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What makes a trauma traumatic?

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Summary by Frank Kelley

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Many of our members have found difficulty in understanding the work of the French Psychoanalyst Jacques Lacan. In this seminar Owen gave a clear account of these fundamentally complex ideas. He finds that Lacan is a useful way into the kinds of problems Sigmund Freud was trying to explore.

Owen began by summarising conventional ideas about Trauma. These often involve ideas about the impact of a traumatic event combined with susceptibility to a traumatised state of mind. The aetiology of trauma follows an appeal to material reality. There is a magnitude of events of a traumatic kind taking place now. There is the complimentary belief that some people may be either more susceptible than others or have the resilience to recover relatively quickly from trauma.

Neuroscience has become increasingly central to the explanation of trauma. Neurological changes in the brain are either the result of trauma or are a pathology that predisposes people to difficulty in the neurological processing of trauma.

The earliest psychological explanations of trauma were by Sigmund Freud and Joseph Breuer in *Studies on Hysteria* (1895). They created the cathartic method which prefigured Freudian psychoanalysis.

Catharsis came when a patient was hypnotised. The patient reminisces in a hypnagogic state which allows an exploration of their history and prehistory. This sets the scene for the cathartic emergence of memory of a trauma. Freud thought this would often be of infantile sexual abuse. He later abandoned this seduction theory.

The next change in trauma theory came during the First World War. Shellshock was the literal belief that the physical shock of an exploding artillery shell had psychologically traumatic effects. At this time Freud kept to his belief that the excess stimulation of warfare was too powerful to be worked off in a normal way. It seemed that this literal event explanation was too narrow and Freud's idea of neurotic predisposition was too broad to capture the nature of psychological trauma.

Karl Abraham worked with Freud on the theory of narcissism. Post World War One they developed the idea that neurotics with overdeveloped narcissism were emotionally unstable and with poor and limited potency. This refined ideas about the root of war trauma lying in individual predisposition. See Sigmund Freud *Inhibitions, Symptoms and Anxiety* (1926).

After the Second World War came an understanding of the Holocaust and the emergence of the concept of the survivor syndrome. Trauma is too much for words and there needs to be guardians of memory on behalf of those who died. This brings the event back to the centre of explanations of trauma. See Bruno Bettelheim *Surviving* (1952) where he thinks about what helped some people survive the concentration camps. This includes, contrary to Freud, the conclusion that neurosis and psychosis can help people survive.

The Vietnam War of the 1970s prompted more exploration of psychological trauma. This was influenced by the anti-psychiatry movement and the work of medical services for Vietnam Veterans. The first edition of the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM) in 1980 introduced the diagnosis of Post Traumatic Stress Disorder. PTSD is very different from ideas about war neurosis. The event is important and not predisposition.

There was an extension of the concept of PTSD following 9/11. Researchers found that the incidence of PTSD in Manhattan was 7.5% and so nearly twice that of the USA as a whole. This included people who did not experience 9/11 directly but repeatedly watched it on television. This meant that PTSD now includes both actual or threatened trauma and images of trauma. This was later extended to the idea of vicarious trauma.

The next advance is the neuroscientific model of trauma where metabolising traumatic events is a function of the Thalamus and PTSD is due to problems in this function of the brain. For an important proponent of this approach see the work of Bessel van der Kolk at <http://besselvanderkolk.net>

Owen then turned to his question of *what makes trauma traumatic?* Owen finds the work of the Lacanian Psychoanalyst Jean Laplanche helpful. Trauma requires that there are two moments in time and both have a basis in reality. Laplanche refers to this process as *afterness*. The trauma is actualised in the second event.

The arrow of time of time moves forward but in regression moves backwards. This can include regression to primal scenes which may have a real or fantasy origin. A Freudian example is the *murder of the primal father*. A normal trauma will fade with time but a sexualised trauma from infancy does not and can be reactivated in adolescence.

The Lacanian Darren Leader says we need to respect that some experiences cannot be symbolised and represented in meaning. There can be a minutely detailed event which is a marker of trauma and essentially a meaningless element.

Lacan refers to *an anxiety of the desire of the other*. Victims of trauma often avoid the proximity of others. They cannot express and process trauma in an interpersonal space. Symptoms are particular to individuals and what cannot be expressed in one register will appear in another register; for example in physical symptoms.

My understanding of Lacan is somewhat limited so I hope I have not done an injustice to Owen Hewitson in this summary. I would like to thank to thank him for this clear, detailed and orderly presentation and all our members present at this seminar appreciated his clarity.