the social which allows for the emergence of what Laplanche (1973) called 'the theatre of transference'. Caruth's (1995 & 1996) influential work provides an understanding of trauma as the meeting of history and representation and she highlights the paradoxes and aporia which trauma presents. She describes how, 'there is a response, sometimes delayed, to an overwhelmed event or events, which take the form of repeated intrusive hallucinations, dreams, thoughts or behaviours stemming from the event.' She goes on to elaborate how there is the lack of ability to respond, so that the event is not fully experienced at the time. Her work helps us to think about how trauma can create clinical dilemmas generated by the unspeakable suffering and the challenges which nightmares, flashbacks, a numbing of the body and somatic enactments present to working through.

Herman (1992) describes psychotherapy with clients who are struggling with trauma in terms of three stages: establishing safety, reconstructing the trauma story and reconnecting the

survivors and their community. However, I find it important to learn from trauma studies such as Herman's that claiming to understand too quickly or too fully can be experienced as a betrayal and an obscenity. In their elaboration of the importance of witnessing, these writers help us to remember the importance of a particular type of listening which acknowledges its limitations and is able to listen to the unsayable. Oliver in her 2001 book entitled *Witnessing; Beyond Recognition*, draws on both the religious and judicial aspects of witnessing which include the need to acknowledge the impact of the external event whilst acknowledging one's inability to grasp the full impact. Trauma is a breach of boundaries that puts inside and outside into a strange communication; a searing wound of history and truth which raises questions for the client as to whether the traumatic event really happened. Trauma creates an aporia whereby the experience is both registered and not registered, installing both an impoverishment and an excess. The hallucinatory states of frozen images, flashbacks and nightmares which are often accompanied by numbing, somatisation and enactments, can hinder the capacity for working through. Their immediacy and literalism can produce despair over communicating whilst simultaneously generating a fear of contamination.

In working with trauma, the analyst is presented with the dilemma of how not to re-traumatise the client whilst being able to bear witness to some inevitable repetitions. Laplanche (1994) understands repetitions as not just an attempt to master trauma but as possible attempts at translation. He claims that in flashbacks and nightmares there is a question, such as 'why me?', and the constant return to the message of 'what does it mean?' Even though there is a literal aspect, there is also something different in each repetition which can allow for interpretation and free association. It is, as if, in order to deal with the shock, the disbelief, the death-dealing and dehumanising aspects of their trauma, patients suffer a sense of morbid guilt. Feminists have struggled with the difficulty of holding open the possibility that the client is implicated in their limited choice of responses, as they are concerned that it can be used to blame the victim. However, it would seem that unconsciously the question has been asked and responded to as the effects of trauma are often accompanied by shame and guilt. With a focus on ethics, Butler (2004) highlights how the subject is both dialogic and inter-subjective and she writes of how there is a necessity for what she calls 'addressability' in order for there to be the capacity for response and responsibility. She claims that 'if there is no you to address, I am lost'. The contribution of psychoanalysis is to help us to think how under the impact of the traumatic event, when there is no one there to witness and to recognise its incommensurability, there is a psychic death. Whilst at the same time, shame and guilt attempt to preserve some vestige of psychic living.

As feminism struggles with the quagmire of victimhood, psychoanalysis is criticised for what Oliver has called 'false witness' when the effects of trauma are understood in terms of internal object relations or as inherent structure. This has often resulted in political resistance being ignored or when it is mentioned it is pathologised. Whilst contagion makes clinical work possible and provides some access to the possibility of shared meaning, a sole focus on empathy can lead to over identification which can result in vicarious traumatization or narcissistic distancing. Oliver and Khanna highlight the importance of an acknowledgement of injustice and the importance of access to questioning and resignification so that there can be access to *the creation of shared meanings and a shared world*.

I believe that a psychoanalysis informed by feminism, Trauma Studies and post-colonial scholarship can provide an important contribution to understanding the clinical impasses in remembering, repeating and working through which are generated by trauma. It highlights how we are already implicated in our own suffering in a singular and idiosyncratic manner and holds open the possibility of loosening the grip of shame and debilitating guilt. Feminism, Trauma Studies and post colonialism remind us of the importance of not reducing the effects of trauma to either the internal or the structural and help to envisage a psychoanalytic practice

which is able to listen to the subject position of the client and their struggle with a sense of agency.

Conclusion: the haunting of Freud

The ubiquity of the use of the signifier of trauma can lead to confusion and can diminish the problems of those living with its effects. Whilst not disowning vulnerability and exposure to the other, the temptation to see modernity as the time of trauma can lose the specificity of the experience. An interest in trauma can be connected to a longing for intensity in order to cope with the emptiness of the specular and the cult of the future.

I have argued that clinical practice, in a manner which is different from the work of the academy, requires a place apart which is not subjected to surveillance and intrusion but which allows for a freedom for the ethical elaboration of transference on its own terms. NICE instantiates an instance of the colonisation of psychic space, with the loss of a clinical space which is separate from the social contracts of capitalism where it is possible for the client to relinquish the omnipotence of morbid guilt, to gain some acknowledgement of injustice and to seek to take responsibility, however limited for their suffering. NICE fails to honour the disjunction between the psychic and the social at the level of society which would allow for the clinical freedom necessary to deconstruct oppression and how it already links the psychic and the social. I believe that in order for psychoanalytic practice to remain relevant to contemporary life, it requires the space for self critique in order to address the dilemmas thrown up by trauma, which include: the event and fantasy, the literal and the fictional, and the necessity of taking a subject position which allows for the importance of the social link for psychic life to appear.

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