



HISTORY BEYOND TRAUMA

*Whereof one cannot speak,
thereof one cannot stay silent*

FRANÇOISE DAVOINE | JEAN-MAX GAUDILLIÈRE

Translated by SUSAN FAIRFIELD

Whereof one cannot speak . . .

History Beyond Trauma

. . . thereof one cannot stay silent.

Françoise Davoine
and
Jean-Max Gaudillière

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Foreword

In 1979 Françoise Davoine and Jean-Max Gaudillière visited the Austen Riggs Center in Stockbridge, Massachusetts, for the first time. Riggs is a small, unusual psychiatric hospital in that it treats severely disturbed patients with intensive psychoanalytic psychotherapy in a completely open therapeutic community. Its treatment program was established in the late 1940s by Robert Knight, David Rapaport, and a number of other brilliant young psychoanalysts from the Menninger Clinic. Joined soon thereafter by Erik Erikson, this group made major contributions to the theory and clinical practice of psychoanalytic ego psychology.

When Otto Will became Riggs's medical director in the late 1960s, he guided the hospital toward treating the more obviously psychotic patient. Having had years of experience at Chestnut Lodge, Dr. Will was a charismatic clinical genius whose work with schizophrenic patients included a rugged fearlessness, a Sullivanian conviction about the ordinary humanity of all people, and the strong impression that he knew his patients' suffering at first-hand. But an ongoing tension—sometimes creative and sometimes problematic—developed at Riggs between the ego-psychology emphasis on the patients' adaptation to their community (including the hospital community, which was the context for treatment) and the interpersonalist emphasis on meeting the patient in his or her regression.

Into this unsettled mix of treatment perspectives came Drs. Davoine and Gaudillière. They presented a clinical case, a story of work with a psychotic patient, and it somehow spoke across the language barrier to all segments of the Riggs therapy staff. It left no doubt that they did indeed meet their patients, but it also suggested that the patient's psychosis was not simply an attack on the social order, but, at a deeper level, a frantic effort to bring a foreclosed social connection into existence.

Since that time, Drs. Davoine and Gaudillière have presented at Riggs on a number of occasions and have offered many individual consultations to staff. As is true in the various parts of the world where they teach, the therapists who consult them find the experience illuminating, relieving, and, to some degree, magical. They feel not only that they understand their patients better and differently, but that they understand themselves with their patients in a new way. They also find themselves freed from whatever doctrinaire positions they may have accepted in their training. Most of all, they feel grateful to discover that both they and their patients are situated in a larger dimension of history, that history pervades the individual lives of each, and that rec-

ognizing this endows the patients' symptoms, and their use of the analyst, with hitherto unformed meaning.

Some Riggs staff members have also had the opportunity to present at the seminar. Drs. Davoine and Gaudillière have led for many years at the Ecole des Hautes Etudes en Sciences Sociales in Paris. Their general topic is always the same: madness and the social link. Specific topics change from year to year (Harry Stack Sullivan, Wittgenstein, Bion, the crazy mother of medieval drama, Don Quixote), but, within each, they investigate what deep madness is trying to accomplish, what social meaning it is trying to bring (or bring back) into existence. Through them, their patients are active members of the seminar, and what they have to say, as well as how Drs. Davoine and Gaudillière join them, is the subject of this book.

History Beyond Trauma is not a book about the individual's developmental and psychodynamic history prior to trauma and breakdown. It is about the history of families on the other side of—lying beyond—the societal trauma that has devastated them and about the forces within their social structure invested in cutting that history out of the sanctioned social narrative. It is about the actual social history, crucial to the patient's emergence from madness, to be discovered, perhaps to be formed for the first time as something one can truly think, from the encounter with the remnants of trauma carried forward by the patient.

In 2001 Drs. Davoine and Gaudillière organized a conference that they called *Casus Belli*. The twenty or so invited participants from throughout Europe and the Americas were each asked to present a clinical case, relating somehow to larger societal trauma and involving a turning point in the treatment. Most important, we were to introduce ourselves not with our official, professional designations, but with something more personal about ourselves, especially as that might relate to the patient we had chosen to present. The stories unfolded with an unconscious logic, each illuminating one of the points to be found in this book and each case building on the preceding one.

To my surprise, in those rare instances when the presenters did not introduce themselves personally, they did so unconsciously through their patients. This phenomenon turns out to be central to what Drs. Davoine and Gaudillière are trying to teach us: stories of deep connection and pain must be told. If, for some reason, they cannot be spoken, they are told through an other. 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 analysts' responsiveness within their own archaic heritages that creates a field in which analysts may be charged by patients to represent something for them.

Drs. Davoine and Gaudillière have given us a book that is personal, direct, and original. It is personal insofar as it is the record of their experience with colleagues throughout the world, and, most of all, their patients, each of whom called into existence foreclosed aspects of his or her life and family history in moments of the treatment. The authors' requirement that we as therapists become

personal with our patients (within an analytic framework) is one reason that what they have to say to us might feel demanding. It is indeed a demand, one they would say our patients make upon us, to be there, person to person, at those moments when the patient is calling upon, and needs to use, something in us and in our own histories. One of the mentors cited in this book, 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 with that, and, like Dr. Cooperman, they would not mean abandoning the treatment task in a glorification of the putative curative power of the dyadic relationship. Rather, they would mean 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.

This book is also demanding, especially to the American reader, because English is not the authors' first language, and their style of communicating is "French," by which I mean it is elegant, associative, and a bit elliptical. It bathes the reader in experience and culture rather than making its points in a more linear and deductive fashion, and it also includes easy and erudite references to Western history. Educated Europeans know and live in history much more fully than we Americans do. Their sense of time and of the flow and intersection of great and small events is broader and deeper than ours. The major wars of the twentieth century were fought on their soil, and so they know more immediately the relationship between social catastrophe and the breakdown of families and individuals.

But Drs. Davoine and Gaudillière have written this book for Americans. They are publishing it first in America, and in English, as a way of returning something for the learning that has come from the sharing of clinical stories over the years with American colleagues. (In some ways, their book is a work of gratitude to mentors like Otto Will, Ess White, and Martin Cooperman, and a delightful aspect of this book is the people the reader meets in its pages.) Lacanian writing has been accused of obscurantism, but Drs. Davoine and Gaudillière want their work to be understood and used. I urge readers in the "New World," often so unknowing about history and, until recently, so inclined to feel invulnerable to social catastrophe, to open themselves to this European sensibility and knowledge. Drs. Davoine and Gaudillière are listening to History. Its characters, like those in Greek drama, are trying to represent something as part of the healing of the human community. These historical characters are mentors too, and though some may come from different fields of specialization, they are speaking to a critical aspect of the human condition regardless of the era or angle from which they are approaching it.

Finally, this is an original work. It is fresh, daring, and authentic. Its clinical experience rings true. I know of nothing else like it in the analytic literature, though, like most good analytic writing, it consists, first of all, of believable stories about patients and treatments. It is a journal of its authors' learning: by way of their travels, their chance encounters with colleagues similarly involved with the meaning of madness, and, of course, their figurative travels and analytic encounters with patients in their consulting rooms. Drs. Davoine and Gaudillière 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, as we follow the clinical data, with deep sense—to restore the links to a foreclosed but essential social context.

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Preface

The first draft of this book was completed in mid-August 2001. We had begun it in September 2000, and we brought it to the publisher in New York at the end of August 2001.

It was a very beautiful day. To show the horizon to some young people who were with us, we went up 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; 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.

Several months later, life resumed its course. The war had apparently taken place far away from us. Others, in Afghanistan, in the Middle East, were undergoing those collapses of time. As they had so recently done 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.

Within a few months' time, we had experienced concretely what we are talking about in this book:

Denial: what happened didn't happen.

Survivor guilt: "Why them and not us?"

Identification with the aggressor: "We had it coming."

Perversion of judgment: the victims were guilty and vice versa.

The fascination with criminals and mass destruction noted by Hannah Arendt in *The Origins of Totalitarianism*.¹

The revival of the catastrophes: the old people were sounding the alarm to us; we're in 1938: Munich; we're in 1939: the Blitzkrieg; we're in 1941: Pearl Harbor, and the United States is entering the war. Nothing will ever be the same anymore.

And, finally, trivialization: the proliferation and sophistication of the commentaries going hand in hand with the anesthetizing of feelings.

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

LACAN, WAR, MADNESS

Jacques Lacan, whose seminars we attended during our years of training, went to England as early as 1945 to see Wilfred Bion. In his 1947 paper, "On British Psychiatry and the War," he gave an account of the field of research opened by the war.² In passing, he cited the pioneering work, in the preceding war, of Thomas W. Salmon, already pointing ahead to the importance that the social link would assume in his theory. This topic was chiefly developed in the seminars following the events of 1968, especially in *L'envers de la psychanalyse* (1969–1970). This was exactly the time when we began attending Lacan's seminar.

Throughout his work, Lacan sets forth concepts for the psychoanalytic exploration of the field of madness. But in his seminar on the psychoses and the paper in *Écrits* that summarizes it (1955–1956), he deliberately stops short of the issue of handling the transference in psychosis.³ Psychiatry in France after World War II was oriented toward reforms that were primarily institutional. The institution of imprisonment in all its forms, along with its historical critique, had also been the axis chosen by the philosopher Michel Foucault (1961).

This was just the right moment for the translation of the collected papers of Harold Searles (1965), describing his clinical work with madness, published in French under the title of one of his papers, "The Effort to Drive the Other Person Crazy." We immediately recognized in this book one of the transferential modalities we had encountered in practice.

MADNESS WITHOUT BORDERS

Reading Searles committed us to crossing the ocean separating the two traditions, Anglo-Saxon and French. In 1979, we were invited by Jim Gorney (cf. 1994, 2000), John Muller, and William Richardson (Muller and Richardson 1982, 1988) to present our clinical work in the light of Lacanian concepts at the Austen Riggs Center, in Stockbridge, Massachusetts, which is dedicated to the analytic psychotherapy of the psychoses. This initial contact with clinicians coming from diverse theoretical horizons (Kleinian, Winnicottian, Anna Freudian, Sullivanian, etc.) was as beneficial as could be for us. After our talk, some elements of which are to be found in the present book, Dr. Ess White, director of admissions, asked us simply, "This is all well and good, but now tell us how you do it."

In our pidgin English, without thinking, we found ourselves telling stories of sessions in front of predecessors for whom we did not know the respective theoretical references. The work of Sullivan and Frieda Fromm-Reichmann was for the most part unknown to us at the time, among other reasons because there were no translations. We were amazed to find how pleasurable this impromptu exchange was. For what the Austen Riggs clinicians did was to offer their own clinical vignettes, their chief aim being to describe the impasses in which patients drive their analysts into a corner—patients who came to see us, as they came to Riggs, drained, out of breath, after exhausting the theories and ideologies of their former therapists.

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 and Eagle Elk 2000). Mohatt, who was also invited to give a paper at Austen Riggs the following summer, had found our Lacan to be a close kin of the Plains Indians. The puns and the theory of lack and loss as the basis of desire reminded him of “give-away” rituals. And in fact this notion was anchored, for Lacan, in Marcel Mauss’s *The Gift* (1924), which was itself influenced by the Amerindians. So we were moving on to one of the sources of Lacanian theory. Thus, for several consecutive summers, on the Rosebud Reservation, then on Manitoulin Island in Ontario (Mohatt and Eagle Elk 2000, Muller 1995), we exchanged clinical stories with medicine men and analysts.

In the ceremonial context, a person is received not just as an individual but in the name of all those to whom he is related: the ritual formula is “All my relatives.” This bond is conveyed through the word and through pledging one’s word. We were surprised, therefore, to find direct experience of a theory of speech and language that was familiar to us (Lacan 1953), right down to the comic use of jokes and double entendres during the meal following the ceremony. In the past, in medieval Europe, laughter had been part of the rite. Had we, then, come all this way to find the near and distant trace of language games that had been in use in our own part of the world? In any case, this is how Stanley Red Bird (1984), 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.”

But in France, at this time, the art of telling clinical 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—at Austen Riggs in Massachusetts, at the Sinte Gleska University on the Rosebud Reservation in South Dakota, on Manitoulin Island in Lake Huron, at the University of Alaska in Fairbanks—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. Jacques Lacan had already been ironic about the “Lacan

label” marking the boundaries of all the conformities and registered trademarks and, obviously, providing no definitive passport for clinical experience.

HISTORY’S STORIES

The stories we were beginning to tell then, with complete freedom, seemed from the outset to be the stories of history,⁴ the history to which the patients never stopped bringing us back. Thirty years later, the title of the present book still emphasizes this point. As Lynn Hunt, a historian of the French revolution (1992), has recently noted in juxtaposing history and psychoanalysis (2002), the two disciplines were made to encounter one another. But the meeting has been a difficult one. According to Hunt, the trouble stems from the incommensurability between the historical approach, based on the analysis of social forces, and the clinical approach that is so quickly reduced to the individual scale. Between the “tyranny of the social and that of the individual,” the outcome, as always, cannot be found in dichotomy.

Where it occurs is in the gap opened up by those patients who rightly lament that they have no self, no “me,” no individuality. They teach us that this absence of boundaries is the source of their ability to bear witness to the stories that have been erased from history, the history of breakdowns in the social link (cf. Rousseau 1762), whose disaster they reveal at the price of their own identity. They enable us to see in the “decided simplification of the ordinary life situation [in our dealings with schizophrenics] manifestations of the subject matter of each of the social sciences” (Sullivan 1974, p. 223), as well as concrete examples of the encounter described by Hunt (2002). Indeed, in the very place where the analyst and the historian find it hard to connect with one another, analytic experience returns to another of its roots, one that is even more deeply buried: the epic function that confronts what has never before been said. In so doing, it once again discovers the rhythms and landmarks of the oral traditions, beginning with the *Iliad*, discussed by the Hellenist Gregory Nagy (1979).

Epics always relate stories of war and battles. In our experience as psychoanalysts, war and madness have an odd relation to one another. Like Socrates at the beginning of Plato’s *Gorgias*, analysts usually arrive after the fighting is over.⁵ And yet we always go back there. Is this just our “hobby horse,” making us the heirs of Don Quixote or of the Uncle Toby of Sterne’s *Tristram Shandy* in order to make contact with difficult patients?

IN EXTREME CONDITIONS, A SOCIAL BOND OUTSIDE THE NORM

At any rate, it is hard to pinpoint such patients without discrediting euphemisms like that adjective “difficult” are hardly more illuminating. I shall speak of madness. Starting right now, we have to make it clear that we use this word to describe the psychic structure of an individual but instead

terize a form of social link in an extreme situation. Wars on whatever scale—world-wide, civil or ethnic wars, wars of decolonization—are such extreme circumstances, in which the breakdown of all reference points gives rise to links outside the norm. People said to be crazy, in the ordinary sense of the term, show us what it was necessary to do in order to survive.

Thus, in our experience, the successive shocks that constitute the rhythm of an analysis of madness always lead us back to the same region, the field of historical and social traumas. In the symptoms of patients who never directly experienced battle-field traumas there persists the evidence of such collapses of time and of guarantees of speech, to their own generation, in “the long week-end” between two wars (Bion 1982).

But no sooner have these areas been perceived and recognized than they are actualized here and now, in the work of the transference. It’s war in the analysis, without metaphor. Analytic experience shows that long-ago wars form a precipitate in the sessions on the basis of resonances with the analyst’s historical bearings or lineage. Such bizarre, uncanny interferences add dimension to these erased catastrophic areas and bring them back into awareness. Their historicization results in unarguable improvements on the individual level, spreading out into the social fabric by means of different language games that are equivalent to “forms of life” (Wittgenstein 1945–1949, §23).

A MEMORY THAT DOES NOT FORGET

What about people living today in countries or on continents that were not territorially affected by world wars? And what about their therapists, who are also too young to have been touched by these historic earthquakes? When someone like this from overseas asks us such questions, we simply reply, “How about your grandparents and your ancestors three or four generations back?” The same comments, the same questions, hold true for analysts’ forebears.

To mention only the United States, which is entirely oriented toward the future to be constructed, these resistant symptoms keep on asking, “Your families that immigrated: where did they come from, when did they leave their country of origin, under what catastrophic circumstances? And what about the frontier, and the Indian Wars, the Hispanic Wars, the Civil War? And the African, American, Canadian, Australian, English, and other national cemeteries on French soil? And the wars in Asia and Africa, and social, economic, and natural disasters, on whatever scale?” It would take too much time to list all the countries from which refugees have fled in order to start a new life and forget.

Despite the understandable determination to forget the past, all we had to do was mention this connection between psychoanalysis and the madness of wars for the audiences at the seminars in which we set forth this experience to be reminded, hesitantly but so easily, of the ruined worlds from which their patients’ ancestors had

escaped. And the analysts’ forebears as well: “My father was wounded in Italy and my grandfather was a prisoner for five years; when they came back they were never the same again,” we were told at a lecture in Vermont.

At the invitation of the Appalachian Psychoanalytic Society⁶ in 1997 we gave a talk in Knoxville, Tennessee, on *Absalom, Absalom* (Faulkner 1936), which was in the forefront of our seminar. That evening, one of the participants continued, over drinks, reconstituting for us in detail the battle of the War of Secession in which two of his ancestors had taken part on each side of the frontline: here was the escarpment, the steep slope (fascinated, we watched the great-nephew’s hands), over there was a safe zone, but here one was sure to be killed. As though it were yesterday, and more intensely than in the movies, this analyst seemed to us to be stepping right out of the smoke and dust of battle with mustache, tunic, large hat, or peaked cap. Patients, too, speak in a temporality outside of time.

During these conferences it happened that Americans, in turn, reminded us of a memory that does not forget. In a powwow on Manitoulin Island, in Canada, at a dance around the feather that falls for each warrior killed in combat, someone mentioned those who lie dead in France under wooden crosses. In Alaska, a former World War II pilot took us to task, mentioning his buddy killed in the sky over France.

In 1995, when, invited by The Washington School of Psychiatry, we began working on the relationship between war and the psychoanalysis of the psychoses, Nancy Bakalar, M.D. (Commander, U.S. Navy, ret.), spoke to us at the end of our seminar about “forward psychiatry” and “the Salmon principles,” about which we hadn’t the slightest idea. We had seen the name Salmon twenty years earlier in Lacan’s (1947) paper without realizing how important it was. Bakalar sent us articles that we shall be citing in the course of this book.⁷

During a stay in Paris, Skip Meade, the descendant of an African-American fighter in World War II, offered our seminar excerpts from the writings of W. E. B. Dubois (Dubois 1921) on the role of black U.S. soldiers during the First World War. He told us about how the Red Hand Division distinguished itself heroically under French command.⁸ Had we too, then, forgotten, withdrawing into some sort of insensitivity?

TRAUMAS WITHOUT A LESION

It is precisely with the critical question of insensitivity that we begin this book. In the first part, we discuss the arguments of the neurologist Antonio Damasio (1995, 1999). But, as it happens, the relationship between madness and neurology has a history that once again takes us back to the war of 1914. The English historian Berenson (2000) gives a detailed account of this in *A War of Nerves: Soldiers and Psychiatry in the Twentieth Century*. To some extent, the psychoanalysis of the psychoses is on this front, exposing psychiatrists from the outset to the confusion between madness, psychic trauma, and cerebral lesions.

How, then, does the question present itself? Patients who are clearly afflicted with a frontal lesion retain an intact intelligence. But, disconnected from their affects, that intelligence leads them to make incoherent and disastrous decisions. Yet a very specific transference joining the researcher to his patient, and attested by the neurologist himself, opens up a fertile area of contact between neurology and psychoanalysis. This prompts us, personally, to think about symptoms that are similar but that are not related to any lesion. Damasio (1995) goes as far as to extrapolate this paradox to a “sick culture” (p. 178) and wonders about the brilliant and affectless intelligences that may constitute its breeding ground. For totalitarian systems and “scientifically programmed” mass exterminations are still in the news today.

TEMPORAL PARADOXES OF THE TRANSFERENCE WITH MADNESS

For us, three factors have constantly brought us back to these war zones:

1. Our patients’ crises open an investigation of the sociopolitical fault lines in which the self has exploded.
2. These crises resonate with our own situation during World War II. Both of us were born during this troubled period, and it is activated for us by the analogous areas in the space-time of our patients, even if they are bringing us experiences from the other end of the planet with decades of intervening years.
3. The analysts who oriented our research and our clinical work were directly involved in these wars. We shall be describing this dialogue that has gone on for over twenty-five years, either face to face or through their books and papers.

In this way the principles of war psychiatry gradually came to seem to us like a framework and a method that were familiar to us in practice even before we discovered their formalization by Thomas Salmon. Salmon had presented them on the basis of his reconnaissance mission in France in 1917. They underlie the presentation of our clinical and theoretical work in the second part of this book.

Still, we are not claiming to provide an extensive treatment of the field of trauma, war, or madness, already covered by an abundant literature,⁹ nor to add to a semiology that is, to say the least, problematical when it comes to psychoanalysis. An objective presentation would classify mass or individual trauma on a quantitative basis. In a cultural relativism, it would differentiate what is normal here and what seems intolerable over there. It would make a chronological distinction between wars in past times and wars today.

We have made the opposite choice. We cannot, of course, support the fraudulent notion of an ahistorical and universal psychic reality. The constant changes of scale and the temporal paradoxes we encounter in the examples we give imply precisely that they are located with the greatest exactitude in history, space, and time. But we

have emphasized the critical moments of the transference where the exactitude of these references gets blurred and becomes irrelevant. The crises of the planet are the objects of rigorous studies in each discipline charged with analyzing them. But these analyses change their frames of reference abruptly as soon as the event touches you personally.

At these times when he is somehow *touché*, as they say in fencing, the analyst is caught up in the catastrophic area of the investigation. Subject and object are confused: here and there, inside and outside. The past is present, the dead return. It is a child’s voice that is speaking, in a session, through the mouth of the adult he has become, in the name of an entire society threatened with disappearance. Killings on the far-off African shores take up residence in a massacre that occurred in the mountains where the analyst was born, at the same time or years earlier.

Our work brings into existence zones of nonexistence wiped out by a powerful blow that actually took place. But whatever the measures chosen for erasing facts and people from memory, the erasures, even when perfectly programmed, only set in motion a memory that does not forget and that is seeking to be inscribed. In Greek, non-forgetting is, literally, *a-letheia*: this is the very name of truth, at stake in this specific memory as in the scientific approach. Hence we do not have to choose between the minute detail and the global fact. Sometimes a fit of madness tells us more than all the news dispatches about the leftover facts that have no right to existence.

SHORT STORIES FOR A MICROHISTORY

Our accounts of the ways in which these remnants make themselves felt will be intentionally short. In their straightforwardness, they correspond to the critical, heuristic moments of analysis, and to the moments of impasse as well, when the available ways of knowing are no longer effective. These pivotal episodes involve a small number of sessions. We wanted to capture them in their conciseness. In these accounts of when the analytic process founders, the findings and the interpretation always have to do with a piece of the story that escaped history. Actualized in the transference, it sometimes allows time to start moving forward again. These examples are not so much illustrations of a theoretical schema as they are instants of on-the-spot discovery, and so they do not call for an exhaustive case presentation. Nor can they be processed by a statistical treatment or measured against standard scales, forcing them into a pseudo-scientificity.

It is true that, today, psychoanalysis looks antiquated. Its vignettes seem outdated when everything comes down to averages. An almost picturesque vestige, the Broadway footlights of conferences on mental health. Hence the idea of off-Broadway, where psychoanalysis can be found in the company of Quixote, erans, a bit ridiculous, not very brilliant. But, in the case of madness, when it is out of joint, hasn’t offstage always been where rather foolish old warriors

on saying the same thing meet up with those—little children or therapists—who can’t help listening to them and, in different ways according to the time and place, keep trying to make a story out of what has not been received by any form of speech?

One of the important tasks we have set ourselves in this book is describing how the coming into being of the subject of speech, in circumstances created for its destruction, is a matter of life or death. The destruction—this is no metaphor—of the guarantees of speech, and the deconstruction of all reference points, leave the subject who is confronted with them in a state of total estrangement, of absolute aloneness with regard to all the ties that, up to that point, were familiar (Shapiro and Carr 1991). This alienation from the world is transmitted to whichever of the person’s descendants try, in some outburst of madness, to communicate and demonstrate the deafening screams that were left in a state of suspension, until they find someone to whom it has been given to accompany them to those places that no one wants to look at or hear about anymore, so that they can begin a transmission. In this way, a child’s gaze can transmit the reflection of a people’s disappearance or the vanishing of a social bond on whatever scale. Must we really try to subdue this hypersensitivity? And, most important, how is it to be described?

BACK TO GROUND ZERO WITH DESCARTES AND WITTGENSTEIN

We would have liked to proceed in a linear exposition, going from premises to conclusions, 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.

Recently or long ago, our American readers, too, came from one of these “elsewheres.” They or their families left the “back there” of disaster zones. They survived, they made it through, they left their loved ones there. When we returned to New York at the end of October 2001, we stood in remembrance near Ground Zero. It happened to be Halloween. After September 11, everyone was expecting craziness and universal breakdown. But, amid the horror and the traumas, there appeared a resistance to the disasters and the terror that everyone must, after all, get from somewhere, and why not from one of those “elsewheres”?

To conclude this preface, we want to let two veterans speak, philosophers who will reappear in the course of this book: Ludwig Wittgenstein in connection with the two world wars and René Descartes with the Thirty Years War.

In his preface to the *Philosophical Investigations* (1945–1949) Wittgenstein excuses his inability to keep from “jumping from one topic to another,” comparing his book to a journey “over a wide field of thought, criss-cross in every direction.” This is exactly the movement of the transference, which can be described only across a discontinuity similar to Wittgenstein’s “sketches and landscapes made in the course of these long and involved journeyings.” He adds: “It is not impossible that it should fall to the lot

of this world, in its poverty and in the darkness of this time, to bring light into one brain or another, but, of course, it is not likely” (p. 33).

