INCIDENCES SUBJECTIVES ET SOCIALES ET SOCIALES ACTUELLES DU TRAUMATISME PSYCHIQUE

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TEXTS IN ENGLISH

The Trauma as an event, The Traumat(ich) as an effect

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This lecture is written in times of trauma. It seems that trauma is everywhere. One could say that since terrorism has been showing up all over the world, alongside it comes the trauma. What makes it more vivid is that the last events of trauma happened in the most common places: while sitting and drinking coffee, watching a heavy metal concert, walking in the street.. it can happen anywhere. If until now trauma was confined to certain fields, it is no longer tamed. This is not a new notion here in Israel, but it seems to go global.

This globalization of events of trauma increases a misleading sense that since the cause of the trauma is the same (terror, war, car accident, etc.) the effects of the trauma should be the same as well. This notion is best expressed in the clusters of symptoms that comprise the mental diagnosis known as PTSD. This has brought an expectation of certain symptoms that appear as a linear consequence of the event. Although one can say that there are some typical symptoms that can be related to the event, gathering and uniting them to explain what the effect of trauma is results in missing something, it results in missing what is traumatic for the subject.

In order to reach or encounter this traumatic one must, as Freud did, go beyond the sociological, cultural, biological aspects of the trauma since these aspects do not succeed in encountering the subject – it is for this reason that Freud writes civilization and its discontent (1930)[1]. In emphasizing this I am pointing out that although external events can be regarded as an event of trauma it is the particular encounter of the subject that causes an event to be or not traumatic. For some subjects, ones with a more fragile structure, giving the title of a trauma enables a sense of belonging and an opportunity to return to the community, however for others generalizing or naming events as trauma's involves ignoring the subject.

This is a central notion that is emphasized throughout Freud's writings and is also addressed by Freud in the 17[2] introductory lectures of psychoanalysis when he refers to "Typical" symptoms of mental illness…." Although they are identical in all cases, the individual differences disappear in them or at least are reduced to a level that it is very difficult to find a correlation between the symptoms and the individual experience of patients and to attribute them to certain situations in the patient's life"

By addressing this point Freud is instating the subject at a different level than the typical symptoms. But why is this important? Why should psychoanalysis insist of separating the event of the trauma from the experience of the subject?

Freud encounter's trauma at the beginning of his work. He considers it to be an unconscious representation (a visual representation) that can be verbalized can be "spoken out". He does not doubt the possibility of this verbalization as such and is amazed to find it never stops unfolding. As he continues to pursue his understanding of the concept he realizes that trauma is an extremely ambiguous concept, since it would seem that, according to all the clinical evidence, its fantasy-aspect is infinitely more important than its event-aspect. Whence the event shifts into the background in the order of subjective reference. [3]

This is not so far from the distinction Lacan makes between history and historization "the fact that the subject relief, comes to remember…the formative events of his experience, is not in itself so very important. What matters is what he reconstructs of it.[4]

And why is that?

Well if you accept the idea that trauma is always founded on "two times" and you follow Freud's work you can see that it is in this reconstruction, a very particular reconstruction, one that is made of signifiers - and therefore unique for the individual - that the traumatic bursts out. This particularity rules out any possibility of a linear cause and effect in trauma.

What can be said about this particularity? We can begin by stating that no speaking being can avoid trauma. It is a part of the psychic structure. One encounters the fact that the drive in itself, independent of any externally determined trauma, has a potentially traumatizing effect, to which the psyche has to come up with an answer/an explanation. The fantasy is an attempt to answer, to give meaning to a part of the real that resists the symbolic. It determines the way in which the subject models, represents and thus copes with the drive.[3] this fantasy can be partly traced in psychoanalytic work and conceptualize in very unique signifiers. Besides this structurally determined trauma, which goes for every human being, there is the accidental real trauma, caused by an external agency. This external trauma, if becomes traumatic, will give a retrospective interpretation to the first inevitable traumatic encounter with *jouissance*.

So, if we take this as our coordinates to the understanding and treating of trauma we can see that although there are a lot of theories that explain and give knowledge about trauma, the only thing that can be said about the traumatic is subjective and even if said is limited since the encounter with *jouissance* is one that can hardly be capture by signifiers.

Therefore in order to cope with the traumatic a reconstruction must take place. A major part of this reconstruction takes place in the fantasy and through the symptom that derives from it.

If one accepts that fantasy has a crucial role in dealing with the traumatic. To offer an interpretation or explanation to an encounter with the real – that by its nature is untransmitable – is to block the possibility of the subject to find a way to reconstruct his encounter. Furthermore, this reconstruction is not something to be done during the encounter it is always done in retrospect, never in real-time.

As an example of this complexity, and maybe as an attempt for reconstruction, I would like to relate to a book written by Primo Levi named *Si c'est un homme* – "If this is a man"[5]. The book is a testimony of the period of time Primo Levi spent in Auschwitz. The holocaust is a traumatic real, it is an everlasting encounter with the real, and even in the small parts where a sense of routine, a silhouette of a structure appears - the arbitrary, the illogic, the horror is present. The description of his period there clings on different signifiers that try to explain the unexplainable experience of being in the camp such as loosing one's humanity ("tzelem enosh") or intolerable longing to go back home ("Heimweh") or the quite tone in which the guard pronounces the word that signifies the end of the night and the beginning of another work day in camp "Wstawa□ ". For the reader, or at least for me, It is not in the content of the words that the untransmitable resides but it is in what surrounds the words – the way they are said, the circumstances, the way they are heard by him – that is where the anguish appears. As you follow his testimony it seems that these words are ways that try to define the borders of the real. When the trauma appears as the signified , it holds the subject in the chain of signifiers that in it he can get organized.

And yet, in all this orderly madness some moment are emphasized as traumatic – even hell has traumatic moments. When Primo Levi goes for the first time to the "treatment block" – where the inmates go if they are sick – he is forced to stand naked outside in a line waiting to be treated by the doctor. Standing in line ha asks one of the male nurses if he knows when they will let him in. after laughing at his question one of the male nurses comes and points at his pelvis "like I was a skeleton in an anatomy lesson" and then points at his cheeks, neck, presses his thigh with a finger to show how his skin sinks "it seems I have never been so humiliated in my life, he says.

Another example appears in a dream he recalls:…my sister is here and some friends, it is not clear to me who they are. everybody is listening. I tell them about the siren: three sounds, the hard bed, my neighbor that I am trying to move but afraid he will wake up, because he is stronger than me. I tell them that I am hungry, about the lice inspection and about the capo that hit me…I am enjoying it tremendously, to be at my home, among friends, it is a physical sensation that cannot be described. I

have so many things to tell them! But then I notice that they are not paying attention. Even more they are indifferent: they talk among themselves about other subjects like I am not among them. My sister is looking at me, she stands up and walks away without saying anything.

Primo Levi, unsettled, shares his dream with other inmates only to discover it's a common dream. One can say a "typical dream". He explains this in a sentence "we tell about our life here, and no one wants to hear". But the more you read the more you can understand what "no one wants to hear" means to him. It is a unique encounter that produces a life long struggle with the position of testifying.

For Primo Levi, testifying did not lead to relief, on the contrary "a friend told me that I survived to testify…but the thought that this testimony that I transmit, it and only it, is what gave me the privilege to survive in life all these years… bothers me. Because I don't see any compatibility between this privilege and its consequence."

In the last book that he published , "the drowned and the saved", which was written 40 years after his first book he returns to recall the time he was in Auschwitz. His book continues to be a testimony. In his book he refers to conversations and letters he wrote to his Jean Ameri who killed himself in 1976. A year after this Primo Levi commits suicide living us with questions..

Today there are many ways, therapies, that regard and encourage expressing the story of the trauma, the event of trauma, the feeling that arouse, thoughts, behavior as a way to relief the patient from his misery, sometimes asking for numerous recounting of the event. These therapies tend to respond to the traumatic using a general model and by doing that they insert the personal trauma into a universal printing press[6]. What psychoanalysis offers for dealing with trauma is different. It has to do with dealing with the effects of the particular encounter with the real. It concerns a different kind of testimony. If one regards testimony as a way to try and capture the real through the net of words. One must take into consideration that the real always avails or as Primo Levi says "we all suffered from a nameless discontent". Through Freud we encounter a different testimony. It is an unconscious testimony. It is a testimony that is transmitted more with what is not said then what is said. Speech as such, is testimonial without even intending to be, and the speaking subject always testifies to the truth within him that at the same time keeps on slipping away[7]. Psychoanalysis does not try to put the unspeakable into order, it enables the speech of the one that is in a traumatic state to move from the position of an object to a position of the one that talks, that produces speech. Only allowing the patient to weave his story, in a way that is not predictable to the analyst or patient,

can extract a subject from the traumatic. The faith of the traumatic will depend on the ethics of the one receiving the complaint[6].

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TRAUM TRAUMA

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« La vie peut être regardée comme un rêve, et la mort comme un réveil. » Arthur Schopenhauer

We will examine the outline of the two terms Traum and Trauma.
Then, thanks to these two vectors, as two rails, we will revert to Freud's « Thoughts for the times on war and death », namely the matter of war and our relationship to death.

Starting at the clinical observation: Patients suffering from psychic traumatisms dread nocturnal life and go to sleep reluctantly. This is because they are afraid of their dreams. Why do these same people first of all remain active in their diurnal lives and second of all why are they not repetitively beset by the terrifying effects of the Trauma that assails them all night long. Yet, Freud has taught us that our dreams are « guardians of sleep »[1]. He himself « will query how compatible nightmares are with his theory "of dreams being the fulfilment of desire. " Anxiety dreams are « dreams with a sexual content, the libido belonging to which has been transformed into anxiety »[2]

We will query the two terms Traum and Trauma, namely those areas of resonance which sometimes meet again to open new tracks. In association, they comfort the theory of fixation in suppressed desire at the moment of traumatism with its repetition in dreams or in masochism with self-punitive dreams.

In German Traum derives from the Indo-European denoting « dream » while Trauma comes from the Greek translation of traumatism, namely the wound.

We go from dreams to traumatisms, from wounds to pain.

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[1] Sigmund Freud, The Standard Edition, James Strachey. Vol XV 'Children's dreams' Introductory lectures of sycho-analysis, p. 129

[2] Sigmund Freud, The Standard Edition, James Strachey. Vol IV The Interprétation of dreams I 'Distorsion in dreams' p.162

Traum in high German is « Troum ». Lacan goes back to the meanings in the language of Freud and forges the concept of *traumatism:* A dream is the edge of the hole, surrounding the trauma.

From Traum to Trauma we can hear the car throbbing as it starts, mimed in children's mouths, where *Gilgoul* is drawn, the link between Traum and Trauma.

The mara or mare or even cauque-mar is a type of malevolent female apparition formerly taken to be the source of nightmares. Mara was deemed to be able to dematerialize. - She is seated on her sleeping victim's chest, provoking nightmares. Mara 's weight could also provoke breathing difficulties and suffocation.

In English nightmare comes from night and mare.

The word Halom means dream in Hebrew. It has the same root as O, Holem. It's a dot placed on top of the letter. In Hebrew, words are linked in logical causality. A letter is considered as a vector and is set in motion by the vowel. In the Cabbala, the consonant represents both the body and the vowel, the soul that gives voice, breath.

This same vowel O is to be found in the first name Jacob (slow-coach) Jakob is also Sigmund's father's name. The biblical Jacob has a dream, a Traum where he fights against the angel and is victorious but has a strange hip injury, a trauma as a result of this dream. Jacob becomes Israel, Father of 12 tribes. He is also father to Joseph, who interprets Pharaoh's dreams and who recognizes his brothers although they fail to recognize him.

This meeting place between myth and dream, recognition and blindness is particularly significant. It is pointed out by Lacan in his seminar on « Freud's technical writtings » 'when he invites François Perrier, to comment on « A metapsychological supplement to the theory of dreams » written the same year as, Thoughts for the times on war and death, 1915.

Lacan recalls that Freud does not use the word *anerkenen* à propos of « recognition ». He differentiates between *agnosieren* and *anerkennen* a*s* what we understand and what we know and

interrogates the psychoanalysts : 'At which level is the sleeper to be recognized as a person, from our interpretation or mantic? [3]

The recognition in question in the Freudian text consists of distinguishing the inside from the outside the interior from the exterior, a distinctive sign of reality and of what could protect us from reality. This pivotal point allows Freud nosographic bench-marks. The parallel between certain morbid symptoms and normal prototypes such as dreams, or bereavements.

Sleep with its regressive elements, dreams and narcissistic states will allow us to understand hallucinatory phenomena thought to be taking place *in the waking state* of certain psychotics or to study schizophrenia,
for example, more thoroughly.

In the Bible, before Joseph is sold by his brothers, he dreams they are bowed down before him, which encourages his exclusion.
Years later, as Pharaoh's governor, Joseph comes across his brothersagain in Egypt, effectively bowed down, « he recognizes them though they don't recognize him » In Hebrew, there is a difference between to know and to become acquainted with, (*lehakir, ladahat).* These terms may both denote the sexual act. Modern Hebrew will use the term « be acquainted with « while biblical Hebrew uses the word know in this reference.

If the main individual in the dream is the sleeper himself, the sleeper's identity remains an enigma for Lacan who draws attention to the ego's failure to recognize. In Hebrew, the word 'know'can be used negatively (*lehitnaker)* for failure to recognize or denial. To become acquainted with (*léhakir*) contains in its very root its share of « *strangerness »*
« nahor, nahar » meaning the stranger. To become acquainted with is a movement towards someone else.

Who is sleeping? Who is the stranger sleeping within us? - in sleep's narcissistic regression? Freud says that at the moment of falling asleep « they carry out an entirely analogous undressing of their minds and lay aside most of their psychical acquisitions for instance their spectacles, their wigs and

[3]J. Lacan, Séminaire I , Les écrits techniques de Freud, La topique de l'imaginaire,

false teeth, and so on »[4] before going to sleep.
The narcissistic and egotistical dream informs us about the slumber andabout the sleepers' structure. This nakedness brings us closer to the Trauma fixed in the repressed person.

In the Spring of 1915, six months after the declaration of war, Freud publishes two texts in the Imago review entitled « Thoughts for the times on war and death »
The first text begins by depicting war. It's almost a traumatic setting. It isn't the description of a war scene or of the new disorders caused by the Great War's industry: such as commotion, traumatic shock, neurosis and traumatic madness and shell shock ….

It decrypts what happens internally when we are transported into the alternative of war. An alternative which intervenes as a disjunctive judgement with life. It's war.

What is described by Freud in the individual psyche in connection with this cataclysm is found once again in the State's Behaviour of mobilising the Nation, marching in voluntary servitude towards war. Individual and collective psychologies meet in structural dialectic.

Trauma arises, like war, bringing about fear, fright, anguish (Schreck, Furcht, Angst). Freud says that war is a source of disillusions.

Hopes and illusions about the war are fixed as in a dream. It's later onthat disappointment starts. We see how Freud perceives the topsy-turvy situation. He neither criticizes nor judges war. He observes that we go to it with *« trumpets » and « trumpery. »* It's a fact even though we know the price to be paid. So what makes us go ahead and how is it that the illusion works until the next war?

If in his work, Freud is the dashing illusions cavalier, he deals with the most radical war of illusions since it engages life and death. How then is the trauma registered? This *Prägung (*inscription), goes through someone else, through the imaginary. The patient is fixed to his traumatism, the dream is proof of the « strength of the inscription produced by the traumatic experience. »

[4] S. Freud, ibid « A metapsychological supplement to the theory of dreams » Vol XIV p.222

We may say that (sur)vival, even of mankind's young, is traumatic since it drags the human being from his primary narcissism towards the second self that allows him to live, in other words, towards language.

Lacan will say that the « Wolf Man » shows Freud how ambiguous is the matter of trauma « according to all the clinical evidence, its fantasmatic side is infinitely more important than its evenmential one »[5]
However if the event takes second place, dating it remains essential in mounting the trauma, « ….only the historical perspective and recognition will allow a definition of what is important for the subject ».

The dream of anguish is the first manifestation of the traumatic value…of the imaginary break-in. It is the *Prägung (*striking in the imaginary) of the original traumatic event, which is itself hit by retroactive play, *nachträglich.*

To the extent it has a repressive action, the trauma appears after the event (but is not talked about.)

Freud and Lacan adopt from Hegel the idea of aftermath *nachträglich,* which is essential in clinical work. If the matter of recognition taken up by the psychoanalysts starts from the *Hegalian desire*, to be recognised leading irrevocably to death. *The struggle to death of pure prestige*. Freud and Lacan take leave of this annihilating paradigm, opening out for one of them towards the question of narcissism, pulsion and repetition. Lacan the continuator on the other hand, overturns the Hegelian set-up as the recognition of desire and replies by the object itself and what causes it, namely a lack.

As we will see later in detail in the unconscious, writes Freud, each of us is convinced of his immortality. We cannot picture our own dying. Yet, we are a lot more ambivalent when it comes to the loved one. As for the stranger or enemy, we are voluntarily a toy to murderous desires….Why?

In analogical fashion, Freud argues against the State and its individuals. This denial of one's own death or this illusion of immortality in the unconsciousness is to be placed in parallel with the illusion which the State causes to come to life in us and which leads us to go to war as one for all and all for one.

[5] Lacan ibid. p. 45

Freud describes the revolution, which is war and how the psychic and pulsationel processuses adhere and lead us, while maintaining their ambivalence.

Lacan takes the optical schema from these texts, using Bouasse's scheme, he adds the mirror background demonstrating narcissism. Lacan goes to the very roots of the optical illusion. Our ambivalence captured by the State causes us to swerve to one side or another as Freud describes.

« It disregards all the restrictions known as International Law, which in peace time the states had bound themselves to observe; it ignores the prerogatives of the wounded and the medical service, the distinction between civil and military sections of the population, the claims of private property. It tramples in blind fury on all that comes in its way, as though there were to be no future and no peace among men after it is over. »[6]

« The state has forbidden to the individual the practice of wrong doing, not because it desires to abolish, but because it desires to monopolize it, like salt and tabacco. .. The states exacts the utmost degree of obedience and sacrifice from its citizens, but at the same time it treats them like children by an excess of secrecy.. »

« It's no less disadvantageous, as a general rule, for the individual man to conform to the standards of morality and refrain from brutal and arbitrary conduct ; and the state seldom proves able to indemnify him for the sacrifices it exacts… In another way « for our conscious is not the inflexible judge that ethical teachers declare it, but in its origin is 'social anxiety' and nothing else. »

It is that the citizen of the universe loses this recognition which each of us claims as though dealing with his own salvation.

« well may the citizen of the civilized world of whom I have spoken stand helpless in a world that has grown strange to him. His great fatherland disintegrated, its common estates laid waste, his fellow-citizens divided and debased ! »

Two things in this war have aroused our sense of disillusionment : the low morality shown externally by states which in their internal relations pose as the guardians of moral standards and the brutality shown by individuals whom, as participant in the highest human civilization, one would not have thought capable of such behaviour.

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[6] Sigmund Freud, The Standard Edition, James Strachey. Vol XIV « Thoughts on war and death », *The desillusionment of the war*, p. 278…

« In criticism of his disappointment, strictly speaking it is not justified, for it consists in the destruction of an illusion. We welcome illusions because they spare us unpleasurable feelings, and enable us to enjoy satisfactions instead. »

Disappointment in the face of this social pact, is what war is about for Freud. He deals with this matter from the point of economic, dynamic and pulsational logic, both individual and collective.

To return to the dichotomy of internal logic, opposed to external logic, which Freud denounces and which is generally what the enemy is reproached with during a war, is his rotten existence and person that is what is threatened.

« In reality there is no such thing as eradicating evil. Psycho analytical investigation shows instead that the deepest essence of human nature consists of instinctual impulses which are of an elementary nature, which are similar in all men and which aim at the satisfaction of certain primal needs. These impulses in themselves are neither good nor bad. (We classify them and their impressions in that way, according to their relation to the needs and demands of the human community)… These primitive impulses are inhibited, directed towards other aims and fields, become commingled, after their objects, and are to some extent turned back upon their possessor.

« The transformation in bad instincts is brought about by two factors working in the same direction, an internal and an external one. The internal factor consists in the influence exercised on the bad(let us say, the egoistic) instincts by erotism- that is, by the human need for love, taken in its widest sense. By the admixture of erotic components and egoistic instincts are transformed into *social* ones… So this « susceptibility to culture » is made up of two parts, one innate and the other acquired in the course of life. »

Civilization has been attained through the renunciation of instinctual satisfaction, and it demands the same renunciation from each new comer in turn…Throughout an individual's life there is a constant replacement of external by internal compulsion.

Always the same challenge : inside and outside, interior and exterior, individual and social on the one hand and on the other the pulsational restructuring, egoistical and altruitical, egoist and erotic.

And taking into account that « every earlier stage of development persists alongside the later stage which has arisen from it ; its succession also involves co-existence….the primitive mind is, in the fullest meaning of the word, imperishable. »

We must remember that « The essence of mental disease lies in a return to earlier states of affective life and functioning …and it is only dreams that can tell us about the regression of our emotional life to one of the earliest stages of development »

Once again, we see the complexity of pulsative movements and their intricateness causing confusion as in dreams or speeches leading to war, The abrupt and disjointed frontiers between inside and outside. The circulation between interior and exterior and the reverse founded rather on a Moebius band rather than on a bifacial one.

In 1932 Freud accepts the League of Nations invitation and replies solemnly to Einstein. In « Why war ? ». He confesses the genius of physics ,and the disappointment that his own copy will not fail to raise. Since « The disillusionment of the war », Freud is no longer very enthusiastic. *Pax Romana* remains history's pacific reference.
Invited to add a prophylactic prescription against the tendency to war-mongering, Freud, like an old faithful, formulates a cultural attitude and anguish in the face of the consequences of a forthcoming war.

« Our attitude towards death »

Fact is, that it is indeed impossible to imagine our own death..."in the unconscious every one of us is convinced of his own immortality" [7]

Towards the actual person who has died we adopt a special attitude *: de mortuis nil nisi bene.*
"Consideration for the dead, who, after all, no longer need it, is more important to us than the truth, and certainly than consideration for the living."

This attitude is provided by our complete collapse when death has struck down someone whom we love. " But this attitude has a powerful effect in our lives.. Life is impoverished it loses in interest, when the highest stake in the game of living, life itself, may not be risked.

[7]Sigmund Freud, The Standard Edition, James Strachey. Vol XIV Thoughts on war and death, our attitude towards death p. 289...

We seek in fiction compensation for what has been lost in life. Fiction is a possibility for us to reconcile ourselves with death : namely that behind all the vicissitudes of life we should still be able to preserve a life intact.

It is especially on this reflection on life and death that W. Allen has built his fiction « Irrational man » staging a philosophy bored with his own success and only recovering joy in life in the prospects of a « reparative » murder. It's the same vacuum which intends filling the enlistment towards death of a certain number of youth converted to terrorism.

In the fiction where religions are to be found, we find a plurality of death. Death is not irreversible. Thereafter religions will attempt to give more importance to death than to life.
Freud tells us that all this is with the intent of robbing death of its meaning of the abolition of life, we're very near the promise of 40 virgins in paradise.

Our unconscious, does not believe in its own death, it behaves as if it were immortal. It knows nothing that is negative. No negation and no death. This may even be the secret of heroism, and flouts danger in the spirit of Anzengruber's *Steinklopferhans* : "Nothing can happen to me."[8]

[8] Hans the Stone-Breacker, Ludwig Anzengruber cited by S.Freud

The psychic consequences of war on veterans of the Israel Defense Forces and their families

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I would like to share with you today a comprehensive understanding of the impact of combat-related psychic trauma. I will describe the vicious posttraumatic cycle and the growing damage to the sense of self and the substantial transformation and breakdown in self-capabilities. I will present a conceptual model for intervention with veterans of the Israel Defense Forces (IDF) who suffer from severe posttraumatic disorders. I will present the concept of post-traumatic shame as the key to the complex trauma reactions encountered in veterans from non-Western backgrounds and to the establishment of the relational bond necessary for their engagement in the treatment process. I will utilize examples from clinical and research work with veterans, including those who come from Bedouin and Druze villages in the north of Israel.

In my talk, I will not mention by name the many scholars whose work I read and who influenced my thinking over the years. I reference them when I write and ask that you trust that I give them full credit.

Let me begin by clarifying that my talk today is based on experiences with those combat veterans of the IDF whose posttraumatic distress reached a level that required intense professional intervention.

As long as the definition of PTSD was based in the formulation of a fear-based disorder, the changes in personality that almost always accompany it granted patients with many co-morbid diagnoses, mainly major depression, substance abuse, and personality disorders. In the DSM-5, persistent long-term alterations in cognitions and mood were added to the revised definition of PTSD, including emotional states, such as fear, horror, anger, guilt, and shame. This addition highlighted the central

role of **emotional dysregulation** in posttraumatic disorders. The increased autonomic responsivity is often expressed through anger and shame, and the emotional numbing and detachment is reflected in experiences of depersonalization and derealization.

Many veterans seek treatment only after years of living the downward spiral of failed employment, broken relationships and impaired physical health. Most of the men we treat developed the disorder after multiple traumatic events. They engaged in coping efforts that, much like a car stuck in mud, only led to a massive breakdown in their sense of self and self-capacities. In addition, nearly all systems are affected – cognitive, emotional, physiological, relational, vocational, functional… self and body regulation is severely impaired. Sleep is often limited to 2-3 hours, interrupted by nightmares.

Indeed, one of the central problems for those suffering from chronic PTSD is the damage to the sense of self-efficacy. Self-efficacy is the belief in one's ability to exercise control over one's environment, and one's level of functioning. A vicious cycle is created once experiences of poor cognitive performance, the constant sense of danger and the reduced ability to meet challenges cause significant impairment in self-esteem. This, in turn, intensifies self-doubt and loss of faith in one's capabilities and leads to anticipatory failure, increased anxiety arousal, dwelling on coping deficiencies, and depression. Reduced self-efficacy becomes both an outcome and a predictor of the long-term effects of traumatic experiences and further exacerbates the posttraumatic symptoms, thus consolidating the sense of "discredited personhood" (Peskin, 2012).

For those trying to maintain a form of normalcy, even the simplest tasks of daily living, such as going to the bank, the car mechanic, the grocery store… become major struggles in a universe that seems to have turned hostile, judgmental, persecutory, and ridiculing. Every expectation from them turns into a mirror that reflects their inability to be who they are supposed to be. The wife becomes an enemy when she expects gestures of warmth and intimacy that are no longer possible for most men with severe PTSD. Similarly, a little child raising her arms to be picked, quickly generates anger and frustration that may be released through some excuse to get mad and leave the room. "I look at my children and my heart is empty, I feel nothing" a patient said with tears in his eyes "they deserve a real father. It would have been better if I had died".

Multiple health problems accompany the severe stress reactions. Headaches, severe stomach problems, chronic and persistent bodily pain, severe sleep problems, high blood pressure, diabetes, heart problems, eating disorders, infections… The body is chronically stressed and highly reactive.
On top of that, are the dissociative states; many veterans suffer from dissociations and flashbacks that can be triggered by multiple reasons, including certain smells or sounds. They oftentimes are not able to recall what triggered them which practically means that they are constantly at risk of literally losing themselves, with almost no ability to predict when and where. The impact on self-esteem, self-confidence, is clear. One patient told me it became impossible for him even to view football matches on the television with his family members because he often disconnects during the game, only to 'wake up' by the cheers of the people around him, having completely missed the actual goal.

If viewed from the perspective of self-efficacy, it becomes clear that there is no respite from feelings of loss of control and the self-disgust and shame that come with it. Unfortunately, attempts to withdraw completely and to be left alone, as many of our patients try to do, do not provide much help; detaching themselves from the daily routine of the family, social events, the media – only worsens their sense of inadequacy and creates even more distance from the 'here and now'. Patients often describe loss of time - finding themselves after many hours had passed sitting in the same position, deep in thoughts, reflecting on the life they used to have and their current situation, in and out of flashbacks and traumatic memories.

Capable men become dependent on everyone close to them who is willing to take on the thankless task of caring for their needs. They need someone to be their representative. When their humiliation is too deep to allow help, the family usually suffers from financial problems, their own health deteriorates, and nothing is well managed. This dependency brings on further regressed and reactive behaviors, such as anger and aggression.

In our clinic, there are many patients who come from Druze and Bedouin backgrounds. The Druze (men only) are required to serve in the IDF like Jewish israelis. The Bedouins volunteer for service. Both groups are ethnically Arab, they usually live in villages that consist of large tribal families. The Bedouins are of Muslim faith, but keep apart from the larger sub-group of non-Bedouin Muslims. The Druze faith separated from Islam around the year 1000 and was declared closed shortly after.

Each group has a separate education system, they marry within themselves, and maintain traditional, collectivist values within their communities in the complex Israeli environment.

Quite a number of our patients who come from these backgrounds seem to have basically 'checked out'. No longer among the living, yet unable to commit suicide due to strong cultural beliefs. For example, a man in his thirties who sleeps in his parents' bedroom and will only shower if his mother is present; another who has a room in the basement and is confined to it for most of the day; yet another who spends most of his time in the woods, with horses and farm animals. Some of these men seem so disconnected from reality that they are sometimes viewed as psychotic or suffering from schizophrenia. *Mental Death* (Ebert & Dyck, 2004) and *Collapsed Self* (Boulanger, 2007) are a few of the terms that best capture the true magnitude of the long-term impact of *sev*ere adult-onset trauma.

Indeed, it is our impression that the psychotic like flashbacks and their effect on thought processes are more common among veterans from Druze and Bedouin backgrounds. The plausible reasons for that are beyond the scope of this talk. However, I would like to briefly describe this to you, so you could appreciate the challenge in engaging these men in therapy relationship and in the treatment process.

The man I will describe (this is actually a composite case) was a soldier in a specialized combat unit during the days of the second Palestinian *Intifada*, or uprising, which lasted roughly 4.5 years from September 2000. He started to see the dead when he was still in service - his dead friends, as well as the people they killed. He knew this meant that he was not well but continued for a long time and completed his service, not telling anybody about this. He fell apart after he was discharged. He continues to hear voices and to see the dead as if they were alive. He feels unsafe all the time, no matter where he is, afraid that relatives of the dead Palestinians will find and kill him in revenge. Every sound can trigger a flashback, during which his eyes become glossy, his body is frozen, and his breathing becomes shallow. It is difficult to snap him out of it. He describes it like a detailed movie of the actual events he was involved in, and re-experiences the danger but with a sense of horror that was absent in real time. There are also details he has never shared, which I assume refer to violent actions that were not necessary for self-defense. When I ask what he thinks happened to him, he says that he went too far a distance from the values he was raised on, and that he cannot return, that he is

stuck "outside humanity". He says that he is living like an animal, focused on surviving each day, and that he wishes to stop this but is afraid to take his own life.

Going back to the theme of loss of self capacities –I would like to suggest that for veterans from Jewish backgrounds, **anger and aggression** are the primary ways of reacting to the loss of self-efficacy, while for men from Druze and Bedouin backgrounds it is what we refer to as **shame**, or **loss of face.**

Being assertive, fighting for your individual rights…these reflect values that are based on Western cultural codes regarding the boundaries between self and other, and the interpretation of expressed emotions. For a Bedouin combat veteran, angry outbursts, although not uncommon, are like a declaration of dependency and neediness, another 'proof' that he can no longer provide for himself, that he lost his autonomy and self-respect.

Anger, aggression, shame and guilt are commonly experienced by all who suffer from PTSD. However, the reprocussions for self and family that are associated with the damage to the sense of capability and self-control, seem to be more devastating in collectivist societies.

The wellbeing of the group in these societies, this collectivist entity, is protected by way of the individual's loyalty, duty, honor, respect, sacrifice, and – so important for us to understand - **self-control**. The loss of face, loss of self-continuity, leads to the experience of ego fragmentation, self-dissolution, and de-realization. The inevitable sense of public humiliation is experienced as a fate worse than death.

Anthropological studies identified a type of honor in the Arab culture that is related to the values of strength, modesty and freedom. Emotional and behavioral expressions that suggest vulnerability are sanctioned, as we can see in the limited mourning rituals allowed in Muslim societies. Underlying this there is also the notion that inability to accept loss of any kind, is to admit a lack of autonomy and self-control, as well as to express defiance against God's will. Assuming all these are cultural codes not readily available to the conscious mind, it is clear how posttraumatic shame becomes an isolated prison cell.

Having described all this, I would now like to present to you a conceptual model with intervention guidelines that is based on the understanding that the lack of self efficacy that comes with PTSD and

the feelings it generates are the first and biggest challenge of treatment and the therapeutic relationship.

The guidelines draw from several theoretical and clinical formulations and different patient populations; they are interconnected and, together, form a comprehensive approach centered on the vicious cycle of impaired self-efficacy. I believe that in veterans from non-Western backgrounds posttraumatic shame is at the core of the impaired self-efficacy and should be addressed directly.

There are seven components to this model:

Psychoeducation: the psycho educational approach, drawn from the cognitive-behavioral teachings, assumes that the patient should have knowledge of his problem and can be helped to understand it. The direct approach has been identified as efficient and acceptable by Arab patients as well as refugees from different backgrounds. The problems are demystified, rationally explained, and the person is gradually able to comprehend their own behaviors and emotional state. The therapist is in the role of teacher, advisor, and problem solver. The attachment to the therapist is made possible by this authentic, direct, and involved rapport. Flexibility in regards to the standard boundaries of the therapeutic relationship is recommended (e.g., calling the patient between sessions), as well as a very tenacious approach. Hope has to be held by the therapist for a long time during a process that yields only small and hardly noticeable improvements.

Phased treatment. This concept emerged from the clinical literature on survivors of severe childhood abuse who develop complex forms of post-trauma and require an initial and lengthy period to develop and improve fundamental self-based coping skills.

It is important to realize that although people experiencing posttraumatic impairment following adult-onset trauma used to have functional and adaptive self-capacities, these skills are no longer available to them. The role of the therapist is to be active and to explain about trauma and post-trauma, with a clear message about Safety First. The trauma story is deliberately not discussed in detail until a better understanding and self-control are achieved.

In our clinic, patients first participate in a **PTSD and anger management group** where the explanations about the posttraumatic disorder are focused on emotional regulation and learning to pay attention to distorted interpretations of everyday events, identify triggers, and control angry outbursts.

The next step is the **PTSD and sleep management group**; very little energy can be expected from people who do not sleep. Having already learned about emotional-regulation and self-relaxation techniques in the anger group, they now focus on their sleep hygiene, aiming to insert safe images into the nightmares.

Safety is a thread that goes throughout all the interventions. Because we begin with the idea of minimizing damage, containing the ever-widening circles of loss, we focus on self-control over anger and aggression. We include family members for psychoeducation about trauma and PTSD. Druze and Bedouin families may be unaware of these terms and how they relate to the profound change in their son or husband. By forming alliances and active involvement with family members, they can learn to better avoid crises, and also become a resource of support at a later stage of treatment, when direct trauma work may cause temporary regression in the veteran's behavior. Safety is also understood in terms of veterans' physical health and financial security.

Case management. Much can be learned from the literature on dual diagnosis in terms of its recognition of the relationship between traumatic life experiences and the risk for additional medical and social complications. Patients are unable to take care of their many needs, to prioritize them, or to delegate them… For Druze and Bedouin patients, stigma and the vicious cycle of posttraumatic shame make it even less possible. Concretely, we maintain ongoing contact with physicians and social workers in the MOD and with the primary care physician and social services in the community.

Patient Advocacy. One of the most persistent sources of distress for veterans is the process of claiming injury-related benefits and dealing with the bureaucracy and the medical committees in MOD. Many experience these processes as lack of respect, and voice the feeling of being forsaken in battle by the same state they were fighting for. The common image they refer to is of a beggar pleading for favors. Advocating for the veteran is an integral part of the treatment plan. By maintaining on-going relationship with the decision makers at the MOD, a better synchronization is achieved between the treatment and rehabilitation goals and MOD regulations. Letters describing the patients' psychiatric and psychological status are written for patients, in compliance with medico-legal and ethical principles. In specific cases, especially when additional community organizations are involved, we initiate multidisciplinary meetings, and follow-up on implementation of decisions.

Illness management. Given the absence of integrated care, patient engagement with self-management is critical for the outcomes of chronic conditions. The impairment in self-capabilities is the primary barrier to patient activation. Consequently, we transform tasks related to self-management into treatment goals. Psychoeducation regarding the expected difficulties should include concrete exercises, such as standing in line in the bank, surviving the doctor's waiting area without fleeing, or remembering what to report to the doctor. The difficulties experienced are analyzed in detail during the therapy session and explained in terms that gradually become familiar to the veterans. All aspects of daily life, from marital relationship to shopping for food, are discussed in terms that allow the veteran to regain control of his mind and his behavior, and to learn to manage his disorder.

Rehabilitation. The focus on rehabilitation frames the expectation of creating normalcy, even at a very basic level. For example, one of the first treatment tasks to pursue is sitting down for dinner with the family, even for only a part of the meal, while controlling their reactions. In the therapy session, this most routine event can be broken down into small elements, and different suggestions played out to create an arsenal of relevant coping tricks. Success is defined as a meal not interrupted by abrupt departures or angry outbursts. The concrete discussion about the meal leads to open descriptions of the patient's inner world, and creates yet another opportunity for the understanding of the vicious posttraumatic cycle: The thought that "the children can see that I am not normal" increases bodily tension and posttraumatic sensitivity to sudden noises (e.g., children bursting into laughter). The potential loss of control (screaming at the children) is followed by the worsening of the self-loathing (*I am weak, I am nothing*) and the exacerbation of the posttraumatic symptoms, including dissociations (*if not for that day, all of this would not be happening*), which lead to more posttraumatic shame and the avoidance of subsequent family meals. By using grounding techniques and self-talk about post-trauma and about the value in learning to tolerate their difficult emotions, patients become able to observe themselves, and take small steps towards a more stable daily routine.

In summary, these treatment guidelines form a conceptual model for intervention with combat veterans with severe posttraumatic disorders that is also suitable for use with veterans from non-Western backgrounds.

All 7 components are interrelated and simultaneously impact the impaired sense of self-efficacy or posttraumatic shame as well as are affected by it. It is therefore crucial that, to the degree resources allow, treatment plans should aim to reflect all components.

In our experience, a true working partnership is formed only when patients realize that all these elements are the business of therapy. Only then does the patient become actively involved in the treatment plan. Direct trauma work, using evidence-based methods, can then be pursued.

The approach suggested by this model is for therapists to have an active, direct, and authentic presence, in order to form the alliance necessary so that patients are able to engage in the difficult work of trauma-focused treatment and the retention of change over time.

Present subjective and social effects of psychic traumatism

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The question of psychic traumatism inaugurated Freud's work and was taken up again fully at the end of his trajectory**.** In fact, "the concept of traumatism has a privileged place throughout the development of Freud's work which it permeates while undergoing important conceptual modifications" (Bokanowski , 2012).

Three moments of elaboration of the concept may be envisaged and, in fact, our conference has been constructed around these three moments and beyond.

1895 -1920 :

- Up until 1897, Freud establishes the model of traumatic seductive action; the trauma is of a sexual order and it is related to the model of *après coup* (*Nachträglichkeit*).

- With the abandonment of the "neurotica", the traumatic seductive action makes way for the "internal seductive" action of fantasy, and from 1905 onwards all the psychic traumas and conflicts are envisaged with reference to unconscious fantasies and, in particular, the so-called primal fantasies (of seduction and castration, linked to the primal scene). However, the question of the weight of reality over and against unconscious fantasy as a traumatic factor (particularly, in the case of the Wolf Man) remains a point of discussion.

From 1920 onwards:

- Freud envisages the traumatism as linked to a failure of the stimulus barrier. The new paradigm is the infant's distress, connected with the paralysis of the subject faced with a breach of the stimulus barrier leading to a fright of internal or external origin: the result is traumatic neurosis with the compulsion to repeat or, in de M'Uzan's (1994) terms:

"The trauma is then defined as an intense event or experience bringing with it a discharge which overwhelms both the subject's tolerance and his capacities for control and psychic elaboration ... (the) situation (is) really traumatic when the subject, incapable of finding a way of responding to the accident, is condemned to behavioural reactions" (pp. 159-160).

- In 1926, in *Symptoms, Inhibitions and Anxiety* (Freud, 1926d), the accent is placed on the connection between the trauma and the loss of the object.

1937 -1939 :

- At the end of his work, in *Moses and Monotheism* (Freud, 1939a), Freud writes: "We give the name of *traumas* to those impressions, experienced early and later forgotten, to which we attach such great importance in the aetiology of the neuroses ... there are cases which are distinguished as being 'traumatic' because their effects go back unmistakeably to one or more powerful impressions in these early times..." (p. 73).

He then links up the traumatism with narcissism, and narcissistic wounds will acquire the significance of traumas.

In De M'Uzan's (1994) terms: "In order for vital narcissistic cathexes and the sense of identity to be preserved as much as possible, excitation ... can only discharge itself massively and suddenly through acting out whose violence is proportional to the quantities involved". What we are dealing with, then, is a traumatism that cannot be remembered and, therefore cannot be elaborated either. We are dealing with a repetition of the identical, the repetition of a trauma that was disorganizing and destructive and created an enclave in the psyche, a split impeding any sort of transformation: we are thus very much in the domain of trauma here.

Certainly, from the point of view of the psyche, a traumatism may have occurred without a psychic representation of its impact. If there was no representation of the absence of representation, there can be no representation of the trauma. "If from the point of view of the psyche, the trauma is lost," Roussillon asks, "is all hope also lost for the analysis?" (2001, p. 196)

If this was the clinical observation of Freud in 1937 in "Analysis terminable and interminable" (1937c), in "Constructions in Analysis" (1937d) a path seems to open up again when Freud insists on the existence within the psyche of traces devoid of representations and returns to the question of "historical truth".

It is true that "certain psychosomatic symptoms", certain splits in the ego, which are unrepresentable for the subject, and certain perceptions of the analyst, could be considered as representatives of the trauma that have not yet been psychically cathected; it may be that they are the effect in the analyst of representative traces "secondarily destroyed (but is such a destruction ever possible?) or disqualified" (Roussillon, 2001, p. 197) in his patient, waiting to be requalified by this

"detour by the other". Indeed this was how Freud expressed himself in "Constructions": "It may be doubted whether any psychical structure can really be the victim of total destruction" (1937d, p. 260). The recent findings of neuroscience seem to support this.

As I am personally convinced that it is always possible to give fresh impetus to vital potential and to transform over and over again the sexual death drives into sexual life drives, I suggest that the place where such a transformation can take place, where, in the terms of Dominique Scarfone (2014), the *un-past* can 'join up again with the past", the place where the pain linked to the representation can stop to maintain itself (*se maintenir*) and main-tain (*main-tenir)*[9] the subject in a now that never ends, is this matricial space of "emotionally invested responsibility for the other", a space in another for another, the ethical space/time of the analytic situation consisting of the "affected" presence of the analyst, of his caress in the Levinasian sense of the term. It is precisely when listening and interpretation are "undermined by an actuality that resists being "caught" in the nets of meaning" that the living and human presence of the analyst will be mobilized, and with it his ethical position. Beyond his identifications, his holding or his containing capacities, the analyst as an ethical subject is seized and interpellated by the other, his patient, who, in his combined fragility, vulnerability and height, is mobilized and destabilized by the encounter with this other. On the basis of this shock, the analyst, destabilized, put in the position of hostage, will finally be able, through his interventions as much as through his silences, to express his affected responsibility for his patient. If the analysand is touched by this "invested proximity" on the part of this other, his analyst, it may then be possible in the place of a past that is missing or emptied of living presence, for unthawing to occur and for the mask to begin to melt. For this to happen an encounter must take place with an analyst who has himself been unmasked "at the risk of a dislocated presence within himself". It is here that for me an ethic of responsibility for the other and an ethic of truth coincide. It may be given the name 'Analytic *Makom*', in its full Hebraic and Biblical meaning: a place of the soul, an ethical space/time of the asymmetrical understanding of one person by the other, for the other, and relating simultaneously to a past, present and future that is infinitely renewed and renewable (Chétrit-Vatine V. 2014).

It was only after the events of the Second World War and after the Shoah that Levinas conceived the ethic of responsibility for the other as first philosophy. As we all practice in the context of the aftermath of this disaster and in the context of a collective which bears and transports its radioactive

[9] Translator's note : *Maintenir* lends itself to word play, as *main* = hand and *tenir* = hold, keep.

effects, the Levinasian conception of ethics can be a fruitful contribution to the conception of the ethics of the contemporary psychoanalyst (Chétrit-Vatine V. 2012).

I hope that these days will help us to realize that this ethic, combined with the thoroughly Freudian ethic of truth, functions in an actual way at the heart of the analytic situation embodied by the subject/analyst in his primordial "passibility", as Lyotard put it , an analyst interpellated by the other subject, the analysand, who is suffering individually suffering that is soaked in a collective that is itself violently traumatized by the events that it has experienced and continues to experience.

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The Israeli Demographic Predicament: Majority or Minority

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Israeli population data are regularly collected by the Israel Central Bureau of Statistics (CBS). Israel also has a permanent Population Register maintained by the Ministry of Internal Affairs (Israel Population and Migration Authority). Annual data derive from CBS periodic censuses and detailed accountancy of intervening events (births, deaths, immigrants, emigrants, and converts). The most recent Census was in December 2008 and resulted in a revised total population estimate of 7,419,100, of which 5,608,900 Jewish, 1,499,000 Arabs, and 310,300 others for the end of 2008. Two main reasons for periodical population corrections are the normal discrepancy that may occur between repeated population counts, and possible delays in the reclassification of persons following conversion to (or from) Judaism. Israel population data refer to the permanent (de jure) population, excluding residents who have been out of the country for a consecutive year or more, and also excluding tourists, other legal temporary residents, foreign workers, undocumented residents, and refugees. These can be included in the permanent population after undergoing appropriate procedures—which does not necessarily involve naturalization and citizenship.

After World War II, Israel's (then still Palestine) Jewish population was just over one-half million (Bachi 1977). Jews increased more than tenfold over the next 70 years due to mass immigration and a fairly high and uniquely stable natural increase, along with parallel and even higher growth of Israel's Arab population. At the beginning of 2015, Israel's *core* Jewish population reached 6,217,400, as against a revised total of 6,104,500 in 2014. The latter was a revision of the previously released total of 6,013,200. Such minor adjustment of 1,300 probably reflected the balance of two-way transfers between the Jewish and the "other" population related to members of Jewish households and other persons pertaining to the Law of Return. The revised core population combined with the revised figure of 359,300 "others", formed an *enlarged* Jewish population of 6,576,700 in 2015 (Israel Central Bureau of Statistics). For the past several years, the main component of Jewish population growth in Israel has been the natural increase resulting from an excess of births over deaths. In 2014, 130,744 Jewish births—the highest ever—and 35,911 Jewish deaths produced a net natural increase of 94,863 Jewish persons—again, the highest ever. Israel's current Jewish fertility rate slightly rose to 3.05 children per woman, higher than in any other developed country and twice or more the effective Jewish fertility rate in most Diaspora Jewish

communities. This reflected not only the large family size of the more religious Jewish population component, but more significantly a diffused desire for children among the moderately traditional and secular, especially remarkable among the upwardly mobile (DellaPergola 2009c, 2009d).

At the time of this writing, the final data on the components of population growth for 2014 were not yet released. In 2013, 16,900 new immigrants arrived in the country, plus about 6,100 immigrant citizens (Israeli citizens born abroad who entered the country for the first time) and Israelis returning to the country after a prolonged stay abroad, for a total of 23,000 immigrants, of whom 16,000 were Jewish. Permanent emigration (estimated from these data at 2,100) reduced the total net migration balance of 20,900, of whom 11,800 were Jewish. The net emigration of Jews was 4,200, indicating that among non-Jews the propensity to emigrate was lower. All in all, these data about Israel's international migration balance point to a relatively low level of immigration in comparison to other historical periods, but also to a relatively low level of emigration. The latter observation stands in sharp contrast with the highly spirited debate about an alleged increase of emigration from Israel (Lustick 2011; DellaPergola 2011c). In 2014, the total number of new immigrants increased to 24,100 presumably entailing an increase in the net migration balance too.

The number of converts to Judaism remained only a tiny percentage of the non-Jewish members of Jewish households in Israel, especially among recent immigrants. However, evidence from Israel's Rabbinical Conversion Courts indicates some increase in the number of converts. Overall, between 1999 and 2014, nearly 83,200 persons were converted to Judaism by Rabbinical Conversion Courts, some of whom were not permanent Israeli residents. Most converts were new immigrants from the Ethiopian Falash Mura community. The highest year was 2007 with 8,608 converts. Since 2010, the annual number of converts was around or slightly above 5,000. Overall, out of a total of 5,637 converts, 4,839 were civilians and 798 came through the Rabbinate of the Israeli Defense Forces (Fisher 2013 and 2015; Waxman 2013).

To clarify the intricacies of demographic data in the state of Israel and the Palestinian Authority territories, **Table 1** reports numbers of Jews, Others (i.e., non-Jewish persons who are members of Jewish households *and* Israeli citizens by the provisions of the Law of Return), Arabs, and foreign workers and refugees. Each group's total is shown for different territorial divisions: the State of Israel within the pre-1967 borders, East Jerusalem, the Golan Heights, the West Bank, and Gaza. The percentage of Jews (by the *enlarged* definition) in each division is also shown.

Of the 6,217,400 *core* Jews in 2015, 5,622,800 lived within Israel's pre-1967 borders; 210,000 lived in neighborhoods of East Jerusalem incorporated after 1967; 19,900 on the Golan Heights; and

360,700 lived in the West Bank. Of the 359,300 other non-Jewish household members included in the *enlarged* Jewish population, 343,700 lived within the pre-1967 borders, 7,000 in East Jerusalem, 1,000 in the Golan Heights, and 7,600 in the West Bank. *Core* Jews represented 74.9% of Israel's total legal population of 8,297,000 (6,576,700 Jews and others + 1,720,200 Arabs and others), including East Jerusalem, the Golan Heights, *and* the Israeli population in the West Bank, but not the Arab population in the West Bank and Gaza (WBG), nor foreign workers and refugees (Israel Central Bureau of Statistics, Israel Statistical Monthly). Israel's *enlarged* Jewish population of 6,576,700 represented 79.1% of the State of Israel's total population of 8,297,000. Israel's Arab population, including East Jerusalem and the Golan Heights, was 1,720,200, or 20.9% of the total population thus territorially defined. As shown in **Table 1**, the *enlarged* Jewish population represented 78.8% of the total within pre-1967 borders, 41.0% in East Jerusalem, 45.7% in the Golan Heights, and 13.5% in the West Bank. Since 2005 no Jewish population is left in Gaza.

Table 1. Core and enlarged Jewish population, Arab population, foreign workers and refugees in Israel and Palestinian Territory by territorial divisions, 1/1/2015[a]

Area	Core Jewish population	Others	Core Jewish and others[b]	Arab population and others	Foreign workers and refugees	Total	Percent of Jews and others[d]
	1	2	3	4	5	6	7
Grand total	**6,217,400**	**359,300**	**6,576,700**	**5,825,200**	**226,400**	**12,628,300**	**52.1**
State of Israel[e]	*6,217,400*	*359,300*	*6,576,700*	*1,720,200*	*226,400*	*8,523,300*	*77.2*
Thereof:							
Pre-1967 borders	5,622,800	343,700	5,966,500	1,383,400	226,400	**7,576,300**	**78.8**
East Jerusalem[f]	210,000	7,000	217,000	312,000	-	**529,000**	**41.0**
Golan Heights	19,900	1,000	20,900	24,800	-	**45,700**	**45.7**
West Bank	364,700	7,600	372,300	[g]	-	**372,300**	**13.5**[h]
Palestinian Territory				*4,105,000*		*4,105,000*	-
West Bank	[i]	[i]	[i]	2,393,800	-	**2,393,800**	-
Gaza	0	0	0	1,711,200	-	**1,711,200**	**0.0**

a Rounded figures

b Enlarged Jewish population

c All foreign workers and refugees were allocated to Israel within pre-1967 borders

d Column 3 divided by column 6

e As defined by Israel's legal system

f Estimated from Jerusalem Institute of Israel Studies (2015)

g Included under State of Israel

h Percent of Jews and others out of total population in the West Bank under Israeli or Palestinian Authority jurisdiction

i Included under State of Israel

Source: Israel Central Bureau of Statistics; Israel Population and Migration Authority; PCBS Palestine Central Bureau of Statistics; and author's estimates

These estimates reflect our own independent assessment of the total Palestinian population in the WBG. To clarify the issues, in 1967, immediately after the June war, Israel conducted a population Census in the WBG. The count showed a population of 598,637 in Judea and Samaria (the West Bank) and 356,261 in Gaza, for a combined total of 954,898, plus 65,857 in East Jerusalem (Bachi 1977). East Jerusalem's Arab population was incorporated when Israel annexed the city and several surrounding villages in November 1967 into Jerusalem's expanded municipal territory. Until the 1994 Oslo agreements statistical operations in the WBG were the responsibility of Israel's CBS. After 1994 Israel transferred the chore of statistical documentation to the Palestinian Central Bureau of Statistics (PCBS). In 1997, the PCBS conducted a Census in the WBG under the guidance of Norwegian experts and reported 1,600,100 persons in the West Bank and 1,001,569 in Gaza, for a combined total of 2,601,669 (not including Israeli settlers). Another 294,014 persons were recorded, but they were not included in data processing because they were abroad at the time of the Census. In addition, the population of East Jerusalem was assessed at 210,000 (PCBS 1998). Thus, the annual rate of population growth over the 30 years (1967-1997) for the WBG combined was 3.4% and it was 3.9% for East Jerusalem. Such high growth rates are fully consonant and if anything slightly lower than annual growth rates among Moslem citizens of Israel, assessed at 3.7% during the same years. Palestinian population growth during the 1967-1997 period was therefore very high, but plausible.

The PCBS subsequently released population projections based on fertility and migration assumptions, reaching an estimate of 4,081,000 for the end of 2007, inclusive of East Jerusalem. Besides first deducting East Jerusalem because it was already included in the Israeli data, we judged the PCBS projected estimate to be too high since it assumed a continuing immigration of Palestinians to the West Bank that did not materialize and was instead replaced by some out-migration (particularly of Christians). The same estimates were debated by a group of American and

Israeli writers who maintained that current population estimates from Palestinian sources were inflated by one and one-half million (Zimmerman et al. 2005a; Zimmerman et al. 2005b; for a rebuttal, see DellaPergola 2007b, 2011a).

In November 2007, the PCBS undertook a new Census which enumerated 3,542,000 persons in the WBG (plus 225,000 in East Jerusalem, clearly an undercount because of the PCBS's limited access to the city). The new Census total, not unexpectedly, was more than 300,000 lower than the PCBS's own projected estimate. Our own independent assessment, after subtracting East Jerusalem (as noted, already included in the Israeli total), accounting for a negative net migration balance of Palestinians, and some further corrections, was about 3,500,000 toward the end of 2007,

By our estimates, the 1997-2007 inter-census yearly average population increase among Palestinians in the West Bank (not including East Jerusalem) and Gaza combined would be 2.91%. This exactly matched the 2.91% yearly growth rate for Arabs in Israel over the same period (Israel Central Bureau of Statistics). In subsequent years, the growth rate of Israel's total Arab population was slowly declining and in 2013 was 2.11%, rising to 2.19% in 2014 (2.21% and 2.23%, respectively, among Moslems only), as against 1.85% for the Jewish population with immigration and 1.55% without immigration. The Palestinian population's growth rate in the WBG was probably decreasing as well, among other things because of some net emigration which, however, in not well documented. Our assumption here is that the annual rate of growth in the WBG is the same as among Moslems in Israel, whose demographic characteristics are quite similar to those in the Palestinian Territory—though probably both fertility and mortality are slightly higher in the Palestinian Territory than in Israel and significantly higher than among the Jewish population. Our adjusted Palestinian population estimates for the beginning of 2015 is thus 4,105,000, of which 2,393,800 in the West Bank and 1,711,200 in Gaza. These figures are lower than some other independent evaluations (United Nations Department of Economic and Social Affairs, Population Division 2013) but quite similar to others (Population Reference Bureau 2014). As to the PCBS own estimates, the mid-2014 estimates were 2,790,000 (including 251,000 in Jerusalem) for the West Bank and 1,760,000 for Gaza. Discounting for Jerusalem, a total of 4,299,000 obtains for the WBG (PCBS 2015). Our own estimate, as noted, is 4,105,000. The difference of nearly 200,000 reflects an original PCBS Census overestimate by counting some persons, students, and others who actually resided abroad for more than one year, and excessively high subsequent rates of growth that ignore the impact of emigration.

The Arab population of East Jerusalem, which we have included in Israel's population count,

was assessed at 312,000 at the beginning of 2015, and constituted 37% of Jerusalem's total population of 846,000 (Israel Central Bureau of Statistics; Choshen et al. 2010, 2012; Jerusalem Institute of Israel Studies 2015; DellaPergola 2008b). By adding the 1,720,200 Arab population of Israel, including East Jerusalem, and the 4,105,000 Palestinian estimate for the WBG, a total of 5,825,200 Arabs obtains for the whole territory between the Mediterranean Sea and the Jordan River. If only adding East Jerusalem's Arabs (312,000) to the 4,105,000 who live in the WBG, a total of 4,417,000 would obtain.

Table 2 reports the percentage of Jews, according to the *core* and *enlarged* definitions, of the total population of the whole territory between the Mediterranean Sea and the Jordan River. Relative to this grand total, we demonstrate the potential effect of gradually and cumulatively subtracting from the initial maximum possible extent the Arab population of designated areas as well as the foreign workers and refugees. The result is a gradually growing Jewish share of a total population which diminishes according to the different territorial and Arab population configurations considered. This allows a better evaluation of the possible Jewish population share of the total population that exists under alternative territorial assumptions.

Table 2. Percent of core and enlarged Jewish population in Israel and Palestinian Territory, according to different territorial definitions, 1/1/2015

	Percentage of Jews[a] by definition	
Area	**Core**	**Enlarged**
Grand total of Israel and Palestinian Territory	**49.2**	**52.1**
Minus foreign workers and refugees	50.1	53.0
Minus Gaza	58.2	61.5
Minus Golan Heights	58.3	61.7
Minus West Bank	75.2	79.5
Minus East Jerusalem	78.1	82.6

a Total Jewish population of Israel, including East Jerusalem, the West Bank, and the Golan Heights. In each row, the Arab population and others of mentioned area is deducted

Source: Table 1.

A total combined Jewish and Arab population of 12,628,300, including foreign workers and refugees, lived in Israel and Palestinian Territory (WBG) in 2015. The c*ore* Jewish population represented 49.2% of this total between the Mediterranean Sea and the Jordan River, of which the State of Israel is part and parcel. Thus, by a rigorous rabbinic definition of who is a Jew, Jewish majority not only is constantly decreasing but possibly does not subsist any longer among the broader aggregate of people currently found over the whole territory between the Sea and the River (DellaPergola 2003a, 2003b, 2007a, 2011a; Sofer and Bistrow 2004). If the 359,300 non-Jewish members of Jewish households are added to the *core* Jewish population, the *enlarged* Jewish population of 6,576,700 represented 52.1% of the total population living legally or illegally in Israel and the Palestinian Territory—a tiny majority.

If we subtract from the grand total, the 226,400 non-Jewish non-permanent residents—74,300 legal foreign workers, 16,400 undocumented, 90,000 tourists whose visas has expired, and 45,700 refuge seekers (Israel Population and Migration Authority 2015)—the *core* and *enlarged* Jewish populations represented, respectively, 50.1% and 53.0% of the total population resident in Israel and the Palestinian Territory, estimated at 12,401,900 in 2015. After subtracting the population of Gaza, the total percent of Jews rises to 58.2% core and 61.5% enlarged; after subtracting the Druze population of the Golan Heights the percentages become, 58.3% and 61.7% respectively; 75.2% and 79.5%, respectively, if subtracting the Palestinian population of the West Bank; and 78.1% and 82.6% if also subtracting the Arab population of East Jerusalem.

Having a Jewish population majority in Israel is conditional upon the definitions of who is a Jew, and the territorial boundaries chosen for assessment.

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Psychic Trauma and Conceptualization

Choula Emerich

Freud's theoretical conversion in I915 was marked by a text dealing both with society and with the individual: "Thoughts for the Times on War and Death".

Freud starts off by questioning his own naivety and the European Intellectuals' one,

since they had not foreseen the devastating violence of this "strange war" which shattered all the gains of civilization in so-called advanced countries, revealing the illusions that had sustained the idea of a victory won by civilization over the impulses.

He speaks of illusions because "... States abrogated their moral restraints... to grant a temporary satisfaction to the instincts which they had been holding in check", and he further observes that "when it becomes a question of a number of people... only the most primitive... mental attitudes were left". This leads to the conclusion that civilization is founded solely on the manipulation of impulses, and that no true progress can be made.

The same mechanisms are at work in individual behavior, and the primitive psyche, meaning that the infantile unconscious, is "imperishable". In addition, another subjective factor is at play: our willingness to be fooled by our illusions concerning war is linked to our refusal to recognize the reality of death. We are able to deny it because each of us is convinced of his immortality, although "our unconscious is... just as murderously inclined towards strangers [as it is] divided (that is, ambivalent) towards those we love".

In nations and subjects alike the same repressed

aggressive impulses are shown to exist, but this discovery does not eliminate them or stop them from resurfacing as soon as we let our guard down.

Although Freud always maintained — even in his later writings —, that scenes of seduction exerted an effect on psychic trauma and the organization of neurosis, after he abandoned his *Neurotica* his analytic reflection led him to widen the concept of trauma through his clinical observations and the progress of his self analysis.

He used the *Project* as a starting point to show that the unconscious is the seat of indestructible structuring memory, as well as the site of primal repression, which is inaccessible and about which we know only that it precedes the function of psychic processes of the conscious mind.

Freud concludes that the unconscious and its psychic mechanisms take precedence over those of the conscious mind and its memorization and recognition processes.

In addition, his investigations and the deciphering of unconscious language mechanisms involved in the interpretation of dreams, witticism and the psychology of everyday life led him to state that all these language mechanisms control, without the subject's knowledge, his psychic life, including emotions and voluntary processes.

This is what the analytic process reveals.

The First World War also brought the discovery of war neuroses, a scourge devastating armies on both sides. Freud then focused his reflection on the priority of unconscious mechanisms over those of consciousness, on deciphering language structure, and on the nature of the damages inflicted by war.

These three topics were to orient his research, leading to a reformulation of the stakes involved in psychic economy. Freud was to identify the primacy of repetition compulsion, locating its origin in the death drive, described as more primitive and powerful than the pleasure principle and the reality principle, which had had priority in his previous metapsychology.

Freud admits that at first he was disconcerted both by war neuroses and by the phenomenon of repetition compulsion, but this phenomenon became the central concept in the reshaping of his theory in 1920, when he wrote *Beyond the Pleasure Principle*.

It was at this stage that he drew a clear distinction between sexual trauma, linked with the theory that an act of seduction the *Verfürung*, committed by an adult or an older child, *Verfürung* who determines the organization of neurosis,
and real trauma rooted in real experience and governed by repetition compulsion.

This fundamental differentiation was to change the orientation of the analytic process in these two pathologies, now clinically distinct.

Through this new perspective, Freud tries to explain how, in war neuroses, the soldier is obeying a repetition compulsion which makes him not a subject — since he is cut off from his subjectivity —, but rather a man who, when awake, reproduces continuously and in exactly the same way, the morbid episodes he experienced, reliving them unchanged in his nightmares when he is able to sleep.

This means that where there is real trauma the patient is condemned to repeat instead of remember, and this all-powerful repetition leads to the equivalent of the death of the subject.

We know that Freud was very concerned about soldiers with war neuroses, since he went so far as to defend the use of electric shock to relieve them of their traumatic neuroses; these treatments did, in fact, put an end to their stupefied state, but thanks to these results the military high command could consider them "fit to return to the front" and send them to continue fighting in the devastating war.

Two of Freud's sons enlisted voluntarily and were sent to the front, and his son-in-law, his daughter Mathilde's husband, came back with this pathology that rendered him a stranger to himself for a long while.

But Freud's metapsychological revolution did not find the support it needed from the whole analytic community, since some of his closest and most innovative students, like Ferenczi and Rank, had returned to a practice based on theories of the *Neurotica*, which included hypnosis and suggestion.

Abandoning the *Neurotica* had put an end to Freud's relationship with Fliess, but when Ferenczi took up this abandoned practice, causing a definitive rift between him and Freud, the latter sacrificed someone very dear to him. We can see that in order to defend his analytic practice Freud could be uncompromising, but he justified this position based on the need to protect analysis from possible threats, and to reinforce his elaboration of analytic concepts.

What appears to be a personal disagreement seems to me to reflect Freud's ethical decision, taken perhaps unbeknownst to him, to shift his position from that of master to that of analyst. This position places both the analyst and the analysand under the governance of a third entity, the radically Other.

Thus, in 1932, Freud is still insisting in the *New Introductory Lectures* that: "It is not the efforts of the pleasure principle that can break down a "traumatic moment". The pleasure principle does not insure against objective injuries but only against particular injury to our psychical life". This means that the sex drive does not govern everything.

In the same text, Freud goes back to his concept of *hilflogiskeit* (helplessness), introduced in 1920, and uses it as the paradigm for the overwhelming anxiety found in trauma and in narcissistic neurosis.

In a child in distress, this overwhelming anxiety ties the trauma of abandonment to the loss of the object; this stage is fundamental for understanding infantile pathologies.

In fact, this stage is also the one in which the child starts to be inscribed in language, and progresses from the universe of "one" or "two" he constitutes with the mother to the universe of "three" personified by another, the father.

This "three" introduces that which counts, or does not count, for a subject.

Therefore, far from being organized by the prevalence of the Pleasure Principle in which the concept is rooted, the most archaic instinct impels human beings to return to an inanimate state, and impels all life to seek death.

Freud asserts that only the sexual instincts, the life instincts, have the power to fight against this repetition compulsion and against this attempt to cause a return to the inanimate.

In 1938, Freud surprises the world again with his *Moses and Monotheism*. Moses is the antihero contrasted to Oedipus, who killed his father to sleep with his mother, and who made trauma his ultimate psychic goal.

Moses will be the one who frees not only his own kin but all of his people from the real trauma of slavery, leading them to a place where the "ten words", the *Vorstellungen,* constitute the Law around which they organize their new humanity.

Our clinical practice shows us over and over to what extent these Freudian concepts, endlessly reshaped, transform the orientation of analysis, preventing a practice of endless repetition and requiring each analyst to rethink the possibility of enabling each patient to make a different reading of that which insists.

Linguistic concepts, which contributed the signifier, the signified, sense, nonsense and signification, led to important advances. Lacan used them to explore the fields of speech and language, so fruitful for the treatment of psychosis and narcissistic neurosis Freud believed to be incurable.

These contributions open new possibilities for a patient struggling with a real trauma: they deconstruct, through language, the imaginary which shames him in an unsurpassable scene, so that the death drive does not necessarily succeed in having the last word.

The presentations which follow will illustrate how we go about helping our patients suffering from real trauma to reconstruct themselves and take up the thread of their history, allowing them to imagine a future that is not only livable, but remains to be built.

It is this desire that motivated our conference in Tel Aviv.

Frightness of sexual

Thierry Florentin

What is the mysterious ingredient that gives pleasure and meaning to life ?Is there a secret to be discovered ? John Houston

In a fascinating documentary about the reception and care of the war neuroses of North-American GIs back from Europe in 1945, at the Mason General Hospital of Long Island, the movie « *Let there be ligh*t », which appeared so unbearable to the American Authorities that they decided to forbid their broadcasting(1), John Huston asks this question, while showing at the same time these young men, returned emotionally and psychically broken by the horrors of the fighting, playing with jubilation and shared laughs the unavoidable base-ball game, american symbol of socialization and happy group living. For these ones, who were followed up from their arrival until the end of the movie, It will not be long before they are demobilized and able to go back home, after a last meeting with the doctor who will explain to them the importance of starting a « *small business* » such as acquiring a small property and set up a chicken farm for example.

Brother in arms, though quite different from these GIs whose story seems to have started with the war, the movie of the french director Arnaud Desplechin « *Psychothérapie d'un indien des plaines* », directly adapted from the eponymous book of the anthropologist and ethnopsychoanalyste Georges Devereux who looked after Jimmy Picard in Topeka, at the Winter Veteran Hospital, illustrates the conflictive family and personal historical dimension at work in the mental illness of Jimmy Picard, a war veteran, as well as the enormous transferential mobilization that Georges Devereux had to draw from his personal resources, both as a man and as an immigrant (he was Hungarian and had to carefully hide his jewish origins during WWII) in order to have access and reach an exchange of true speech with his patient.

Between these two films, I would like to make a little space to a moving and confidential french one, « *Les fragments d'Antonin* », which has nearly gone unnoticed though being an extremely well documented fiction, telling the story of a village school teacher who lives a happy and quiet life until he is mobilized and has to face the fighting of the First World War. This movie is an illustration of the beginning of a psychiatric science, still in its infancy, and of the doctors's distress when facing persisting traumatic injuries which happened to be neither physical nor neurological.

As a matter of fact, in 1914, except for a few and deceiving articles of the psychiatrist Angelo Hesnard, Freud was not yet translated in French, due to patriotic antagonisms reasons. Only in 1926 did emerge the first French Psychoanalysis Society!!

In France, in 1914, the treatment of these broken warriors-which literally presented themselves like broken men, leaning forward, physically unable to straighten up, it has been necessary to create a new word: *acramposie* - was electrical, faradic or galvanic current, soon called « Torpille (torpedo) ». It will give rise to some sensational lawsuits that will finally put an end to these practices (2).

On the other side, in every sense of the word, Freud who, in spite of himself, as not mobilizable, stands « in front of war neuroses » as the title of Kurt Eissler's book, just like Sandor Ferenczi in Hungary, and Karl Abraham in Germany.

Freud's testimony will be requested by the Austrian War Department in October 1920, in order to enlighten an Official Investigation Commission concerning Prof. Julius Van Wagner-Jaurreg's practices in the treatment of his patients by electric stimulations. Although expressed in a very clever and political manner, trying to preserve the Viennese military psychiatrist's good intention (Jaurreg was an ancient friend…), Freud tried anyway to promote his student's Ernst Simmel's work, (without any success, as indicated in a letter addressed to Abraham this same month of October 1920) (3).

Simmel, who was the founder of a clinic in Poznan, dedicated to psychic treatment of war neuroses, had the opportunity to present his work during the 5th International Congress of Psychoanalysis which took place in Berlin on September 28 and 29, as could did Abraham, Freud and Ferenczi.

And it is upon the release of this Congress's works, one year later, in 1919, that Freud, in his introduction, raises the question of the link between the general theory of sexual neuroses and the traumatic ones.

Facing to the opponents of the psychoanalysis, he tells: « If the study, still in needs of deepest investigations, of war neuroses *does not allow to recognize* (in italic!!!) that the sexual theory of neuroses is *right*, it's a whole other thing than if it could *recognize* that this theory is *not right* ».

Then he adds that it's equally true « *for the other face of war neuroses, the traumatic neurosis, which appears in peace time, after a great fear or major accidents* ».

However, he recognizes, traumatic neurosis, *no more than narcissic neurosis*-this is how he used to call the group of psychosis such as *dementia precox*, paranoia, melancholy-*shed any additional light* on the theory of the libido, at work in the ordinary neurosis during peace time.

These three groups of neuroses will only be able to integrate *when studies on the unmistakable relations between terror, anxiety and narcissic libido will have come to a result.*

But he was here talking about his colleagues researches, Abraham and Ferenczi, and there can be no question for Freud, in this context, to develop a theory and focus on details. He just doesn't want the question to be closed, and he simply will initiate a possible comparison between the traumatic neurosis, where the Ego has to defend itself from a danger coming from outside, and the ordinary neurosis where the Ego is considering the threatening pretentions of its libido as an enemy. *In the two cases, inner libido or external forces, the Ego is frightened in front of its own injury.*

And Freud ends with this tiny enigmatic sentence : *Quite rightly, we can describe the repression which is at the origin of any neurosis as a reaction to a trauma, as a basic traumatic neurosis.*

This sentence is enigmatic indeed, as it brings, for example, the issue of the perversion, and of what happens to the child when he discovers his mother is castrated. A trauma which will determine, in a structural and irreversible way, his whole ulterior life.

But let's come back to Freud. If he accepts not to focus on details, it's because he is keeping his response for a major and crucial text he already has in mind, and that he will write around the same time, 1919-1920, « *Beyond the Pleasure Principle* ».

What fails to the psyche in the traumatic neurosis, will he say basically, is angst.

And this is precisely because angst fails, (angst which allows, when it is present, the overinvestment of the protective shield systems, but, in failing, leaves the psyche absolutely helpless and unprepared to receive the traumatic excitation) that there is only place for fright -*Schrek* says Freud- sudden, violent and unexpected cause of the extended break-in of this same protective shield system.

And he suggests that the tireless repetition-in dreams as much as in the fixation of the traumatic scene which binds the subject to the permanent evocation and remembrance of the traumatic event- should be seen as an attempt to bring back the psychic protective anxiety, and thus, retroactively control the brutality of the traumatic excitation.

This repetition is neither a desire fulfillment nor a compromise symptom, but an attempt of reparation, even if it's doomed to failure.

Therefore, there can be no question-and who would think of it anyway !!-of treating the traumatic neurosis by using the free association method.

Because of the painful souvenir stasis, to which all goes back endless, a sound, a face, a place, a date, etc., but from which nothing never start, the traumatic neurosis treatment needs a specific approach.

Upon trauma, it has no past, no future, no transmission, no erasure, no oversight, no elaboration, just a perpetual sentence to the painful stasis of rumination and fright.

« *He who keeps the trauma will neither slumber nor sleep* »

At the beginning of his teaching, in the early 50's, Lacan was led to comment on a major sentence of Freud about the Wolf Man's hallucination.

« *About castration, even within the meaning of repression, he would not want to know*» writes Freud, calling this process « *Verwerfung* ».

In 1954, Lacan proposed a first translation for this mechanism « which effect is, as he says, a symbolic abolition », the french term of « *retranchement* », english equivalent of "cutting off".

But later, in 1966, when publishing this article in the « Ecrits » (4), Lacan will add a small note at the bottom of the page : « *As you know, after carefully weighing this word, the translation which prevailed for it was* « forclusion ».

This term will have the benefit and good fortune to be, henceforth, indissolubly linked to Lacan's name and to the mechanism of psychosis.

I will then propose you that we pick up this term of « retranchement » that Lacan littered, because this term finds particularly his best use in front of the consequences of psychic trauma. It refers as well to a defensive military position, or an impregnable fortress, that, in logical-mathematical terms, to the suppression of one part of a whole.

A part of the subject, as a result of the trauma, has cut down from the Living, hunkered down, without communication nor link, within a subject which stands « as if ».

Shortly before « *Beyond the Pleasure Principle* » to which he often refers, Freud published, in 1919, a little text *Das Umheimliche*, translated in english by the *Uncanny*. I ignore whether his english translator, James Stratchey, has met great difficulties, but his first french translator, Marie Bonaparte, was only half satisfied of the translation she made for him, and which has since mainly remained as *L'inquiétante étrangeté*.

To speak the truth, this term is as indefinable as untranslatable. Freud perfectly knows that, as in the first part of his article, which is quite consequent, he goes over the different definitions given by the dictionaries at that time, which he fully reproduces, in every sense of the term. Then he considers it in every language, Latin, Greek, English, Spanish, Italian, Portuguese, Arabic. In Hebrew, he says, « *Unheimlich coincides with demonic : which makes shrill* ». He finds even a dictionary where *Unheimlich* has the same definition as *Heimlich*!!!

In relation with the purpose of our today's meeting, I propose that we translate *Unheimlich* – as it is exactly what happens to our patients, something brutally hostile and unknown, which settles down inside of them, (*Heim* meaning home, the place where you feel at peace) – I propose that we translate *Unheimlich* by *Unwelcomable*.

Let transform it as *Unwelcomed*…

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Notes:

(1) Visible on *YouTube*. This documentary has been re-presented in a restored version to the public only in 1981, to the utter indifference, during the Cannes festival, in the collection « Un certain regard ».

(2) It concerns Clovis Vincent and Alexis Carrel, who, after the war, will respectively become great pioneers of the neuro-surgery for the first one, and of oncology for the other.

(3) He will write in a letter to Karl Abraham, on 31st October 1920, from the BergStrasse : « I have had to face again the misleading acrimony (of the psychiatrists) »…

(4) I due to the reading of two atypical french psychoanalists, Françoise Davoine and Jean-Max Gaudillière, in their excellent book "*History Beyond Trauma"* to have drawn my attention to this note of Jacques Lacan.

Traumatism turns around excess and hole

Marie Jejcic

Is it possible today to speak of the psychical trauma without being beset by the injuries which our new society inflicts on its own history? When I was asked to speak about trauma here in Israel, in the aftermath of the January 2015, in France, which was followed by the abominable attacks in November on youth locked in a theater, I admit I felt just the rejection for the theme.

On reflection, trauma is not Freudian. "Traumatism" is a neologism introduced by psychologists in the late nineteenth century, early 20th. In turn, Freud spoke of trauma and used the adjective traumatic, but he did not speak of "traumatism" or the consequences produced by the external realities.

Early in his research, in 1894, he thought that the psychic trauma, injury from external reality, could be the etiology of neurosis. For him the trauma was sexual, thus was not collective involving an intimate aspect that was ignored by the subject himself. But two years later, without denying the trauma, he abandons its theory in favor of fantasy. Trauma was there, but in fantasy.

Then the First World War came. Invited as an expert, Freud was among the first to observe these so-called collective trauma among soldiers returning from the front. Yet he did not speak about trauma, but traumatic neuroses. This is important. The trauma takes place or in fantasy or in the structure. Thus, traumatic neuroses led him to set up the second topography and to discover the death drive. Being discreet the trauma nevertheless was the cause of major rearrangements and decisive discoveries of theory worked out by Freud. For its part, Lacan is far from having identified traumatism as an fundamental concept, but he comes regularly up to the last seminars.

I therefore propose to revisit the trauma-fantasy connection by one brief but accurate clinical episode. If the major theoretical changes are made under the pressure from the trauma, the present era of trauma requires our alertness, as I come back initially, on the great power of collective traumas in our society.

The overmuch trauma

The society seem to be characterized by the ability to produce mass traumas to the extent of having changed the status of victims. Freud knew the time when the victims were despised and the cult was

reserved to the hero by valorizing the courage and the valor. But what heroism one could expect during World War from the soldiers rotting in the trenches where real graves of young French and Germans were trapped there day and night for months, in inactivity and fear, and waiting to be bombarded, unable to do anything at all?

The definition of victim changed when the war became industrial, when the individuals were not engaged in close contact, but were locked in and massacred.

Freud was the first to draw attention to the condition of the soldiers of the Great War, "terrible war" he said, back from the front although he was yet expected to return to fight.

Despite this abjection, World War Second will outbid horror, in coming for innocent civilians, including women and children, arbitrarily condemned in the name of religion.

Exterior interior tension

There are about ten years, in 2007, Richard Rechtman and Didier Fassin published a book entitled *Empire of trauma.* The authors refer to the beginning of this empire, but not as the first or the second world war, but to the attack of the *Manhattan towers* in September 2001 and political consequences that followed: security crackdown in the United States of America and military involvement outside in what Bush surprisingly called "a new crusade" before declaring or prophesying, which continues to resonate that "now, the world will never be the same.

Empire of trauma. Hear the grammatical ambiguity ! Does this mean that power would return to trauma ; or that the trauma would lead to an economic or political empire, or that the empire would be formed by the trauma, in short, the preposition blurs the meaning and destabilizes.

The strangeness of the subtitle is misleading. *The condition of victims.* One already knew that of the proletariat by Marx. Would the victims form a new social class within the unemployed society ? Malraux wrote *Human condition.* Victims - should it be status ? Still here the trauma produces victims ; not in psychoanalysis where it produces subjects.

The support to the victims of mass trauma is provided in three stages. Repairs, usually financial, and management of post-traumatic depression, are reserved for former victims ; for the present-day

victims the establishment of the crises groups called "unshock cells", where the psychologists *unshock* on site, is considered; finally, for injuries that are not triggered immediately, "preventive management of trauma" is established.

However, the authors observe, with supporting statistics, that after the World Trade Center event, a study conducted six months after the attack, noted that 4% of the US citizens were exhibiting post-traumatic stress disorder with the remark that those who had been exposed to loop broadcast images were more traumatized than those who had attended the event. Thus, diseases induced by the image, well known in psychosis, is nowadays gaining the neurosis in a society increasingly worked by the gaze. If Freud spoke of the war neuroses, should we not consider today gaze neuroses? For those traumatized by television images one has to add the internet addicts ; the acting out induced by vidéo games where the line between the virtual and real life disappears, or these early obsessional neurosis which affect very young with symptoms that occur suddenly with the discovery by them of a porno site for example.

In a text of 1967, *About psychoanalysis in its relationship with reality*, Lacan speaking – in English – of the *trauma matter of fact*, notices its supposed external circuit connected to the reality at its internal return. He says : « What we have to surprise, is something that the original impact is marked as trauma ». Incidentally, one could note that Lacan speaks of traumatism, not of trauma, but what he says supposes that these collective trauma does not form the traumatic cause. If there is trauma, that is to say the return of the fear over the time, the cause is to surprise somewhere other than where collective traumas blind.

Imaginary overmuch to the real hole.

Let me take a brief excerpt from my practice but representative and sufficiently old to allow me to speak about. Several years ago, I worked in a reception center for teens attached to a hospital. The premises were designed in such a way that in order to go from my office to the waiting room, I had to cross the room where the secretary was installed. One day, as I accompanied a patient, I saw the secretary very busy on the phone, and sitting in front of her, a young girl and a young Tamil boy. I received my next appointment, that lasted approximately 20 minutes or half hour, then accompanied the patient back. In passing before the secretary, I observe the same scène. Astonished, I asked her

what is happening. She said that she was desperately seeking a hospital bed for the boy who was not well at all, the reason why her sister came for help.

Once more I pass, going to host the next patient, get the time and then at the end of the interview, I accompanied the patient back. In the office of the secretary, still the same scene. Seeing my inquiring look, she explained to me that this young, newly arrived from Ceylon with his family is traumatized because his older brother was brutally shot in the street. The upset parents fear for their other children, came to find asylum in France where they have arrived recently. Let it be. I get the last teenager who was waiting, after having escorted him in front of the paralysed situation, the evening falling, the lack of an emergency hospital and seeing the young man collapsed, I propose to receive him.

But, the secretary said, this is not possible, he speaks neither French nor English, only his sister speaks English. Assuredly I do not speak Tamil but I know that language is a matter of understanding, but also intonation, look, rhythm, so without knowing how I would go about it, I received him.

In my office, I seat down directly in front of him. He gave me a strange feeling, because his eyes were as empty of his gaze. So fixing his absence of gaze, I asked him in French, What happened to you ?

Immediately, the sister intervenes to remind me that he did not speak French. I knew it did not prevent me to speak to him in my language. While continuing to look at him, I renew my question in English to his sister, who immediately replied, referring to the tragic scene because of family upheaval and their hasty arrival in France.

I interrupted her and ask her not to answer for her brother but to ask him. This very sweet young girl looked at me helpless. She knew, she said to me, why he was going so badly. But I insisted, « not only ask him, but translate me if you could accurately the answer. » Then, turning to him, she asked : « What happens there with you? » I fixed his gaze as he looks away from her sister towards me with a reclaimed look but with an expression of panic, replied in Tamil translated by his sister : «No one talk to me.»

This unexpected answer surprised everyone. Certainly, for more than one hour, one was concerned only with him, but no one spoke to him. Except that, with his sister, he could very well cut short, stop and go. He did not try to escape, captured by the situation, he remained on site. Therefore,

noting the emergency where he was, the panic in his eyes, the surprise produced by his answer while expecting a different story, that confession was embedded in an infinite perspective. This scene where for more than an hour's sister was speaking without any concern to her brother situation, a situation repeated by the parents silenced by pain, surviving without seeing anything around them, and this would extend to him a probable position in siblings etc. etc.

The presence of the «nobody speaks to me», is a historical presence, a repeating constant in his life, as the news came to him to check him again and again.

This makes sensitive displacement operated by the whole scene. The upheaval that he lived for weeks, the long wait to the secretariat, my interposition and address, altogether permitted a formulation that sometimes more interviews are not able to obtain. Moreover, we would expect that, if it had been received immediately, he could have, in good faith, probably told the aforementioned version of the trauma as the reason for his unhappiness.

In other words, the "official" trauma originating from the collective knowledge, here limited to a family, affects him badly and is even more traumatic as the subject can do nothing since he is unable to find a link to his original trauma. So that apart from the victim, it is cared only about his body and his material situation, here the hospital bed. Otherwise the interview, introducing an unknown, allows an opening to Another dimension of speech and shifts the oppressive, stupefying imaginary. A word (parole) that tolerates the unknown would reform the traumatic reality by the reality that it brings.

This word makes "*the emergence of the real matter of fact which arises in the reality,"* as formulates Lacan.

It doubles the real of the original traumatic expression on which the subject is structured. The subjective effect is sensitive: 1 / The subject is never where we expect it, 2 / He emerges from this traumatic brand for him. There hi resists, accounts and accounts himself, whether it does by default, 3 / this is true to the fantasy turn of traumatic expression, that provides the répétition.

Still, the interview ended, he returned and calmed, a psychoanalitical work could take *Repetition and panic point.*

"One does not talk to me": this fantasy turn surprised me. It care the grammatical mark: "One does beaten *a child", A child is forgotten, we forget a child.*

In *Beyond the Pleasure Principle*, Freud begins with the traumatic neuroses of war 14-18 and wonders why the night, nightmares always bring these traumatized men at the most unbearable state, why they

do not instead find refuge in the dream? And there, with the nerve or the courage that only the genius provide and enchant, Freud, unable to answer directly, makes a transition, cutting the reader's reading, cut somebody short - as it could be said, and goes without transition to the observation of his little 18 months son.

What is the connection between the terrible trauma of the war of the soldiers and that little boy that his mother, the daughter of Freud, gently confines to her grandparents when she is absent ? Freud finds the connection in the fixing of both sides to the wound produced by the repetition. At the interface, the subject stumbles on something, is fixed on it, and repeats. On the one hand the nightmares, on the other, the surprise to find that the child at each departure of his mother repeats the same game, the same: a coil launched accompanieds by this *fort und da* cry, far and near.

In *Desire and its interpretation*, Lacan resume the repetition where Freud uses for the first time in the conclusion of *The Science of Dreams*, he writes : The indestructible desire models the present in the image of the past. OK, said Lacan, we always talk about the repetition, but what is it? It then follows that if the desire is indestructible, it shapes the present on the past because the object to the subject, as would be the carrot for the donkey, is always before him, never inaccessible. There is, between the subject and the object, where there is a lack, a hole no bigger than a point that Lacan marks what he called panic point. This panic point on the edge of reality, in its tension towards the object ; always already lost Freud said, pushing the subject on the meaning that will represent him in the phantasmagorical expression, which bring the strike of trauma.

This is why this brief clinical time with this young Tamil is interesting. It isolates, it seems to me, this panic point. The trauma that projects the subject to the edge of reality, should it not be found in the transfer, finding that urgency of the original phantasmagorical expression, henceforth, will present the topic in its reality but framed, protected by alienation of his fantasy.

So if the trauma is a driving force for psychoanalytic theory, it seems to me that it is to resume this panic point that awakens the subjects who are barricaded behind their trauma and inaccessible, in order to offer them not an object of reparation but a word in the transfer where they can find, while being liberated from the signifiers of urgency, a possible access to desire.

L'analyste à l'épreuve à de la Shoah et de l'effacement des noms

Laurence Kaplan-Dreyfus

This lecture, derived from my thesis entitled "Going on living: Listening to the stories of the Shoah", will deal specifically with the analyst facing the Shoah and the eradication of the names.

Although a daughter and grand-daughter of survivors, I embarked on a 12 year-long analytical journey during which I never spoke of the Shoah, simply because I had no notion of any possible link between this event and my life. Neither did my three analysts, apparently, despite their great professionalism.

Thus, it was this lack which opened the realm of my personal thought, faced with a gap where everything seemed to escape me and no one seemed willing to hear me. This reflection would often be echoed back to me by many survivors and children of survivors. The Shoah, an event in reality, remains an indelible part of their lives to this day. History was broken and has penetrated the history of the families and of the subjects. It was not only about murdering the Jews, but about eradicating them, about trying to make them disappear from the memory itself of the earth and of humanity.

So, in a contemporary world shaken by this ordeal, is there a specific way to treat surviving patients and their families? And what are the possible forms of listening available to the analyst who, when faced with the part of the patient soul that was torn out, may experience violent emotions and mechanisms of counter transference, which erupt and form with the aim of protecting his own life forces. I have been pondering upon these questions between France and Israel, based on the stories of approximately 40 patients – at AMHA and at the Mahon Davar – as well as based on numerous discussions I held with analysts, on clinical fragments and shared reflections.

I was forced to recognize that the handling of these treatments did not always take place as I had experienced with other patients, and challenged the classic theoretical fields of psychoanalysis.

Indeed, being a survivor means being taken back, in its simplest form, to the imperative need to find the will to live on. From then on, the length and intensity of the eradication, the number of the departed, the break in the filiations, the loss of confidence in life, and the tremendous difficulty to

reenter the register of the desiring person – all of these damage and dig holes into the survivor's psyche.

If the question of analysis remains that of Oedipus, of the family, of the body, of desire - with these patients, the question of History and of what the Nazis did to the family, to the body, to love, to sexuality and to death also resonates. Clearly, in these treatments, the fundamental violation presents itself more as a collapse of the position of the subject under the grip of the Nazi machine than as an individual traumatic wound. With the analyst, a scene is then enacted which responds to and mirrors the eradication of the Jews' names, and renders it possible to think of the restitution of the name and of the subject's identification with mankind. Two registers meet around the subject caught in the dread. The first and more archaic register is one of identification, of the restitution of the name and of returning the subject to his humanity. The second one, more oedipal, involves bringing into play the subject and his desire. Within a dissymmetrical encounter, analyst and patient invent for themselves a shared attempt at reconstructing a life story where it was encircled and enclosed in the absurd of Nazi barbarism. *Jacques born in 1946 tells me: '' My father and his baby daughter were hidden with other Jews. The German soldiers passed close by their hidden place, my father placed his hand over his little mouth to stop her from crying and she was dead. Jacques is tortured by the many different ways he sees his father: an assassin, a child murderer or a hero who saves the life of other Jews at the price of his own baby daughter's life, a father who is a victim destroyed by the death of his baby daughter or a terrifying and disturbing father, a silent father, a worshipped father.*

Can the analyst prepare himself to hear that there is another space in humanity, where the Shoah could be conceived against humanity? Can he hear the register of eradication and the torn out in the patient psyche in order to work on it? Gaining access to this register, regressing into it, interrogating it, invite him to invent new systems in the process of the treatment. Thus, thinking of the analyst, with his emotions, with his counter transference, is essential for me, given the major role they play in the possibility of the treatment. Questioning me had to go through questioning the other - the analyst in his more global clinical work. The richness of certain past encounters with some colleagues was not foreign to this approach, as was the desire to confront my own practice, and the curiosity to see how others were dealing with *this matter*.

If being an analyst implies taking risks, then facing the Shoah, facing all of the genocides, increases this risks. Being an analyst means coming to terms with the risk of being unsettled without having

planed it, to ask oneself about one's own position or that of one's family during the War – a family history that is either known or ignored, a heritage which may erupt following a commonplace reflection made by a patient… All this would remain part of the banality of the analyst-patient relations, if the backdrop for these patients were not different – a backdrop where, it is precisely these elements that will either enable or block the appearance of the part of their history that is full of holes and torn apart. This is where the counter transferential silence of the analyst is played out as he faces the hole and the appearance of the violence of the fantasies in the analysis. The hole of the survivors' memory, the emptiness of the floating listening, and the abyss of suffering – how are these holes reflected?

A French patient tells me that when, after many months, he confides snaps of his experience during the Shoah to his analyst, at the end of the meeting, the latter suggests an interpretation using the expression "Chosen People". The violence that seizes this patient, as well as what he fantasizes concerning the violence of his analyst, jostle together in his head. Faced with what he experiences as a threat in the indecision of his therapist, without a word, he puts an end to the sessions.

Faced with this past which hasn't passed, what experience must the therapist bear, what capacity for regressing, for returning into listening – not in order to hear the unconscious (a classic exercise in our profession) but in order to confront the hole, the gap in his patient? How is the voyeurism, the excitement, the regression handled by those who must hear these stories? The Nazi montage implies a regression within German culture to a place of enjoyment within the violence of death-inducing and sexual excitation: gas chambers, exposure of the bodies, sadism. At this peak of unbearable, what can be done so that one moment of excitement or of curiosity of the analyst does not pollute the story of the patient?

After more than three years in therapy, Rachel tells me about the special workcamp she was assigned to at Auschwitz. She tells me: "I was unwrapping packages and suddenly I discovered in one of them a newborn baby." Without thinking, I ask her: "Was he alive?" She looks at me, I feel she is shocked, she has a hard time talking and then she retorts in Yiddish: "But what a question!" I feel we have stopped at the entrance to this scene – she in heavy sadness, in disappointment in me, maybe; and I, frozen by a feeling of having failed her. By injecting reality, my reality, into her story, by letting my concern and fear erupt, I lose my position as her analyst. We part shocked without uttering anymore words. The following week, I feel that only our long analytic journey will enable us to overcome this past session.

The analyst also runs the risk of uncovering, of reviving a pain that can send the patient towards the archaic and nothingness. No liberating words here – the sobs are suffocating and bewilderment settles in over and over again. Secrets that were barely touched upon during the appearance of the hole can arise unknowingly*: Jacques comes to AMHA because, as suggested by his former therapist, he has conducted some research on his father who died in deportation, until he discovered that he had been a Kapo, which put an end to his therapy.*

Daniele tells me that during a speaking session of children of survivors, she says: "Mummy was too beautiful". The group asks her about this "too" and this "too" makes its way within her. She talks about it to an older cousin who, embarrassed, answers that it was because she was "too beautiful" that her mother could survive in Auschwitz. Daniele is shattered and will learn no more about it.

It is the tremendous difficulty of still believing in humanity, after what these patients have gone through, which puts the analysts' counter transference to the test to the point where – as pointed out by various authors – its questioning and elaboration are prevented.

Something in the patient's story can throw the analyst off his kind neutrality and eject him of his therapeutic position. A psychoanalyst friend told me the following: "My patient speaks to me of "socks" and brutally, these "socks" send me back to my family history during the Shoah when a pair of white socks saved my parents' life."

Faced with the most savage barbarism and with the damages that follow endlessly, the first functions of the analyst seem to be under attack, echoing the register of annihilation and destruction and can set off, among other things, mechanisms of counter transference: regression, identification, denial and anxiety. The affects as well as a very specific wakening of the therapist's consciousness, which feels in alert, called upon, append themselves onto these mechanisms.

Then, when an analyst meets a patient who has lived through genocidal traumatisms, his counter transference is very much called upon and often, the elements that paralyzed the victims in their previous experiences tie up and block the therapists in their process. For the analyst, at this point, the notions of the patient-heroes liberated from the tyrants, of the omnipotent curing therapist driven by the desire to relieve or even to repair can then get mixed up – situations which are likely to generate strong mirror-resistances. *Jeanine tells me: I know why it is different with you. Here at Amha I allow myself to ask questions that I have never ask myself before. In France, I tried to see three psychologists. I could never speak of*

these subjects because when I did, they thought of me as an orphan what was far less threatening for them. They understood nothing about the Shoah. The death of my father was not all. I, yes, lost my father, but also my uncles, my aunts, my cousins, two grand mother, one grand father, five years of my life, my trust and love of life, my identity, my belief in my fellow man. From one moment to the next my life was destroyed with no consolation, no grieving, no tombs and I was 7.

The mechanisms of counter transference have often generated a genuine avoidance of the subject of the Shoah, which gave the survivors and their families the impression of being neither heard nor understood. The analyst, a subject who is supposed to know, may be, due to the very essence of the Shoah, perceived by the patients a subject who is supposed to know nothing about it. Can a patient speak of what he supposes the analyst is unable to hear and also fear what I shall be calling the "poison word"?

In Israel the question of the therapist's survivors of the Shoah is particularly relevant. They seem less troubled than others, although sharing a common experience does not guarantee that one hears better. However, it does seems that having lived through destruction grants those who tackle these questions a more intuitive access to their patients' register of destruction and eradication.

Rivka, who was deported to Auschwitz, told me: "We are psychoanalysts by way of our wounds and our scars. So if this is the way it is, we know that regarding the Shoah, we cannot cure anything. We can try to diminish the pain – neither to give it meaning, nor to explain it – only to render it slightly more bearable, to go on living."

These clinicians, who are closer to the analysis of their counter transference, allow themselves more liberties. They pull away from the analytical ritual which protects them, and from their archaic fears. They sometimes wander into an experimental position where they build, far from orthodoxy, a clinical relationship with these suffering patients, answering sometimes to their specific demands for physical contact, for silence, for writing, even for going for a walk when the body cannot any more…

Some analysts persist in thinking that one can go through the trauma again with the survivors as one would in the case of the individual trauma. Others, while doing so have then met with the dimension of the Shoah and are concerned about a certain inadequacy of the classic analytical tools at their disposal. They spot great dangers, even pointing out that it can unleash in the survivor violent

projections of aggressiveness and guilt, psychotic decompensations, and even accusing the analyst of being like a Nazi who persecutes him.

This situation often forces the analyst, with his emotions and his counter transference, to explore his therapeutic position and even to reinvent it opposite the analytical concepts. Lets us begin with regression. The floating analytical position is held in regression. In order to listen to the individual traumas, the analyst must opens up to regression within the human being and to his abysses, where rape, incest, violence and war reign. But what type of regression of an archaic nature is necessary in order to receive the narrations that have come out of the Shoah? Where should one dig in order to find the intimate, even the ultimate experience, the human reference that would help us regress in order to listen to the one whom Antelme points to as being "contested as man, as a member of the species."?

It is undoubtedly this minute part of humanity that could never been taken away from these men and women, which forms the basis for our regression and which our own humanity must lean on, in order not to slide either towards denial or towards madness.

The analysts questioned in this work claim that having members of their family who suffered Nazi violence directly was not a determining element in the orientation of their listening. Thus, it is not about finding a community of experiences but a place deep inside oneself where the analyst could identify possibilities of experiencing these experiences, a particular ability to regress analytically towards an archaic place where the encounter could take place with the *anus mundi*.

Concerning life and death, the hole in the psyche is like a revolving door opening onto consciousness, and then offers a breakaway towards the unconscious. The door opens, closes and the expressions of the hole, of the torn out moves between these two psychic spaces. We are in this passage between life and death, within a reality -years of real persecution- that is very distant from the fantasies of persecution. Indeed, the Nazi apparatus, in its folly, was replaying something in the opposite direction to birth: taking a human being, dirtying and soiling him, putting him in the darkness of the gas chamber, robbing him of the air that enables life to take place, and then reducing him to ashes, to microscopic particles – a metaphor running counter to birth.

However, the concept of the drives of death according to Freud does not seem to fully cover the way, death presented itself and broke into the life of my patients. "The familiar psychoanalytical categories fail to account for these manifestations of the drives of death."

Moreover, these going back-and-forth between life and death seem mixed with the most intimate of the subjects' narration. Here, there is no life-death duality, but rather a continuum, like an excitation followed by a non-excitation, a zero point, which starts again, since the events of the Shoah seem to beg or to play ceaselessly with the life and death of the Jew. *For Bella, for example: "… her mother's womb gives birth to a girl, her sister, who will kill herself. The confusion reigns in this feminine pit, where life and death nestle and curl (…) she struggles with the impression of having disappeared within death and her deepest desire to exist in life."*

At the same time, an inner core of life has often persisted. The survivors open a door for us onto the teaching of life, in the way they have of still building, after their frightening experiences. What is this lever which means that, despite the denting of life, they feel a desire for life, which helps them hang on? Despite the black hole, the gap, where does their choice of life come from? From the settling of a debt, a duty of memory, replacing those who disappeared, revenge, building a family, to beget, not to beget…?

Of course, in our patients we find many psychic places of repression. However, these are not the same emotions, the same events than the encounter with the denting due to the Shoah, such as the separation from all the loved ones, the encounter with the hatred of the other, the confrontation with the imminence of one's own annihilation, of one's own death – and this for years. According to Davoine, these stories are "bits of history hidden away, not repressed". No scene is either forgotten or repressed – they haunt these patients.

Thus, we are not on the scene of repression, but faced with the hole in the psyche, with the void, the abyss, always present, which one cannot approach, which one cannot name. Attempting to lift repression would mean bringing back the patient's traumatic scenes upon which the unbearable places itself, as if facing the door to the gas chamber. *Rachel enters my office at Amha, for the first time. Without even saying Hello, she asks me : "Would you listen to what I have to say?" She goes on: "I am asking you because I have a terrible scene in my head, when my mother, my little brother and my little sister were send*

together to the gas chamber, who died first and who had to watch the other die?" I answer: " It must be terrible for you to have this scene in mind``. We do not talk more. Rachel seems relieved."

For the scenes of the Shoah, there is no repression, no forgetting; only something unbearable that cannot be crossed, which forces the analyst to move continuously and to renounce the fantasy that one could heal the void, that it could be re-filled. The analyst must strive to reinvest new life objects in order to help the patient be alive and so that he learn not to drown in the gap. The notion of psychic reactivation and reanimation comes up in certain discussions with analysts, as well as in my own practice. In order to face the omnipresence of death, being perceived in therapy as a person actively advocating life, even after an experience which was its negation, seems indispensable.

If we refer to the two registers we have already mentioned, the analyst who, by way of the transfer, suggests the interpretation, positions himself more in the register of the desire of the unconscious, which might sometimes be invested by these patients; but what happens when the interpretation does not find its place?

We are in the stories of the reality of terror, far from the realm of desire and of the return of the repressed, far from a symbolic place where something human and logical might emerge and make sense – in a nutshell, where the interpretative process is absent. Fineltain tells us: "Some patients, in a genuine reaction of panic, had literally fled the interpretative scenario. A correct interpretation among these patients is not a relevant interpretation!"

Anna, a child survivor, tells me that having shared her recurring nightmares with her previous analyst, in which she saw her father, mother and sisters die, each in turn, throughout the months, he had interpreted her dreams and led her towards her oedipal death wishes and aggressiveness towards her family. Lost and outraged, full of guilt, she had put an end to her therapy.

For the analyst, questioning the interpretative process means giving up what is familiar in a known world as well as some of the tools that protect him. The patients bring some of their stories at their own pace, as a broken line; many other stories cannot be gone through, at the risk of bringing about extreme difficulties, even a real psychic danger. There is a strong metaphor by Michael Ende, who tells us, speaking of the disappearance of part of the world: "If someone stepped onto it

unintentionally (…) the one this happens to suddenly finds himself with a piece missing. Some even let themselves fall into the void when they came too close. It exerts an irresistible attraction."

How, facing what was torn out, the emptiness and the shock, far from interpretations, the analyst and the patient try to approach the edge of the hole, to point to it, to line these places of obliteration, in order to limit them better, to walk over them with the help of bridges and gangways, in order to stop the invasion of the patient's psyche in the form of depression, anguish or delirium.

It is about rendering what is at stake slightly less painful, this truth each person's has, which is insurmountable because not grasped within a representation. This theft of representation is what the camps have left on deposit among certain survivors, no longer able to apprehend time, people, life or death. However, even without interpretations, some saying emerges, a story is produced by the patient. Instead of interpretation, something else takes place within the word. I notice, for example, that often, the digression of the story takes place through my own words, which set in motion a series of signifiers or which reassure. *Bella is a child survivor, while listening to her, I take up her words, I echo her own story for her, I allow room for this child. I let her tell me her life story; I greet her pains, express surprise with her at her strengths, her resistance, at her connection with the life forces. In relation to her guilt, I reply: "Who could have lived this better?"*

If interpreting means slipping in between the patient and his unconscious desire, in order to reveal it to him, in this case, I revert to the very root of *interpreting*, "*inter-prêter"* (French for "lending"), thereby *lending* my words while standing at an *inter* space, between the subject and what I shall attempt to call a process of identification of himself. I enable him to identify himself around this term placed between him and me*: If I suggest to Daniel a brilliant journalist, son of survivors, a thought that he can relate to, or if I confirm an idea that he has heard, he enjoys my words, repeats them, over again, energetically. It is as though my words echoing his own thoughts have finally provided him with a language with which to express himself. At our first meeting, he tells me: Both my parents were children during the war. Me: So you are a survivor's child? Him: Well, yes. I never thought of that."*

At the end of 1899, Freud teaches us that there is a limit to the interpretation of dreams which, pushed far enough, will come up against a crucial point which he calls "the dream's navel" which should often be left in the dark. Similarly, the stakes of the treatment may also be found in a place where the subject must withstand this or these points of purely

unknown matter within himself, which are as many points of history - umbilical points that belong to this register of annihilation and eradication. For Freud, the analyst works in an analogous way to the archeologist, who "unearths a destroyed or buried home." With the patients we are talking about, the question is building – not at the level of what has been forgotten but rather at the level of what has been destroyed and buried due to this time of eradication and annihilation.

To conclude, time goes by and the analysis of the survivors often hits the limit of their life. Thus, death sometimes occurs in the course of the analysis, which is always very painful for the analyst. Following the illness, the deterioration of the body or of the mind's abilities, or even a sudden departure, are always surprising, as if these human beings who escaped the Nazis or the camps should possibly remain eternal.

Conducting a therapy while foreseeing an obvious end to life, calls once again upon the humanity of the analyst, and reactivates the fear of death. However, feeling that this accompaniment was able to open a gentler door towards what in Hebrew is the "*Olam Haba*", "the world to come", probably allows, for me, to perceive a closing of the analysis.

Psychical trauma and amnesia with loss of identity

Claude Landman

Definition

The psychiatry defines the amnesia with loss of identity as a clinical status during which the subject goes through an absolute eclipse, suspended over the loss of its surname that carries along with it the loss of all his memories.

This omission contrasts with the fact that the benefit of what he had learned before the crisis is preserved: to read, to count, to speak a foreign language, to knit, to design, to play music, etc.

But he keeps also the memory of what he has learned during the status of amnesia, by reading the newspapers or watching the television for example.

Amnesia, with loss of identity, which is rare but not exceptional, lasts usually several hours or weeks, but sometimes months or even years, and is in general spontaneously reversible or can disappear thanks to some techniques playing with letters and signifiers: automatic writing and analysis of dreams in particular.

At last, in the majority of the cases, when memory returns it does so completely and at once, often in the middle of the night or on waking.

The psychical trauma

I mentioned in the title of my report the imprecise term of psychical trauma because the loss of identity is often directly consecutive to it :

it can be a war traumatism, the perception of the noise made by the explosion of a bombshell, but also a punch received during a fight, a simple collision with somebody in the street or the fear of a crash with a car for example.

The characteristic of what I name here the psychical trauma is on the one hand its uniqueness and on the other hand it's nature of an unexpected event occurring in the reality.

The trauma that precedes the beginning of the amnesia is usually found, on the condition of searching it systematically, because it can be tenuous, as shown in the following case of Mrs C, reported by Milton Abeles and Paul Schilder .

M.Abeles and P.Schilder ; Psychogenic loss of personal identity. Amnesia. Archives of Neurology ans Psychiatry ; September 1, 1935, Vol 34, No.3.

Mrs C.

N.C., a woman aged 38, approached a policeman in the street and said that she could not remember her name. She was admitted in the hospital. She said:" I don't know anything about myself."

She was depressed and agitated. The time of admission was about 2 a.m. After sleeping through the night she was interviewed by a physician, about eight hours after admission to the hospital, when she had spontaneously recovered.

She gave the history that she had been twice married. The first marriage was unsuccessful because of the husband's sterility. She got married again ten years before admission, but had not had sexual relations with her husband in the past five years.

She had been faithful to him nevertheless until eight months before admission to the hospital when she went to Florida, where she fell deeply in love with another man. She would like to have stayed in Florida. She also would have liked a divorce but did not want to disrupt her social life. She enjoyed sexual relations and missed them. She had arrived in New-York two weeks before the episode of amnesia. The night of the attack she felt hungry and cold and went to get something to eat. In the street she accidentally collided with a man and was shaken up. From then on she remembered nothing until she recalled her memory in the hospital.

The interpretation of the psychical traumatism

As I recalled, what is important is not the signification of the psychical trauma, but on the one hand its uniqueness, which gives to it the value of a "one" which can be counted and on the other hand it's unexpected nature of an event occurring in the reality. These are the two reasons which allowed it to commemorate, in a counting , the first traumatic encounter. This original trauma, with its sexual

signification has been forgotten but had set up the unconscious fantasy supporting the desire of the subject. Like the zero in the sequence of the natural numbers, it is deducted from the counting but gives to it its origin and induces the repetition of the psychical traumas.

The dissociation of the memory

The contrast mentioned above in the clinical picture of the amnesia with loss of identity between the disappearances of the memories related to the history of the subject with the loss of the surname and the permanence of its acquisitions, past or new, deserves to question us. This contrast demonstrates that if the usage of the surname is a social one, as far as it allows the identification of the one who uses it, its origin is not social.

The amnesia with loss of identity as a metaphor of the subject of the unconscious

I will make a proposal, supported in particular by the reference to the case of Mrs C.: the surname has to be related with the status of the subject of the unconscious and the amnesia with loss of identity is its symptomatic metaphor.

The unconscious, is not the loss of the memory; it is to not remember what we know. From this point of view, the amnesia with loss of identity constitutes, like the unconscious, an enigma in the sense in which Lacan defined it: an enunciation (énonciation) with no statement (énoncé).

In the unconscious resides a knowledge that relates to the desire of the subject, supported by a fantasy, but there is no subject able to state it.

In the case of Mrs C., we could say that the amnesia with loss of identity occurred when the question of the desire of this woman comes with an extreme acuity in a moment in which she was unable to respond to it.

Not with a statement because, as Lacan said, if the desire is articulated in the unconscious, it can't be articulated, but by performing the act which would have interpreted it, giving to her the ability to make a choice.

The amnesia with loss of identity, by producing the eclipse of the subject, protects this woman from the commitment in the question asked by the desiring subject to the Other in order to find an answer: Ché vuoi?

We don't know how Mrs C. resolved or did not resolve her dilemma, but we can say that the amnesia with loss of identity which stroke her also relieved her during a few hours, in a restorative sleep, from the anguish to make any commitment.

In the same vein, Abeles and Schilder remarked that for the 63 patients studied, 32 women and 31 men, as far as their information went, in no case had sexual experiences taken place during the amnesic period.

Remarks on the conditions in which amnesia is restored

Most of the practitioners who studied the clinic of the amnesia with loss of identity noted that the restoration is usually spontaneous. Nevertheless, it can be of some interest to study, from one particular case, the structural mechanism that made possible the recovery of the memory and the name.

This case relates to one amnesia with loss of identity which lasted about three years, from 1915 to 1918, after the explosion of a piece of bomshell.

M.Molin de Teyssieu, « Brusque retour des souvenirs dans une amnésie rétrograde consécutive à un incident de guerre », in Annales médico-psychologiques, No 11, Paris, Masson, 1919, p.422-427.

While he was browsing the files of the clients of the company he was working for, the subject who was still amnesic had been struck by a surname whose shape and consonance reminded him immediately a childhood friend; he reconnected right away the chain of his memories and evoked by association the place where he knew him, his native home, his family and his surname.

Since then, he started a correspondence with his friend, found his family who thought that he had disappeared at the beginning of the world and recovered all his memories.

What seems to me remarkable in this case is that at in the very moment when the subject has recognized the surname of his little fellow, the souvenir (sous-venir) which came in his mind under this signifier, is the representation of this little other from his childhood, ideal image which allowed him to recover his forgotten surname.

As if he dimension of the Imaginary (Imaginaire) reconnected with the one of the Symbolic.

Conclusion

Charles Melman and Marcel Czermak have been interested for a long time by the syndrome of amnesia with loss of identity. Marcel Czermak has even dedicated one chapter of his book entitled *Patronymies*. Why? We should of course ask them the reason to get the answer.

For my part, it seems that in spite of its rareness, the amnesia with loss of identity refers us to the prototype, the paradigmatic figure of the contemporary man: free, with no connections, anonymous, without qualities or gravity, relieved of the weight of his symbolic commitments, of his all kind of liabilities and this syndrome can occur when the subject is deeply in debt and cannot face the situation.

In brief, the amnesic, during the period of an excursion of a variable duration, is lightened from the different constraints of life, from the torments to desire in vain and nevertheless make of this assessment an ethics which is founded neither on any complaint neither on a resignation.

That is the reason why this nameless subject is our brother or sister, at the same time enviable and source of anguish, but who poses to us his enigma.

Psychological wars

Patricia Le Coat- Kreissig

That's how one of my patients described how she felt psychologically.

"*I feel as if I am a military tank with a fragile heart made of porcelain, and I am in 'survival mode'. I act like a soldier, as if I can't feel anything, and I am exhausted, as if each day was a fight , like the combat of a real soldier who has to save 'another person'. The role of the* ***symptom*** *is to let the inner self-shine out like a star. Everybody has something worth being proud of. It's just* ***a question of temporality****. I am really paralysed. I fight against pain and against death for the 'other person' and myself. Fighting, always fighting …death is traumatising. You have to accept that one day everything will be finished and accept that, in the end, this pain is proof that we are still alive.*"

Talking like this reveals a particular situation: a **psychological space without any limits**. It cannot be expressed, nor heard or understood and resists against any actions of symbolisation . Can we give a name to this reality, to this state of endless psychological warfare which my patient decided to call a **"psychological war"?** That is how my patient named her own imprisoning situation. She can't find her way out. If we could know when and how it was happening**, if we could define time and other psychological references, then it would be possible to identify the clear traces of this trauma.** At the moment (at the time) when she described her existence, she wasn't able to speak of trauma since she was unable to link her experience to the past, present and the future. Moreover, her feelings therefore couldn't be part of a narrative; they just described a state of being.

□□□□□□□□ , is the Greek word for trauma. This word "trauma" is based on the French word "trouer", "to make a hole", like a notch, which reveals a certain vulnerability, a cavity resulting from a shock, a wound. But the most important fact consists in the post-war constitution. **Trauma will be created after the fact of a shock.**

We can hear her efforts to give a sense to this word, an etymological meaning. Such as: It's like when there is a hole in the hull of a boat…eventually water enters, fills the boat and makes it sink. This

situation is what we very often witness with patients suffering from post-traumatic stress disorder. I would like to call this condition post-war neurosis.

Our patient described various pains and the fact that her eyes and mouth were dry, she suffered from the production of sticky mucus when she coughed, to such an extent that some doctors thought it could be cystic fibrosis. *"I have a thick, sticky, blue-green phlegm and I am severely constipated; I feel completely stiff and physically blocked*," she explained. There is no physical and no psychological hole from which all this could flow away from her, no opening which defines the outside or the inside. There is no exchange between inside and outside.

The hole (which could be seen as the mark or effect of pure trauma, of a shock or a wound that has been undergone, of a "hit" that is related to the after-shocks she experienced) is not able to be identified except from the moment that this "shock" is able to be taken **into account using language, which confers a temporal dimension including the networks of our individual and collective memory.**

Trauma cannot be treated unless the patient can talk about it. Let's think **of fabric as a metaphor for how our mind works.** Every stitch must have its corresponding hole and each fabric is woven from different threads. We can think of these threads as belonging to our feelings, our emotions, imaginations … and (another thread) our narratives, words and stories and the things that we have read. …then, there is also a thread which is very difficult to incorporate into the fabric, an astonishing and brittle thread which reclaims our attention, which breaks, and which imposes itself in a brutal and unexpected manner.

Weaving in three dimensions, alternating holes and the various threads on a loom, is difficult, but it needs to be done.

In other words, **we are weaving a tapestry,** which will tell us about our personal history, our reality, based on our combats, our pain, our separations. We have to talk about these things, we have to find the words to describe these feelings, and in fact the words we use will participate in the construction of our personal stories.

We are talking about life as a succession of traumatic events**. Each trauma leaves a particular mark.** The totality of these of repetitive marks are what the subject will name as his personal history.

It is the story of an individual, to be sure, but also these individual stories become part of a collective history which helps a subject to situate his **identity.**

Our patient is looking for her identity. She is wandering about in a world that does not recognize her. She has no common trait which enables her to share in a common identity with others. The reference to a common trauma with other people which defines a common field of suffering has slipped by her, she cannot identify with others experiencing the same symptoms.

Therefore, she suffers from the petrifying effect of being in a war like situation which only she is experiencing. She feels alone, cut off from any time, imaginative or discursive references.

Her "Psychological War" is filling the breach, the hole that constitutes the weakness of our mind. We have to confront her with this situation. We have to invent some limits so she will be able to define herself as being traumatised; in this way we can offer her a release from her suffering.

The work of a psychoanalyst consists in inducing a soothing, appropriate and just relationship to these situations of weakness, a relationship which we deem fair, in order to avoid the combat situations.

In therapy, the patient must expose his story, which begins with his childhood neuroses. Freud particularly stressed this point, for example in the case of Serguei Constantinovitch Pankejeffsa, the Wolf Man who was treated in various sanitoriums, where he was considered as a manic-depressive. In reporting this case, ("From the History of an Infantile Neurosis") Freud is surprisingly rigorous concerning the dates of various events which took place in the life of this young patient.

What event will mark, and give a sense of order, to the other events in the life of this person? How can we recognize the first trauma in the course of a story, in the threads of the memories of all the others? The real difficulty results in the re-construction. The answer, said Freud, is that the earliest experiences of childhood were not obtainable any longer as such, but were replaced in analysis by transference and dreams. What is pre-amnesic in the life of the subject? What has happened -asks Freud- before infantile amnesia ?

This is what Freud heard in the famous dream of Wolf Man :

"I dreamt that it was night and that I was lying in bed. (My bed stood with its foot towards the window; in front of the window there was a row of old walnut trees. I know it was winter when I had the dream, and night-time.) Suddenly the window opened of its own accord, and I was terrified to see that some white wolves were sitting on the big walnut tree

in front of the window. There were six or seven of them. The wolves were quite white, and looked more like foxes or sheep-dogs, for they had big tails like foxes and they had their ears pricked like dogs when they pay attention to something. In great terror, evidently of being eaten up by the wolves, I screamed and woke up. My nurse hurried to my bed, to see what had happened to me. It took quite a long while before I was convinced that it had only been a dream; I had had such a clear and life-like picture of the window opening and the wolves sitting on the tree. At last I grew quieter, felt as though I had escaped from some danger, and went to sleep again." (Freud 1918)

The symbol of the wolf, according to Freud, represented the boy's father and he had a very interesting interpretation of the stillness of the wolves: he suggested it was actually a representation of the opposite, of violent motion. So, he wanted to know if Wolf Man had, as a boy, ever woken up and seen his father in violent motion in a way that had terrified him. It turned out that he had: when he was around two years old he had woken up late one afternoon and had seen his parents having sexual intercourse. The violence of the act had terrified him and he claimed that he knew its significance. From then on he was terrified of wolves.

The patient's famous first traumatic **'primal scene'** – the experience as an infant of witnessing his parents having sex – was it real or fantasised? Amazingly, Freud says it does not matter.
The relationship of the subject to sex and sexuality, to castration, to differences between men and women, to the problems of « to have » or « to be », in war, in peace, these are the questions which interest a psychoanalyst.

Even Freud considered the primal scene to be traumatic because he believed the child was over stimulated to a point at which his defensive barrier was breached. He claimed that the resulting overcharged libido creates anxiety and traumatic questions.

The unconscious is not only a concept. It is the meeting place of our subjectivity, where the expression of our dependence on social structures. The subject is always a social subject. It's our unconscious which is the scene where a subject can meet another, can meet others from the opposite sex, with all our the differences, and in terms of the social requirements. And this meeting is traumatising.

What is Freud getting at with his traumatically primal scene is that we reconcile the unconscious as a symbolic order of social facts, in the same way that language has its effects.

Freud said that traumatic experiences led to a process of unconscious symptom-formation.

When he construed his patients' illness as hysteria he set about uncovering the traumatic incident which had supposedly given rise to their symptoms, to their masks, in terms of the appearances and the certitudes concerning our knowledge. All these traumas are in a tight relationship with our sexual life. In other words, it is not the events themselves which are traumatising, but the way these events are perceived in the form of our memories.

Speaking about the **transformation of a trauma to symptoms** also involves recognizing the importance of the trauma, identifying it, and talking about this shock. It is only in this way that we can talk about a psychological trauma, in order to express what was the result and what characterizes our neuroses, which are related to a primary trauma. As a result of our faithful relation to a first trauma ("Ur trauma" /the « Urverdrängt » of Freud.) there can be multiple resonances and also a primary repression of knowledge concerning the organisation of our desires. There is also this knowledge which governs us, these traces of the original trauma that infinitely repeat themselves in different forms, in multiple variations, which are able to more or less colour and affect our personal stories.

"Speaking" and "interpreting" is a means of opening an infinite space to the "possible". Our attempts to give a single, correct and completely definitive version or interpretation, will fail in the context of a psychological or symbolic situation where the use of Language makes everything and nothing possible since we are faced with Language's unsustainable affinity for more and more in the space of the "impossible". In this area, not everything can be said, something is always missing. It's a place where we never stop writing things.

Interpretation is a means of overcoming this trauma, where it can be elaborated on, spoken about and where our anxiety which is the result of trauma can be calmed.

Psychoanalysis does not study concept of the One, (the one and only truth), but it explores failures, vulnerabilities. We all face the same problem. In addition, the most inappropriate factor is that the only number without any counting value, Zero, cannot express itself, nor can Zero induce social bonds. Relationships between different persons cannot be established on the zero of traumatic situations, unless we accept paying the price of existing in a "psychological war" without end.

Transformation of Trauma in Analysis:
From Alienating Identities to Structuring Disidentifications

GuidoLiebermann

I have come here today to share some thoughts about the subjective and social consequences of psychic trauma because throughout my psychoanalytic practice, both private and institutional, I keep being confronted with the problem of trauma, be it the psychic trauma common to all speaking beings, as Freud defined it, or all the clinical forms of real trauma: those of Holocaust survivors, of soldiers in the Israel Defence Forces traumatized by war, of victims of terrorist attacks, of children and adults who suffered sexual abuse, of victims of car accidents or work-place accidents, and so on.

Here in Israel, for historical and current reasons we are all aware of, we are very often called upon to provide immediate and suitable help to traumatized people.

As heirs to Freud's teaching, it is befitting that we listen to these people with humility, since working with trauma (just like doing analytic work with schizophrenic and autistic patients, for instance) requires that we "set aside" our theoretical certainties and our "well-established clinical know-how". I believe this is a prerequisite both for making therapeutic progress with our patients and for arriving at a better understanding of trauma treatment.

I insist on the term "humility", because since about the year 2000 — that is, just after the start of the Second Intifada and the brutal attacks upon our cities, followed by the threat of missile-delivered chemical warheads during the 2003 war in Iraq — our country has seen a proliferation of new methods of trauma treatment. These techniques contribute to disseminating a discourse of "therapeutic triumphalism" portraying itself as opposed to what is a very distorted image of psychoanalysis, and promoting its own virtues to the public and to Israeli medical, social and higher education institutions.

These new trauma psychotherapies have now become the favorite focus of hygienist and moralist ideologies which contribute to the globalization of forces of resistance against psychoanalysis.

I have called my presentation *Transformations of Trauma in Analysis: from Alienating Identities to Structuring Disidentifications* because this transformational path does not concern solely the traumatized patient's evolution in analysis, but also the analyst's identity, that is, the position held — or not held

— by each analyst throughout the analysis of the traumatized patient, and even throughout his entire career as an analyst.

Whatever the nature of the traumatic events that affect people, each person has different subjective resources with which to face them and overcome them.

Psychoanalysis serves to provide individual answers — unforeseeable and unprecedented, to those who, due to their particular psychic structure, do not have the necessary symbolic points of reference to face that which is unbearable, untenable and unmanageable: the unrepresentable aspects of the sexual sphere and of death, that is, of the Real.

This means that in psychoanalysis there is no "standard therapy" suitable for traumatized subjects, contrary to currently fashionable therapeutic methods (inherited from 19th century psychiatry, that is, from hypnosis and suggestion) and contrary to the new cognitivism, which offer ready-made solutions designed for the "typical traumatized patient".

Although there are no "specializations" in psychoanalysis — such as there are in medicine —, certain practitioners identify themselves as specializing in trauma treatment. We leave it to them to justify this position.

As for me, I doubt that an analyst who claims "specialist" status of any kind can truly hold, in transference, the unique place attributed to him by each patient, one patient at a time, in every session and at every stage of analysis.

The specificity of the analyst consists in listening to the unconscious, as we well know. Psychoanalysis is the only field of human activity able to offer the subject a different type of listening to what his unconscious is saying in his own words about suffering, so that it is heard as a symptom, that is, "unprecedented speech", as Lacan so elegantly put it at the end of the nineteen fifties.

In fact, what is said and what is heard in the gradual unfolding of speech in analysis, with all patients — traumatized or not —, cannot be reduced to the expression of the deficiencies of a personal story as it took place in reality, nor to the unconscious libidinal history of an individual.

What is heard in the unfolding of the speech of each patient in analysis is at the same time what is said about the relation of each subject to his culture and, to go even further, what is traumatic in the very constitution of humanity, particularly its shortcomings: that which is deficient between human beings. No, it was not Jung who said this, it was Freud! Yes, Freud, who wrote about the murdered father of the primitive horde in *Totem and Taboo*, and about the prophet Moses killed by his people, in *Moses and Monotheism*.

But the fact that there is no specialization in psychoanalysis does not at all mean that our discipline cannot contribute a precise and relevant point of view about the modalities of psychic structuration and functioning of traumatized subjects. Far from it! Psychoanalysis makes it possible to identify inadequacies, points of fracture and breakage, moments of absence and silence in the flow of language, which occur in the unfolding of the speech of our traumatized patients. Psychoanalysis teaches us that it is, above all, the silences — particularly the silences transmitted from one generation to another —, which are extremely traumatizing and have devastating effects on the structuration of normative subjectivity, even before the birth of the little human.

Working with so-called traumatized patients puts us to the test because it forces us to confront in a blunt, violent and brutal manner the unrepresentable... the unbearable, the horrific and inhuman: Auschwitz.

I admit that to conduct an analysis in these difficult cases, it is best for the analyst to have ample clinical experience (not necessarily in the field of trauma). This is so because the clumsiness of those who, for example, provide the patient with intelligent interpretations coming right out of the therapist's neatly organized toolbox can send the patient — in just a few seconds — into the deepest despair: into the black hole of depression, causing him to have delusions or hallucinations, or to commit suicide or criminal acts.

It can be a young girl raped for years by her own father, or survivors of Dr. Mengele's experiments, or people tortured in Syrian prisons; or the Israel Defence Forces commander haunted by the noise of heads of terrorists being crushed under tank tracks on the road to Beirut, or the valiant policeman dumbfounded by the angelic expression of the dead child pulled out of the water, drowned by his own mother...

In all these cases, and others like them, the analysis is conducted "on the razor's edge" and the analyst must demonstrate humility, sensitivity, tact and, above all, great courage.

This having been said, our purpose is not to compare psychoanalytic therapy of traumatized patients to other methods of therapy whose benefits are not disputed.

The comments Freud made in the summary of Dora's case about different psychotherapies, when he said that it was not a matter of disputing the effectiveness of the various methods in fashion at the time (hypnosis, suggestion, etc.) are surprisingly timely in this context. But he added that in his opinion the results of these therapies were unsatisfactory, either because the symptoms return later in an intensified form, or are displaced and return in another guise, unfamiliar to the patient and therefore less controllable and more intolerable to him.

Sometimes, these therapies can be beneficial to a degree; Freud believed that this is due not so much to the method itself, but rather to the therapist's benevolence, that is, to the good feelings established between him and the patient: this is what he called positive transference.

In contrast, the effectiveness of psychoanalysis and the permanent resolution of symptoms is due to the fact that analysis essentially involves negative transference, that is, the lengthy and painful mechanisms of transference — as is made clear by our clinical work with traumatized subjects.

I feel that today it is particularly important to point out the value of psychoanalysis and its approach to trauma: not only in order to clarify its clinical and therapeutic contribution, but above all because we live in an era in which medical, psychiatric, mental health and education authorities in our countries — supported by spokesmen for all these so-called modern methods and techniques of trauma treatment (as well as the treatment of attention deficit disorders and CBT, etc.) — are attempting to impose a hygienist morality that not only aims at delegitimizing psychoanalysis and its tradition — that goes without saying! — but also tries to eliminate the place of the desiring subject in society. In short, the "psychiatric State" attempts to establish its dominance over its citizens! Claiming to possess knowledge about the well-being of others, this State tries to control the minds, behavior, desires and even the symptoms of our fellow citizens, regardless of the diagnosis they have been given.

But the imposed or voluntary effacement of the individuals behind the "new nosographic identities" proposed by mental health or education authorities (particularly to those diagnosed with PTSD, autism or ADHD) cause individuals to give up their place as desiring subjects in society. That is, they abandon the fight for life, for that which stimulates desire, in short, for that which constructs, creates and makes it possible to maintain the subject's dignity as an individual among others.

The question that remains to be answered is: can the psychoanalyst accept a request for analysis from someone who describes himself in advance as suffering from PTSD (whether he is a war hero, a victim of the Holocaust, etc.), and who, holding on to various imaginary benefits — narcissistic, social or economic — does not want to lose his identity as a trauma victim?

In my view, a request for analysis formulated in this manner is not admissible. I do not believe that analysis can take place in these circumstances, in other words, that the psychotherapeutic results which can be expected from a true analytic process can be achieved.

This, of course, raises an important question I will not attempt to answer here: that of the suitability or unsuitability of analysis in different circumstances.

Of course, it is not the analyst's role to confirm or invalidate the imaginary representations announced in advance by different individuals, or to promise those who request analysis tangible therapeutic results. Some people identified as "traumatized" come to see us and quickly leave when they learn that we do not use CBT or EMDR therapy, and that we do not promise that "they will go back to the way they were before the trauma" suffered in war, in a motorcycle accident, etc., as they often ask us to do.

Other people, to whom analysis is recommended by former patients, by friends or by acquaintances, do not even come to a first appointment after being warned by their physicians or psychiatrists that analysis is ineffective, counter-indicated and even dangerous for people with post-traumatic stress disorder.

But more and more often there are people for whom things happen the other way: after having tried a number of psychotherapy or rehabilitation centers — where the above-mentioned methods, and some others, are used —, they decide to enter a psychoanalyst's office (sometimes secretly, that is, without the knowledge of their psychiatrist or their physician), and they embark on the work of analysis, which is difficult, uncertain, less disappointing than their previous therapies, and certainly more enriching...

Indeed, it is the traumatized subject's ability to recognize himself as a suffering subject which allows him to forget or repress his identity as a trauma victim, making it possible to unknot something, so that something new can take the place of the traumatic representations fixed in his imagination: other representations, other forms of more common psychic suffering, more tolerable and therefore easier to live with than those which were alienating for the patient before analysis.

Thus, little by little, the unique and liberating speech of each patient, his traumatic memories, lose their pathogenic power, are pushed back by signifiers that refer to other stories, to other dramas, to other forbidden joys... the ones Freud taught us to decipher in dreams, slips of the tongue and everyday language, which is the language of psychoanalysis.

TRAUMA AND TRAUMATISM BETWEEN THE SUBJECT AND THE COLLECTIVE, BETWEEN THE INVIDIVUAL EGO AND POLITICS HOW PSYCHOANALYSIS READS THE WORLD AND ITS TURBULENCES

Jean Jacques Moscovitz

I suggest that trauma be at the level of the Ego, the subject and Traumatism at a collective level. Let's use Eros and Thanatos as a support (see the argument of the conference) as Freud advanced in Civilization and its Discontents of 1929. The term Discontents is of course insufficient because it is more appropriate to use distress, annihilation, the Freudian Hiflosigkeit, the child's distress in front of the primary maternal world.

Highlight how Eros and Thanatos are intertwieved with each other. Neither of them correspond to Good or Evil. Freud describes in Discontents that the inanimated that reigned in the beginning of the universe meets the animated. What does it do apart from following its course in the animated? It's the biological point of view of Freud. This is where the interweaving of relation and absence of relation takes place. And their imbalance risks to be very dangerous. Here we are on the side of the individual. Using these sorts of life and death drives at a collective level sets a methodological problem in managing the jouissance of life and death.
Effectively at a collective level it is mainly Eros that supplants Thanatos in the din of the world and the crimes against humanity as if Eros abducted Thanatos jouissance, abducted its energy even though usually Thanatos brakes, slows down Eros, as Freud said in the end of his paper Beyond the Pleasure Principle.

At the same time he says this important point. Either a drive impulse that arises collides with its prohibition through the Superego that is installed in the personnality of the subject. A merciless struggle occurs in a way that the superego can capture the energy of this impulse and master it. Sometimes its the contrary and it is the drive impulse that wins. And everything breaks up. It may be called a breakdown of history. At an individual level, it"s trauma that participates in the construction

of the ego. The meeting of the sexual in the real gives a chance to the Ego to arise and the subject of the unconscious is the cause, founded as soon as it surmounts this Hiflosigkeit, the distress in a relation to a primary Other that is good enough.

The trauma is structuring as I suggest therefore and traumatism at a collective level is not only unconstructive but often destructive. Individual distress at the base, this base is unbridled by a collective event.

This notion of distress shows us how the child, childhood is on the front line. Concerning the baby who doesn't yet speak, we really need to know that to become a speaking human he goes through very complicated phases simultaneously, not only the sexual difference but whether or not he is a person, if he is living or dead, finally if he is masculine or feminine. There is, or so I think an attack of human kind by the childhod of today who, so often killed around the world, become killed and killers (see the White Ribbon by Heineke).

As if on the basis of the class difference it is now a struggle to the death of the age difference. A kind of Maoist cultural revolution across the entire world. The question is how does politics listen or not listen to the child. How can this new look cultural revolution be stopped.

It concerns the child in us and at the same time the child in his childhood. The psychoanalyst is implicated by the discovery that there is something that is rebellious that is called the unconscious, maybe the unconscious of the primary repression. It is also the internal object focussed by the sexual from the Ego and also the object of place of the cause, that founds the subject and which is found in the fantasy. The fantasy is a space in time which lodges the structuring trauma, a space in time where the real of the sexual and the real of death can or cannot be articulated.

By death I understand the disappearance in the maternal world of what a father couldn't prevent structurally. It is in the failure of the establishment of the fantasy that the traumatism at a collective level plays its part.

This will evolve towards an absence of the founding separation of the subject, a failure which is found in the real of the reality.

It is this porosity, this failure between the subject space and the collective that widens up. It is about to put us all in danger at a political level. See the example of the Shoah which after the crimes leaves us today in front of porosity that is often destructice between three places of history: the great, that of the history books, the family where memory is elaborated and the intimate, the subjective for the child that makes a place as he can with what he hears from his family. But we are after, even though

current events puts us in front of a porosity of another kind, ie the taking of power by the Daesh is only a way of exercising under a religious seal cruelty as an ideal which is against bodies.

This echoes the famous prophecy of the fifties by André Malraux "The 21st Century will be religious (spiritual) or it will not". You know how he predicted that the West would have to be ready to fight Islam and the Arabic Muslim world, to the point of saying at the end of his life (1975) that the world started to ressemble his books.

But in 1953 he said "For fifty years psychology has reintegrated the demons in man. That is the serious result of PSYCHOANALYSIS. i think that the task of the next century, in face of the most terrible menace that humanity has known is to reintroduce the gods."
But today videos, papers and films show us what the non human evokes, the pre-human (see Violence in Islam, by Adonis and Houria Abdelouhaed, Seuil November 2015.
The return to life before when God takes back systematically everything he has given.One after the other, speaking words that are heard but which are ballasted by the imminence of the motric act that fuse their bodies to their firearms… Where to destroy is equivalent to punish … to cruelty as a final issue. They are certainly significants of islam but having no link to a religion.
This starts to come to light with the affirmation, without hiding anything, of the violence when the interior of the mental life is mixed up with the motricity of their speeches warning of viiolent action. Violence that originates from inside the head, we see it now outside, not in thought but in act. "Assertionism" we could say of a motive speech, a social regulator.

Question: Do we have to be witnesses to the din and the turbulences of the world? What obliges us to …
Hence some comments
Is it the loss of reference points and the set up of other references for some? What becomes of the jihadists who go to the extreme? Or are there other reference points more easily accessed but which slows down the entrance into violence and stop short of abolishing history. So childhood doesn't completely disappear from the acts that we are witnesses and victims to? It is though the act of becoming adult goes too quickly and the child settles his score with the adult he has become, by killing himself when he kills? by the kamikaze act before we can see the existence of a founding

trauma of the event before the act.

We can evoke too easily a rejection of the parental past, a rejection of history replaced by a valorisation of the unique autoreference to Islam. No crevice in a speech where the individual register is in a shared and dated mental conflict. Traumatism is only collective : the Sharia can only be applied as a whole and requires the law's sword to triumph. It is seen to be continously produced in the collective, drowning all subjectivity in the violent actions on the BODIES that are to be annihilated. Everything becomes mixed up between the primary eras and the current history, the days that we live. Origin becomes equivalent to the end of time.

A pre-violence without fantasy.
Where the body becomes a motric object that acts non stop, in fusion with its gun.
It is no longer possible to say the word "like" "comme" Aragon said it was the most beautiful word in the French language, it probably is in all languages.
The reference to religion seems to be the only one to have some value. in the sense that all religion is responsible for the origins of mankind and humanity. The one that we have to deal with claims that it is the only one amongst all religions, including those of Islam. to be the only movement that has this property of appropriating the origin. So now the body appears as the place of a permanent settling of scores.
Where victims and executioners are confounded. We are in the a-human as Vladimir Jankélivitch claims.

What did we do to you so young to leave humanity. Is it because your fathers have faulted like the totalitarian states of the Nazis axis, remember, where to repair the faults of their fathers, Bande at Bader, in Germany, Japanese Red Army, Red Brigades in Italy and others who repeat their faults in ignorance. Your fathers haven't modernised Islam, too subservient and corrupted? To the point of repairing it and following and exacerbating the same paths?
There is more according to me : saying its the fault of the Western causality reaches a limit as soon as there has been an acting out. There is another causality, another jouissance that comes from another value fed to the West.

Hence the hypothesis of the porosity. Let's use a passage from the text on Anguish from Lacan, where he tells us that for speech to take place there needs to be three terms, the world, the scene and the place (these are the registers RSI).
But the squalor has to stay out of the scene of the world so that it doesn't take place… and one day foulness came onto scene and made speech do a special turn, in the mass killings… "The squalor that causes the subject by the little object (a) is devoured in the real of the collective and forces us to stop before our practice of the subject.. If, as says Lacan, who is always very welcome, in the practice it is the real that is bitten into by the significant, I would say that the horror of the mass killings is the significant, the symbolic that is devoured in the real. And it will return to the compactness of the real, of the collective from where the planetary scene becoming foul becomes the place where we assist with the help of media to the couple executioner/victim ballasted by the death / murder which has become the object of the collective, permanently pushed before our eyes.

A look that absents itself from looking at videos and other images to preserve some thing for the subject and tries as artist, analyst to pull out of the mud the couple Eros Thanatos whence Thanatos has stepped down while Eros, unbridled by Thanatos, deploys itself in jouissance of the genocide murders.

Exposure Treatment for veterans' patients with co morbid PTSD and OCD

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The relation between the clinical appearance of OCD & PTSD has to date received some attention in the literature.

Back at the 15 th century William Shakespeare

Described lady Macbeth as suffering from both OCD and PTSD.
PTSD and OCD share similar symptomatology and etiology elements: both disorders share repeated intrusive thoughts and images that cause distress and are hard to control (in PTSD the content of thoughts are related to the traumatic event while in OCD thoughts and images do not relate directly to a traumatic event and are common in their natures like fear of contamination).
Avoidance behavior in order to reduce anxiety and distress is a typical behavior strategy in both disorders.

OCD is characterized by repetitive act or mental compulsions while in PTSD there is a repetitive mental urge to recall a part of the trauma or repetitive behaviors to ensure safety as part of the hypervigilance like checking the door.

A simultaneous diagnosis of both OCD and PTSD is made only if the patients obsessions and compulsions are not better explained by the symptoms of PTSD. For example a PTSD patient who develops compulsions to check the stove after a fire accident will be diagnosed as PTST and not OCD PTSD . Patients who are diagnosed with PTSD OCD exhibits obsessions that are different from the intrusive symptoms of PTSD, and the obsessions and compulsions are typical of OCD and not related to the trauma. For example, fear of being contaminated by germs and washing rituals after a Combat trauma.

What is the role of traumatic or stressful events in the etiology of OCD?

There is a growing literature describing a relation between stressors such as significant losses, childbirth and traumatic events and the development and exacerbation of OCD. Pierre Janet in his book "L' obsession et la psychasthenie" described the case of a woman who developed OCD after seeing her daughter's body burnt in a fire "OCD in some cases was caused by emotional shock" (Janet-1903).

Rosso found that 68% of 329 patients had at least one event preceded the onset of OCD and it was Significantly associated with female gender, abrupt onset of the disorder and somatic obsessions.

Considering combat trauma, Pitman described a case of posttraumatic OCD in a Vietnam veteran who developed both OCD and PTSD concurrently under the stress of combat.

An epidemiological study in the general population found the risk for OCD to be increased 10-fold in persons with PTSD, while among Vietnam Veterans the current prevalence of OCD to be 5.2% in high war zone stress veterans

In 2005 Sasson, Dekel & Nacasch present 13 cases of the Israeli army veterans diagnosed as suffering from both PTSD and OCD. Both disorders were directly linked to the trauma regard to their onset and the contents of the obsession were typical patterns of obsessional thoughts (contamination) common in OCD.

A distinction between two types of OCD was suggested: a familial as opposed to a sporadic variant of OCD. In sporadic OCD, life events prior to the onset of OCD were more common and severe than in the familial subgroup. Moreover, recent work by Borges et al., (2011) found a distinctive pattern of neurocognitive dysfunction that sets apart OCD occurring simultaneously or after a traumatic event (post-traumatic OCD) from OCD occurring before a traumatic event (pre-traumatic OCD) and non-traumatic OCD.

The aim of the current study was to evaluate systematically the prevalence of OCD in a sample of PTSD patients. In the current study Nacasch & Zohar systematically evaluated the prevalence of OCD in a sample of combat and terror related PTSD patients. Out of 44 referrals, 43% of the participants had PTSD with no OCD and 41% were diagnosed also with OCD.

Six percent had sub-threshold OC symptoms. No difference was found between PTSD and PTSD–OCD participants' characteristics (including demographics, trauma-related factors, and other psychiatric co-morbidity). The surprisingly high number of OCD found in the current study suggests that PTSD–OCD might be underdiagnosed, signifies the importance of direct assessment of OCD in patients with PTSD, and raise questions regarding the underlying mechanism of posttraumatic OCD.

These results suggest that post-traumatic OCD, especially among combat and terror related post traumatic patients may be commonly under diagnosed thus highlighting the need for improved assessment and specialized treatments for OCD with veteran patients.

Both PTSD and OCD are disorders that have evidence-based treatment. Exposure and response prevention (ERP) is considered one of the most effective psychological treatments in OCD. Exposure therapies and cognitive therapies are considered most efficacious treatment for PTSD

A small amount of studies have addressed questions concerning the impact of OCD or PTSD on treatment response in patients with OCD PTSD. In an open study by gershuny 15 patients with treatment resistance OCD received Exposure and Response Prevention (ERP) treatment. Eight of these patients were diagnosed with co morbid OCD PTSD. In another work Gershuny reported four more case studies of co morbid OCD and PTSD. The results showed that not only OCD PTSD patients did not benefit from ERP, but in these patients ERP even cause a worsening of PTSD symptoms. The initial decrease in OCD symptoms during ERP treatment was followed by intensification of trauma-related intrusive thoughts, flashbacks, and nightmares. Gershuny et al. suggested that OCD symptoms may facilitate avoidance from posttraumatic intrusive recollections and trauma related emotions and that treatment for patients with both disorders should merge systematic treatment for PTSD. Conversely, a recent study published by Shavitt et al. (2010), with non- treatment resistant OCD patients, found that first line treatments for OCD (ERP or SSRIs) were even more effective with patients with co morbid PTSD-OCD. Patients with PTSD-OCD presented a greater magnitude of improvement when compared with OCD patients without PTSD. Hence, the presence of PTSD was not related to a poorer treatment response to ERP or SSRIs for OCD.

In summary, literature indicates a possible association between the onset of OCD and trauma and high prevalence of co morbidity of PTSD and OCD. To date it is still a challenge for clinicians to understand the variability in treatment response of patients suffering from both disorders. Treatment studies addressing this subject are scarce and reveal divers' results. In addition, these studies addressed the subject of response to treatment from the OCD perspective, in other words, they studied the impact of PTSD symptoms on treatment response of OCD but did not study the impact of OCD symptoms on treatment response of PTSD.

In this lecture we will presents from the trauma unit with combat and terror related PTSD. At assessment they were diagnosed with co morbid obsessive compulsive disorder (OCD). All patients had no prior personal or family history of OCD and reported the onset of OCD symptoms following combat traumatic experiences. We will describe the results of Exposure and Response Prevention with patients who suffers from both OCD & PTSD and the results of Prolonged Exposure Therapy. We will discuss the influence of the co morbidity on the treatment outcome.

The Navel of Reality: Trauma Makes Psychoanalysis Possible

Idan Oren

A young patient with anxiety constantly thinks of potential disasters. He had a dream in which he is about to go on a trip and afraid of what may happen there. He then returns from the trip, safe and sound. When he woke up he thought – you are wasting time worrying so much, you see, nothing bad really happens, and he was relieved. I told him, what happened in the dream happens to you almost daily and yet it is the dream that gives you assurance that things are ok. He responded that he trusts his dreams and made a striking affirmation: *there is no safety in reality, in reality anything could happen*. It is striking because commonsense suggests that it is in the dream that anything could happen – we fly, become someone else or even an object – we are free from time and space. And yet the patient is more right. In the dream there is pure consciousness, freedom from the body. It is this freedom from the body that allows safety. For no one with a body is really very safe. I adopt here Newton's First Law of Motion: a psyche in motion will remain in motion in a straight line unless acted upon by a body. The body interrupts thinking, imagining, it makes a shortcut in the thought machine. What do all drugs do if not offer an exemption from our body? Every drug is a narcotic drug. This is true for any addiction. It puts the body to sleep so that we can go on mentalizing uninterruptedly. This mentalization may very well consist of a frozen image. And indeed, when is a dream interrupted? We wake up from a dream when we encounter something that produces strong anxiety. Anxiety is quite physical. So we can say that another safety mechanism in the dream is that we are able to wake up and say, thank god, it was only a dream. And yet this relief – it is only a dream – is never full, because the dream gives rise to unrelenting questions. Why did I dream this crazy dream? This is why this anxious patient, not only does he not feel relieved that something is only a dream, but rather this is exactly where his anxiety appears, when he encounters something, which is not a dream, outside the order of the dream, in what he calls "reality"- there he is anxious, unsafe.

Freud, in the beginning, was apparently also taken by this commonsense idea that anything can happen in a dream, when he stated – we all know this formula – that a dream is a fulfillment of a wish. But, being phenomenally responsible as Freud was, he made two remarks, as early as "the Interpretation of Dreams", concerning the "navel of the dream", a part of the dream impossible to be interpreted, obscure, a point when the dream "reaches the unknown". So there is a part of the

dream that is not determined by one's unconscious wish. Twenty years later Freud introduced the Death Drive, making perhaps the biggest change he introduced into psychoanalysis. This navel of the dream is at the core of the Death Drive. It's worth mentioning that some schools of psychoanalysis totally ignored this revision. This is how I consider the awkward child of "psychotherapy" was born, conceived – with this denial.

The dream, then, is governed by two forces- an unconscious desire- Lacan translated Freud's Wunsch as desire – and this desire may be interpreted; and a force pushing to the limit of knowledge, to a mystery that cannot be reduced to knowledge, at least not knowledge that may be articulated. This is where the dream touches upon the body, and it there that anxiety may appear. So the dream is actually not that safe either.

A different patient suffers too from anxiety, which appears in many circumstances. One of which is airplanes. She also *dreams* of airplanes too heavy to lift themselves, they begin to take off and the weight pulls them to the ground, over and again. She said something beautiful – while she knows the mechanics airplanes and the physics of aviation, something in her can't believe, can't grasp the idea that something so big and heavy can remain in the air. No knowledge can pacify her perplexedness, and at that point she cannot assume a position of belief, and so she is anxious.

It is useful to phrase it like this: there is mystery in the force that keeps something up in the air, an enigma in flying, which may not be unraveled. Faced with this mystery – she is anguished. This mystery is encountered in what I suggest calling the navel of reality. This patient hates being examined, and she often feels examined. The idea that someone can see or know something she doesn't see or know is hard for her to bear. This marks her position in respect to the unknown – something very far from curiosity. Any sense of the navel brings anguish for her. She can't enjoy the wonder of flight exactly because of this position. At the end of this session, I told her – say something last. She said, I want that in my dreams the airplane will be able to fly. I was moved by this statement. She didn't say "I don't want to be anxious when I am on an airplane", because she knows that in order for her to stop being anxious in what the first patient called "reality", something in her position in dreams must change. To put it simply, she knows that until she is able to dream the airplane in the air she won't be able to get rid of her anxiety in "reality".

The anxiety of this patient became worse after a person very close to her, and very young, died unexpectedly. Literally fell of his feet and died. And while she was explained by doctors the medical phenomenon that caused this abrupt death – the mechanics of flying – there is a question that remains impossible to be convincingly answered: why him and not herself. Indeed, it may very well

have been herself. So upon this death she was faced with the question that some of us go throughout life without facing– what is this force that keeps the airplane up in the air, humans up on their feet? We must distinguish this question from the essential questions of each subject– what does the other want from me, what do I need to be in order to be loved, what do I desire. With these questions the young subject looks for clues, all the time looks for clues, and builds an unconscious phantasy, and this phantasy keeps him dreaming, and in this dreaming he is kept flying, up in the air. This patient's encounter with the enigma of flying pierces *through* these questions into the navel - into the question not of love, but of existence, of being. This is what I can grasp of her anxiety in face of the mysterious force that sustains the airplane, that sustains life, that sustains the body. So the first question, about love, supports the wish, desire, identity – what do I want, who am I, and the second question concerns the support of life—what is the cause of life?

We keep stressing that death is unperceivable, that the encounter with it is potentially traumatic, beyond thought, outside of life. But life is no more perceivable, no less mysterious than death. Each patient is necessarily struck by how little she knows about life – eventually, this is why she comes to us. This is a crucial point, because we are used to saying that patients come because they suffer. And yet you cannot do analysis with wanting to suffer less. Because there are many ways to reduce suffering. One can only enter analysis with a disturbing question, which is urgent for the subject to find an answer to. Our first task when a patient complains about things that cause suffering is to encourage him to exhaust a question from his suffering, even to construct the suffering as a suffering <u>from</u> a question. This is very different than suffering because things don't go as I like, and this is different than suffering because I am not loved enough. In this elaboration of the question the subject goes through the clues he caught from things he heard and saw and deduced from his experience. And much indeed may be covered by desire, by knowledge, by love. But there is a remainder impossible to eradicate. While there can be satisfactory answers to the question of desire and identity –what's good for me about flying, where do I want to fly to – even if not ultimate answers, this is why I say satisfactory answers –there cannot be a satisfactory answer to the question what is life. Thought, consciousness, reaches its limit there, at this navel, in this encounter with an enigma impossible to reduce. Let's consider the Primal Scene. There is the question of desire there – of course. What does father want from mother, what does mother want from father, what binds them together. And there are answers to be found –psychological, prosaic and literary stories, condensed in the form of the unconscious phantasy. But the primal scene is also a mythological image of the moment of conception of each subject, it is the moment in which he became a living

creature. No story may cover this giant leap of creation of a new life. There is a structural discontinuity there. This image of the copulation of the parents is akso a paradigmatic navel of the life of the subject, an attempt at a representation of that which may not be represented. It may only be marked by a scar. This is the scar that the borderline, for example, keeps scratching until it bleeds, thinking that there is an ultimate answer beyond the scar, but this, of course, only leaves her in a constant state of trauma.

I must conclude. When we wake up anxious from a dream and say "thank god it is only a dream" – negation is operating here, for what we in fact do is make sure that we go on dreaming while we are awake. The appearance of god here is nothing but accidental– we agree to put our faith in something Other than us so that we can live more joyfully. Both the dream and the unconscious phantasy sustain the subject's sleep in reality; they are a compass in the jungle of bodies. The holes in this support of the dream, these limits, offer the greatest challenge to the subject as such, to the subjective structure. When Lacan speaks, for example, of crossing the plane of identification as the aim of analysis – and the word "plane" is wonderful here, because of my patient's airplane—this is because when we cross this plane we encounter the question of what supports this plane, and this is what I call here "life", the question of life, and *it is there that I posit the core of the encounter which is traumatic*. When this enigma hits the unsuspecting subject on his head.

The enigma of life may produce two contrary effects: it may be terrifying, mortifying, hence "trauma", but it may also produce enthusiasm. So those moments of anxiety may be transformed in psychoanalysis from anxiety, or at times even horror, into an enthusiasm with life. Psychoanalysis then, is an operation that transforms anxiety into desire, into something that makes life enjoyable. Anxiety and desire revolve around the exact same hinge. *What pushes the weight in the direction of desire is the extent to which one is able to delegate his being to the unconscious*. This is perhaps Freud's greatest discovery concerning what mental health is. This is how I understand his famous imperative of psychoanalysis, *Wo es war, soll ich werden*. This is why an analysis may not be concluded without a good trauma, because essentially, it is there that one may know of his unconscious as real. When it becomes clear what is impossible, something also becomes possible. What becomes possible is **to bear** life with more dignity. Desire is to be interpreted, desire has to do with speaking, and life –what is left for one is to bear it. This is where the body enters – it is the body that bears life.

One of the most beautiful things for me that Lacan had said is that most anyone who would have dreamt Freud's famous Irma's Injection dream, the pivotal dream in "The Interpretation of Dreams", would have woken up much earlier in the dream than Freud did, and that it is Freud's

strong desire for psychoanalysis that supported him in going on with the dream, bearing serious anxiety. He did not take Clonex nor any other pacifying object. He took great risks as a subject in order to produce beauty, knowledge, joy. I heard many patients who were treated in the past, reciting psychological insights about themselves. These insights may be very good ideas, smart ideas, serious ideas, but if they do not bear on the body of the subject, on his being, they are not worth much. I am reminded here of Oscar Wilde's saying that arguments are always vulgar and often convincing. Being convinced in psychoanalytic terms is not an epistemological or rhetoric operation *per se*, because the only authority that convinces the subject of something, in the last resort, is the unconscious. The unconscious is the final recourse for the subject. Only the confirmation of the unconscious offers the subject sustainable satisfaction.

What is at stake in analysis, then, is to find ways for the unconscious to support the subject in these holes, theses navels, which may be encountered anywhere in life, so that instead of falling into anxiety, anguish, depression, despair or even just fatigue or cynicism – instead of this, the subject may produce from his being beauty, joy, delight. Perhaps this is the most robust knowledge a subject has at the end of an analysis.

I finish with a few lines from a poem by Jack Gilbert: "If babies are not starving someplace, they are starving somewhere else. With flies in their nostrils. But we enjoy our lives because that's what God wants. Otherwise the mornings before summer dawn would not be made so fine."

The trauma in the Language

Serge Reznik

The clinical work with psychic trauma takes us into a staggering meeting with the real. How can one speak about the unspeakable? Trauma attacks the logic of discourse and reflexive thought; it constitutes the very matter of repetition phenomena. I intend to maintain the hypothesis that traumatic repetition operates for the subject as an attempt to get back his or her chain of signifiers ; and I will examine the relationship between artistic creation and repetition by referring to a work of literary fiction by David Grossman.

The real excludes meaning. The writer produces meaning by taping his imaginary and linking it to the symbolic. He brings to life characters who have undergone the shock of the real, opening unexpected possibilities in the language that evolve into a poetic or humoristic metaphor. One could say that in David Grossman's language the psychic trauma is like "A Horse Walks Into a Bar", the title of his latest novel. David Grossman manages to make us smile in spite of 14 year old Dovalé's tragic situation ; while in a military training camp, an officer brutally informs him of the death of one of his parents, without telling him which one has passed away. This silence drives him into solitude and a dreadful questioning : death is in the air and he doesn't know who it has landed on.

He finds himself abruptly thrown out of the group in which he had never been completely accepted. His only friend, Avishaï, is so completely absorbed by the awakening of his senses that he doesn't support Dovalé. A soldier is ordered to accompany him to the funeral. Faced with the adolescent's dismay, the soldier is going to tell him jokes during the trip in an effort to distract him. This episode will have determining effects on Dovalé as an adult. Having become a stand up comedian, he plays the scene again 43 years later in a show to which he invites Avishaï, now a retired judge, and whom he had not seen again since the traumatic announcement.

In his misfortune, Dovalé was lucky to meet a warm hearted soldier who decided to accompany him to the funeral, in Jerusalem, thereby extending his original mission which had been to take the young boy only as far as the Beer-Sheva train station. Dovalé will spend his life reproducing the attempt to entertain him through laughter, in front of an audience taken as a witness. The creation of his shows and their repetition allows him to hold together his subjectivity and to link a part of his affects to words. An irreparable crack haunts his life : the abandonment of the loved one. He has always

managed to make the woman he loves leave, playing out the multiple break ups of his love life in front of the audience.

The power of the book comes from the intimate exploration of that crack. Already during his childhood, Dovalé used to walk on his hands as a way of entertaining his mother who had survived the Shoah; as a child he was a therapist. The metaphor of the child who walks upside down makes us grasp the reversing of ethical reality in which the traumatised subject is immersed. He will manage to become upright (to stand up) by becoming a humorist.

The soldier of the voyage acts out the laws of hospitality while, at the same time, fulfilling the function of a therapist. A part of Dovalé's subjectivity holds up against the shock, that part which the fraternal Other succeeded in bringing to life. The silence of the desert they cross echoes the silence of the officer who had first informed Dovalé whereas the soldier who travels with Dovalé keeps him from sinking into sadness. There are two silences : a silence which reinforces the emergence of the word and a catastrophic silence which worsens the distress. The soldier-therapist fulfils the function of the helpful other, the one Freud called the *Nebenmesch* who hears the baby's distressful cry and soothes him with his presence, his words and his care.

Grossman's creative invention consists in keeping the reader-spectator on the edge of his seat by building the entire novel within the time limits of a show which corresponds to the time limits of the voyage ; only at the end of the narrative do we learn that the dead person is Dovalé's mother. The different levels of Dovalé's personality reveal themselves through the description of the three relationships he maintains, first with the audience, then with Avishaï and finally with a little woman in the audience who had known him as a child and who reminds him how nice a boy he was then. In this configuration, the adult, the adolescent and the child can make themselves heard.

The rapport with the public works as a mirror : Dovalé projects a coarse and vulgar image in search of which the public has come. He does not spare the dirty jokes, flattering the audience's worst instincts. This projective aggressiveness which isolates him is in opposition to the fraternity of the discourse. Beyond the public Dovalé is waiting and hoping for the judge to recognize his being and, at the same time, the Romanesque fiction introduces another reversal: the judge is judged himself. The approach to the concept of judgement is twofold : a merciless side is represented by the young Avishaï and the public which is in contrast to a fraternal side as characterised by the jeep driver and Avishaï as a retired judge who is redeemed when he screams at the exasperated audience: "let him tell his story!"

David Grossman shows us that a true psychic reanimation is necessary. The traumatised subject needs a benevolent presence to accompany him back into the world of discourse. This accompaniment allows him to breach the deadly silence into which he has sunk. The Yiddish type humour which glows throughout the novel casts light into the shadows, bringing comfort to the man in his solitary confrontation with death.

Dovalé thwarts his critical superego by going beyond the humorist show code and allowing his truth to emerge. Standing back up, he confronts the demonic side of repetition which had led him to spend his time entertaining his fellows in vain since his clowning had not managed to keep his mother alive.

Grossman leads us to grasp the way the trauma creates a hole in language, a hole that the discourse can never fill. A man is never clear or quits with his trauma ; at best he repeats it on a stage where he can express his inventiveness. Dovalé pays the price by remaining stuck in the position of the defiant and brash teenager. While endlessly seeking love, he spurns all signs of affection. The audience reacts to the unbearable real of the traumatic scene by denial, rejection or compassion.

This show, which we can assume to be his last, is located between a tragic catharsis and psychoanalysis. Dovalé's narrative reaches a point of veracity where he no longer needs to play the clown in order to exist. A true word can emerge thanks to the judge turned therapist by intervening only so that Dovalé could continue his story ; Avishaï's presence and gaze accompany him towards greater freedom. The judge does not judge, nor does Dovalé who remains friendly and does not point him out to the audience. Three forms of therapist appear in the novel : the child cares for the other with his gestures, the jeep driver with his speech and the judge with his listening.

Alluding to another one of David Grossman's metaphors, found in the title of one of his precedent books, I would say that the trauma turns the interior grammar upside down, *dikdouk hapnimi*. This blow results in a point of reduction to nothingness. The trauma projects one outside of time, attacking the temporality of fantasy.

Ferenczi proposed to conceive of the brutal intrusion of adult sexuality into the development of a child as what he called, "a confusion of language" *Sprachverwirrung*, mixing up the language of tenderness with that of passion.

When the subject is confronted with death, in particular in the context of war traumas, the ek-sistence is put in jeopardy, this being that part of the human being which distinguishes him or her from a mere object thrown into the world or simple canon fodder ; it is what constitutes a subject

who must find his place in the world of signifiers which link him to both preceding and following generations as much as to his fellow human beings. This time of confusion or of incomprehension, removes the traumatised subject from the human world of discourse.

When Dovalé gives voice to his interior grammar, the audience, who had come to be entertained, walk out. By attacking the stand up comedy routine code, he cannot make his message heard. But did he have another option aside from striking at the very base of the language in order to find once again the path to his being and, in so doing, to leave behind the traumatic repetition?

Remembering (*la remémoration*), voluntarily reminding oneself of a memory, differs from reminiscence which refers to the return of unrecognised old traces. The repetition of signifiers is to be distinguished from other forms of repetition. Fragments of the real sometimes come back in a quasi hallucinatory way. Bion has called the unassimilated sensorial impressions left by the trauma, elements. Knowledge comes to a halt in front of the real ; no thought responds to death.

In a manner of speaking, in Dovalé's story, the repetition of the comic shows softens the pain of loss, without confronting the return of that which cannot enter the symbolic : the experience of having lived through the Shoah left by his mother as an inheritance in mysterious ways that Freud had named endopsychic perception. The nearness of brutal death, the transgression of the prohibition against killing, deeply upset the subject. The relationship to one's fellows receives a blow ; and, it seems to me, the relationship to the Other of language, to the belief in the word upon which humanity is based, receives an even deeper blow.

Charlotte Delbo, a non Jewish communist resistance fighter who was deported to Auschwitz, wrote in *The Measurement of our days* (*Mesure de nos jours*):

> "You don't believe what we say
> Because
> If it were true
> What we say
> We wouldn't be here to say it"
> (*Vous ne croyez pas ce que nous disons*
> *Parce que*
> *Si c'était vrai*
> *Ce que nous disons*
> *Nous ne serions pas là pour le dire.*)

The traumatic intrusion breaks into language. Writing can try to limits the contours. *In Civilisation and its discontents*, Freud said of poets: "And we may well heave a sigh of relief at the thought that it is nevertheless vouchsafed to a few to salvage without effort from the whirlpool of their own feelings the deepest truths, towards which the rest of us have to find our way through tormenting uncertainty and with restless groping." (translated from the German by James Strachey, Norton & Company, 1961, p. 80)

Dovalé played with the audience's words and feelings like a tightrope walker. Travelling through words, being close to the real, is never without risk ; and I would like to conclude with a reference to the Yiddish poet Avrom Sutzkever, who wrote: "*Gai iber verter vi iber a minenfeld – Go through words as you would go through a mine field.*"

Trauma: The Shattered Soul For Freud (L'âme fracassée)

C.E.Robins

In his recent work *On Being Normal and Other Disorders*, Paul Verhaeghe states that because of the prevalence today of trauma-induced PTSD, "the clinic has returned to its original starting point with Freud and Breuer."[10]

I want us to return to Freud's original starting point, his early clinic, and make as clear as possible what, for Freud, happens when humans are traumatized: all his life he would never change his mind on "what happens to the human soul": the *psyche*, the soul, in trauma, shatters.

First, let us look to his beloved "Dora": Freud describes her in the scene by the lake when Herr K. approaches her sexually, saying "I get nothing from my wife." The scene had aroused in her, Freud writes, "violent feelings of opposition" which became "so distressing to her," Freud claims, "that I gained an insight into a conflict which was well calculated to unhinge the girl's mind."[11] That's how Strachey translates Freud's original sentence, which in German reads, *Dann bekam ich auch Einsicht in einen Konflikt, der geeignet war, dass Seelenleben des Mädchens zu zerrütten*,[12] which more accurately is translated "Then I had insight into the conflict, that which was really happening, that the "soul-life," "the "psychic life of the soul" the *Seelenleben* of this young woman was being "completely destroyed, broken up, shattered."

Strachey, the English positivist, insists on translating anything to do with Freud's deliberately chosen humanistic term "soul" into mechanistic, mechanical terms, as if the soul were a physical hinge that could become "unhinged," as if it were even visible. "Mental apparatus" is how Strachey usually translates Freud's humanistically-laden word "soul." Please, this is no small matter: it is the bitter contest between the positivist-empiricist English "scientific" view versus the humanistic persuasion of Freud. Bettelheim points to the difference in German between *Naturwissenschaft* (natural science) and *Geisteswissenschaften* (the humanities); of course, he situates Freud in the humanities and Strachey

[10] Verhaeghe, P. On Being Normal and Other Disorders (Other Press: New York, 2004), 313.
[11] SE VII, 58.
[12] GS VIII, 58.

in natural science.[13] (In the United States, just last week the New York Times featured a front-page story on the "underlying mechanism" of schizophrenia: excessive synaptic pruning in the pre-frontal cortex—Prof. McCarroll's work at Harvard.[14] Is the psyche physical? Is psychopathology neurological? These are extremely important questions, affecting the work all of us do every day.)

My first point, then, is that psychic trauma, for Freud, has to do with the soul, the soul of man, "psyche" in Greek. As we know, Freud referred to himself as a "psychologist," as one who studies the soul; not a "psychiatrist," not a "neurologist," "neuropsychologist," nor a "neuropsychiatrist." (And it was the traditional Greek word *psyche* that he was insisting on; we wonder what would have happened had he been following the Hebrew *nephesh*.)

"Psyche" in Greek means soul, especially in the Aristotelian scientific sense, that immaterial part of us that has to do with sensation, perception, intellection, abstraction, willing, loving; this is NOT the Platonic soul, which was an early Greek import from Hinduism through Pythagoras. Plato's soul pre-existed the body and will post-exist the body. For Aristotle, on the other hand, the soul can never be understood without the body it informs[15]: this is known as his hylomorphic theory: matter and form, the soul is the form of the body; they are inseparable. The Platonic soul is the opposite: those of you who have seen the Sistine Chapel ceiling by Michelangelo in Rome will recall The Divinity stretching out his right index finger to give life to Adam, reserving in the crook of his left elbow the gorgeous young Eve, waiting to be sent down to become Adam's wife. For Plato, the soul pre-existed the body and will post-exist the body. "The body and soul are like horse and rider; when the horse—the body—is shot out from under the rider, the rider—the soul—can run free."[16] Not so for Aristotle! The soul is unintelligible without the body—and perishes along with the living body.[17] So the soul is not physical, it is not neurological; neither is it immortal; but it is vulnerable; it can be shattered.

Now, what about Freud's own soul? Was his soul too, "shattered"? We read from his Second Introduction to The Interpretation of Dreams (1906): "For this book has a further subjective significance for me personally—a significance which I only grasped after I had completed it. It was, I found, a portion of my own self-analysis, my reaction to my father's death—that is to say, to the

[13] Bettelheim, B. Freud & Man's Soul (New York: Random House, 1982), passim. Cf. Langenscheidt's New College German Dictionary (New York, 1988), 223, 388.
[14] New York Times, Scientists Move Closer to Understanding Schizophrenia's Cause, January 27, 2016, 1.
[15] Richardson, W.J., personal communication, via telephone, 2015.
[16] www.Philosopherkings.co.uk. Note that Augustine adopted this parallel of body-soul and horse-rider for early Christianity.
[17] Moneta, P., skype communication from Rome on present Greek psychoanalytic thinking, 2015.

most important event, the most poignant loss, of a man's life. Having discovered that this was so, I felt unable to obliterate the traces of the experience."[18] Now Freud's original*: Für mich hat dieses Buch nämlich noch eine andere subjective Bedeutung, die ich erst nach seiner Beendigung verstehen konnte. Es erwies sich mir als ein Stück meiner Selbstanalyse, als meine Reaktion auf den Tod meines Vaters, also auf das bedeutsamste Ereignis, den einschneidendsten Verlust im Leben eines Mannes.*[19] Strachey translates *einschneidendsten* as "most poignant," echoing the derivation of the word "trauma" in Greek (□□□□□□), from the verb "titrosko," to pierce, as with a sword or a knife.[20] ("Most incisive," or "most decisive" would also fit, each one including the root "to cut" *cis*, "the most decisive cut in one's life." The English equivalent of *Verlust* directly indicates "bereavement," "heavy loss of life."[21] Here I agree totally with Strachey's translation.)

In 1936 Freud writes up an experience he had back in 1904, eight years after his father's death, and titled it "A Disturbance of Memory on the Acropolis" (*Eine Erinnerungsstörung auf der Akropolis).*[22] Freud tells us, as he stands there with his brother and beholds the Acropolis, "a surprising thought enters my soul: so all this really does exist, just as we learned in school! Now, in his text, Freud "excuses himself" to allow for this "following exaggeration": *an image has just entered his soul, that of a huge monster's dead body washed ashore on the beach!* A dead body, a monster's body, like the Loch Ness Monster's body (*aus Land gespülten Leib des vielberedeten Ungeheuers*). (At that time, the very next month will be the eighth anniversary of his father's death; now there is a dead body; so he really did exist! This monster that terrified me—or that he died terrified me?)

As he is still gazing at the Acropolis, next in Freud's soul enter the words "What I see here is not real"—what Freud calls *Entfremdigungsgefühl*—in English, the feeling of derealization.[23] "Something here is so foreign it is not real." Denial? Dissociation?

Then Freud' soul brings up the case of King Boabdil, the show-off ruler with absolute power who kills the messenger with the bad news that Alhama has fallen. The king, like the father, has power over life and death, but the king, blinded by power, has lost the dearest thing to his heart.[24]

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[18] SE IV, xxvi.
[19] Studienausgabe Band II Die Traumdeutung (Fischer: Frankfurt am Main, 1972), 24.
[20] Laplanche & Pontalis, The Language of Psycho-Analysis (New York: Norton, 1973), 465.
[21] Langenscheidt's New College German Dictionary (New York: 1988), 574.
[22] GW XVI, 250-257.
[23] SE XXII, 244.
[24] SE XXII, 246.

We remember, back in Freud's early youth, after he urinated in his parents' chamber pot under the parental bed, his father cursed that this young Sigismund "would never go far." But now, in 1904, here he was in Athens, and turning to his younger brother, exclaimed: "Here we are, standing on the Acropolis! We really *have* come far!" And now Freud reveals even more of his unconscious to us as he tells the story of Napoleon speaking to his own brother.

"Napoleon, during his coronation as Emperor in Notre Dame, turned to one his brothers and remarked: What would *Monsieur notre Père* have said to this, if he could have been here to-day?"[25]

The image of his father enters Freud's soul: what would he say, seeing his two sons here today? Jakob Shlomo Freud never even went to high school, he could never have understood the importance of the Acropolis. Here Sigmund, the son, who, in his phantasy image becomes Napoleon, is superior to his father. And in this text Freud makes a *lapsus*—his coronation, he writes, is "in Notre Dame"; Freud is being crowned in "Our Lady," "Our Mother": has he won her from his undeserving father? (Napoleon's coronation actually took place in the cathedral in Milan.)

But "our father" is not here today…

"Only I, now old myself," Freud concludes, "am alone and ill, and troubled by my experience on the Acropolis..."[26]

Ill, yes, severely. Why? Jones tells us Freud smoked *at least* 20 cigars every day![27] Freud endured cancer of the palate, first diagnosed in April 1923, when he was 67; his surgeries numbered 33, which included a totally prosthetic jaw and a full prosthetic palate. He nicknamed the prosthesis that replaced his palate "the Monster" because it gave him so much pain.[28] "I am still out of work and cannot swallow," he wrote shortly after his first operation. "Smoking is accused as the etiology of this tissue rebellion."[29] Yet he continued to smoke. He suffered severely for sixteen years—still smoking every day!—before asking his personal physician Max Schur to euthanize him with morphine. He was in constant severe pain: often he could not speak (his high-pitched voice piped

[25] SE XXII, 247.
[26] Paraphrase of SE XXII, 248. Bettelheim (ix-x) argues that "so oft heimsucht" should be translated as "so often visited" rather than "so often troubled," citing the Maria Heimsuchung as "the Visitation" of Mary to her cousin Elizabeth in the New Testament, the source of an important revelation about herself (Maria), as was the Acropolis experience for Freud.
[27] Jones, E. The Life and Work of Sigmund Freud, 3 vols. (New York: Basic Books, 1953), I, 309.
[28] Clark, R.W. Freud: The Man and The Cause (New York: Random House 1980), 439-445.
[29] Jones, III, 89.

and squeaked) and sometimes he could not chew or swallow (because food would enter up into his nasal cavity). You can imagine the odor. Yet at 81 he was still smoking what Jones calls "an endless series of cigars."[30]

How could it be that Freud could not have recognized that his addiction was killing him and done something about it? Analyzed why he was killing himself? Some recognized it, some ordered him to stop smoking: Drs. Steiner, Fliess, Jones, Abraham, and finally there was Felix Deutsch, who said he withheld the news from Freud that it was cancer because he thought Freud would certainly suicide.[31]

Back in 1894, when Freud was thirty-eight, Ernest Jones reports that Freud's best friend, Wilhelm Fleiss, informed Freud that his heart arrhythmia was due to smoking, and ordered him to stop. Freud tried to stop, or to cut down his cigar ration, but failed. "He was always a heavy smoker—— twenty cigars a day were his usual allowance," Jones writes. "In the correspondence between Freud and Fleiss there are many references to this attempt to diminish or even abolish the habit, mainly on Fliess's advice. But it was one respect in which even Fliess's influence was ineffective."[32]

Freud did stop for a time at one point, but his subsequent depression and other withdrawal symptoms proved unbearable. He described these symptoms vividly:

"Soon after giving up smoking there were tolerable days. Then there came suddenly a severe affection of the heart, worse than I ever had when smoking. ... And with it an oppression of mood in—— which *images of dying* and farewell scenes replaced the more usual fantasies. . . . The organic disturbances have lessened in the last couple of days; the hypo-manic mood continues. . . . It is annoying for a doctor who has to be concerned all day long with neurosis not to know whether he is suffering from a justifiable or a hypochondriacal depression" (emphasis added).[33] What were the images of dying? Why did he not elaborate on them?

"The torture of quitting," Freud told Jones, "was beyond human power to bear."[34]

Did Freud—like Bettelheim (after his suicide)—suffer from what Harry Golden would call "an essentially Jewish phenomenon… self-hatred"?[35] I would call it "an essentially human phenomenon."

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[30] Jones, II, 38.
[31] Gay, P. Freud: A Life For Our Time (NY: Norton, 2006), 419-420.
[32] Jones, III, 109.
[33] Jones, I, 309-310.
[34] Jones, I, 311.
[35] www.wikipedia, The New Republic, June 15, 1963.

Or was Freud's addiction a case of "actualpathology" that could never be processed in language, in signifiers from the Other?[36] Because, at this linguistic point, Freud's eloquent soul was shattered? Does that mean he had a neurotic structure with perverse traits, or an underlying perverse structure—which means he really did kill off the monster father, and broke the triangulation with his mother?

Had Freud been able to "let it speak," what would the Monster have screamed? Cancer was continuously re-traumatizing him as he soldiered on through the shattered shards of his soul, chomping, biting, sucking on another cigar: exquisite self-torture.

"*Sein Mund bekam son monde*"—his mouth became his world, the battleground between pleasure and death. We remember that at age 16 Freud shortened his name to "Sigmund"—*Sieg Mund!*—Victory to the Mouth! Victory? Some. But also the locus of death. His oral fixation, his addiction, termed by Karl Abraham "sadistic," is without signifiers, without speaking more about the "unbearable torture" it would be for him to stop smoking. Is not Freud here acting out an "early structural trauma"—the nameless Real of his body without signifiers from the Other, what condition Freud himself referred to as "Anxiety Neurosis" (*Angstneurose*)?[37]

To conclude, Bill Wilson, founder of Alcoholics Anonymous, frustrated trying to find a cure for alcoholic addiction, wrote to Carl Jung and asked what it would take to help people stop their addiction. Jung responded in a letter of 1961: addictions are so powerful you need nothing short of a religion: with creeds, dogmas, a belief system with a lot of words, a lot of speaking up, "the protective wall of human community."[38]

For us, doesn't that indicate the re-constitution of a now permanent primal Other? This time in a cultural-social context? Would not this imply, at least for Lacan, analysis that would never stop?

[36] Verhaeghe, The Actualpathological Position, 289-313.
[37] SE III 87-115; 141-156.
[38] www.A.A. History – Dr. Carl Jung's Letter to Bill Wilson, Jan 30,, 1961.

Psychic Traces Encoded in Their Link to the Collective

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My thoughts in this session, in which the Shoah is included as paradigmatic in terms of major effects of ever-present destruction, disaster, and the unthinkable in our individual and collective contemporary history, are connected to a hypothesis on the latency of the collective.

Using the term "Holocaust," which is the one employed in the American literature before the term "Shoah" came into general use beginning in 1985 with C. Lanzmann, I consulted references containing this term in the title or contents of articles published between 1946 and 2008 in the *International Journal of Psycho-analysis*. Up through the end of the 1960s, one numbered only very few publications, about five or six per year. A mutative moment occurred at the 1967 IPA Congress followed by the establishment of a study group by J. Kestenberg on the effects of the "Holocaust" on the second generation, a group which worked for more than twenty years by using material from cures related by colleagues who had treated survivors or children of survivors. The publications that came out of this work are very numerous and gave rise to a great many arguments, controversies, and critical analyses. Then, at the end of the 1970s and the beginning of the 1980s, the number of publications regularly increased, and from 1985 their number (twenty-five for that year) grew exponentially, and this is still true today. Perhaps the release of the film *Shoah* in 1985, which needed ten years to be completed, opened up the production, which is currently still increasing, of life narratives or films supporting one another from the moment a "sign" of recognition in the social field could open up the possibility of telling, narrating, and recounting—like the ricochet of pebbles widening into concentric circles.

In 2000 in the *Revue française de psychanalyse*, I presented (Weil, 2000) a hypothesis concerning the time elapsed since the opening up of narratives and testimonies bearing the marks, in France in any case, of a particular reorientation, starting in the 1980s, of the reflections on the extermination of the victims of Nazism. This reorientation puzzled us as to the connections between individual

recollection and collective recollection and the process of remembering and construction-reconstruction.

In fact, starting from the catastrophe of Nazism and the end of the Second World War, thirty or forty years went by in France before the appearance in public debate of the intricacies of its traces. One might ask if this delay-effect is observed following other historical catastrophes.
This length of time was regularly qualified as a period of silence and numerous arguments were put forward to account for the so-called silence. A historian, A. Wieviorka (1992), wrote: "it is simply astonishing that French historians let themselves get caught up in the same mirage as anyone else, and that they suggested the idea that the deportees did not want or were not able to speak to the rank of historical truth in order to explain the weakness of the collective memory of the deportation up through the 1970s […]."

The opening up of the archives to the public at the end of the 1950s, which made the work of the historians possible, would merge with the period of the opening of the psychic archives in the debate, if we consider that the psychic archives of the collective are contained in material like books, documentary films or fiction, audio and visual documents, recorded and archived testimonies of survivors, without forgetting the publications of psychoanalysts on these themes. How did the individual psychic archives come into connection with and buttress the collective archives in opening up the era of collective narratives and their knotting to the survivors' and their descendents' subjectivity?

These archives may also be read through what has been called "concentration camp literature," which also follows a particular timeframe. For example, Primo Levi and Robert Antelme published as early as 1947 with no or very little feedback from the public. These observations led me to put forward the hypothesis that collective temporal repression, analogous to that of individual repression described by Freud for the latency period, became organized after the catastrophe of the Second World War and lasted for thirty or forty years.

In psychoanalytic theory, this originates in the waning of the Oedipus complex and corresponds to an intensifying of repression, whose effect is amnesia covers one's first years, a transformation of object cathexes into parental identifications, and a development of sublimations.

I asked myself if, by means of a similar kind of operation, a psychoanalytic concept related to child development could be used to understand a collective state. Is it licit to consider that the *socius* could undergo amnesia or repression, following the individual model? What would the nature of "collective" latency be, and what sort of libidinal economy would be implicated at the level of psychic mechanisms?

Would it cover this particular timeframe, lasting about forty years and to all appearances silent but during which, in a subterranean or partial way, drive movements, affects, and representations were at work? One might hesitate as to the use of these qualifiers since they were not expressed, or only very slightly, during this time. It is in the course of the *après coup*, retroactively, that one perceives their traces and echo. Would this occur up through the second and third generations?

If we question the nature of the mechanisms at work, one might ask: repression and/or splitting which would then lead to a freezing, a suspension, or amnesia of psychic functioning? Can we claim that there exist certain psychic processes whose traces and the transmission of these traces are connected to the "traumas" of History, of a collective nature, which would seek a receptive environment and which would not have found a psychic locus? Their territory would then be that of a discontinuous, disaffected space manifesting itself through its affects and symptoms, for example, appearing during a random event in the collective or private sphere. In the course of the *après coup* of these effects, one may observe through the appearance of this abundant testimonial output in culture that this raw memorial material was waiting to be transformed, was latent (in its everyday meaning), in order to become presented, represented, and expressed in the collective. Could latency, a mixed and hybrid space-time, then be understood as a period of putting into resonance with what had been broken, such as the feeling of belonging and community (Villa and Weil, 2011), as that necessary but insufficient time which makes possible that a subject's lived experience cannot be reduced to a solely private affair? Would the length of this latency not be the period in which the experience, which had not yet become meaningful, stopped being pure nonsense or hallucinatory, since the collective may acknowledge that what occurred to the subject did not happen to him in terms of pure singularity but as falling under the common belonging to the species and its history? Thirty or forty years seems to have been the length of time of this latency and, during this time, *Id*[39] worked and *Id* worked differently perhaps than under repression. One must not forgot that very early on, just after the

[39] In italics in the text. In French, *Ça* translates the Freudian Id. (Translator's note.)

catastrophe, the survivors did in fact try to recount what had happened to them. If they stopped trying, was it due not to the effects of repression but also for having failed to find any audience for their speaking and the effects of their speaking? We may thus consider the end of latency differently than in terms of the lifting of repression but rather as the singular moment when individual experience finds resonance within a social environment and may become the individual construction of a shared memory. This is but a hypothesis, of course. Dori Laub and René Kaës each formulate it in a different way.

Psychoanalytic publications, above all beginning in the 1980s, treated these questions each in its own way through the observation, which became increasingly documented and subtle, of at once the effects of the catastrophe on the survivors but also, and above all in more recent years, the effects of this clinical field on analysts and the interrogations as to the counter-transferential implications they induced within psychoanalytic cures and institutions. These interrogations were likewise directed at the treatment modalities of the clinical field of the extreme (Zaltzman, 2011) and their potential modifying effects on the metapsychological advances of theory. These publications deal with the underlying themes of controversies present at the birth of psychoanalysis concerning psychic reality and social reality, the intrapsychic and the intersubjective, the environment and psychic construction, the ties between the individual and the collective, and destructiveness and the death drive(s).

If initially the treatment of patients by their therapists remained centered on the interpretation of symptoms in the order of Oedipal development or the updating of early traumatic events connected to the family environment, it appeared that the repetition of these symptoms and placing them in their historical context that had become increasingly familiar through the documented narratives of writers, historians, and psychoanalysts, some of whom had emigrated while escaping Nazism, contributed to changing this approach. Starting in the 1970s, the reading and treatment of the disaster and how it was expressed changed. E. Rapoport (1968), a German psychoanalyst who was imprisoned in the Buchenwald concentration camp and who emigrated to the United States in 1938, asks why he had waited twenty-six years before publishing his reflections on his experience in the camp and he further writes about the resistances he ran into in the analytic institution.

It is also possible that the accession of a new generation of analysts to therapeutic practice, themselves children of survivors of the historical catastrophe and witnesses of the murdered culture,

changed the approach and understanding of the disaster and how it expressed itself. In particular, it appeared that what had happened to the individuals in leading to their symptomatic suffering was also what happened to the collective, to groups associated with the murdered, with their destroyed environment and their the culture and language, and that this focal distance of the collective was completely inseparable from the individual one. This led psychoanalysts to make theoretical-clinical, "economic", and "political" hypotheses about the catastrophe of Nazism and State violence in its different social and psychic effects.

The request by patients seeking therapeutic help made up the central axis of the work and clinical research, but it was not the only vector since the knowledge of the circumstances of appearance of the catastrophe and its aftereffects on a "non-clinical" population next appeared essential to the work of "culture" and to the deepening of the notions of the group and mass in which our "environment," in Winnicott's understanding, is constructed and deconstructed.

R. Kaës (2015) writes: "what is vital is not the 'debriefing' but the putting-into-narrative with several voices and several listeners and for several listeners, the first being the victims of the catastrophe and the others witnesses or strangers in relation to it. What is important in this narrating is the diversity and sameness of the versions that are worked out. These versions are aimed at intimates, witnesses, and strangers, at that share of strangeness in the intimates and the share of the intimate in the strangers. This twofold testimonial is necessary for the simultaneous reconstitution of a psychic, social, and interdiscursive, common and shared fabric."

It seems to us that in order to assure its place and be passed on, the catastrophe that is the Shoah, and others too, perhaps, must unremittingly and in different ways stir up echoes, reminders, narratives, testimonies, and commentaries that convoke numerous versions on the part of numerous emitters by further questioning the place of History within these broken filiations.

Let's hope that this is also what our encounter today, here in Israel, contributes doing.

(Translated from the French by Steven Jaron.)

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