An opening: Trauma and transcendence

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With reference to the intergenerational theorizing of trauma, this article considers the role of transcendence in the substance of our theoretical ideas about psychosis. Arguing against an emphasis on notions of developmental deficit, the author considers the recent work of Davoine and Gaudilliere as a means of questioning some of the paradigmatic assumptions of clinical psychology. It is suggested that the relationship between psychosis and spirituality has often been conceived in such a way as to depreciate both, and that a shift in mainstream theorizing requires that a more fundamental place be made for the question of transcendence in the theorizing of madness.

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If we are to avoid exacerbating the psychotic person’s sense of alienation, it follows that we should foster theoretical perspectives that are non-reductive. Charles and O’Loughlin (2012, p. 411) argue that constrictive views of psychosis have the effect of isolating the afflicted. With this in mind, in so far as we cannot avoid embodying our own assumptions (whether explicitly formulated as “theoretical” or otherwise), a good theory helps the clinician to assume a more self-reflexive position and assists rather than obstructs communication. Psychoanalytic thinking has sought to find ways of working with our assumptions either (from a classical perspective) so that they do not interfere with the patient’s process, or (from a more relational perspective) so that this interference might have a restorative value for the patient. The shift from a one-person to a two-person model of practice has often been taken to signify a less dogmatic approach to theory, wherein the clinician’s theoretical supports do not diminish the lived-experience of the patient. However, in so far as approaches of this kind proceed on the basis of assumptions pertaining to the causative nature of human relationships, in our fundamental position we seem not to have moved all that far. If the significance of libidinal drives is merely replaced by that of object relations, we remain caught in a causal-reductive approach to the psyche.

When the very act of theorizing seems liable to distance the clinician, how might we develop ways of thinking about clinical practice that actually facilitate relationship? While of great significance for the development of psychological approaches to the treatment of mental illness, mainstream psychoanalysis has often proven an inadequate yet necessary lean-to in the therapeutic approach to madness. Historically, this body of ideas has done much to question the assumptions of those that

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would seek to rely solely upon organic explanations, yet the psychoanalytic milieu has never quite been able to reconcile itself with the radical alterity of its own position in respect of mainstream psychiatry. One sign of this is the extent to which psychoanalytic practice has tended to rely on causal thinking. Although Loewald (1971, p. 141) argues that a future-oriented approach is implied by Freud’s notion of a life instinct, teleological theorizing has largely been perceived as “unscientific”, and hence excluded from discourse. Any question that mental illness might be purposive tends to constitute a radical challenge to conventional thinking. If we are to attend to madness, however, and move beyond the assumptions of an established order, then the subject of transcendence and questions of spirituality raised by a teleological position would seem of fundamental importance.

Within the field of psychosis, in so far as spirituality is respected, it is often at a polite distance. McCarthy-Jones, Waegeli, and Watkins (2013, p. 255) make a distinction between “spiritual” concerns, such as finding a new direction in life, and more “secular” concerns, such as ending an abusive relationship. Distinctions of this kind reflect a compartmentalizing attitude that has unfortunate consequences for the perception of psychosis. In keeping with such a distinction, in so far as spiritual issues have been taken seriously by mainstream thinking on psychosis, this is typically framed in terms of what religious or spiritual beliefs might be able do for the patient’s well-being (Phillips & Stein, 2007), and not as a question that might emerge in the very act of our theorizing about the nature and treatment of madness. What is the spiritual value of our theorizing, and how might examining this question inform our approach to psychosis? This article suggests that the clinical reliance on causal-reductive thinking further accentuates the sense of alienation in patients, and that the emerging evidence of a relationship between trauma and psychosis can actually be adopted as a means of questioning existing models rather than supporting them.

### Approaching trauma

In the extent to which psychological attitudes towards psychosis have come to rely on the empirically verifiable role of trauma (Read, van Os, Morrison, & Ross, 2005), the fashion in which we incorporate this matter into our theorizing is of critical importance. Is trauma a fundamentally empty phenomenon, or might it demand something of us? The emerging interest in intergenerational theorizing signifies the possibility of a new approach. This is apparent, however, only to the extent that we allow our thinking to truly shift from a personally bound reading of trauma. Often, the “intergenerational” label has been adopted without seeming to imply a significant shift in our working assumptions. This is evident wherever intergenerational thinking leans too heavily on developmental theory. An early approach to the problem was offered by Fraiberg, Adelson and Shapiro (1975), who perceive that recovery from the cycle of traumatization is dependent on the child of a traumatized parent refusing to identify with the aggressor. Where such an identification occurs, affect is thought to be split-off in the child, only to return as a distortion in subsequent parenting skills. More recently, drawing from Stern’s (1997) developmental theory, Adelman (1995, p. 363) attempts to conceptualize transmission in terms of a disruption to the organization of the verbal self. For Adelman, recovery from trauma is perceived as being realized by way of the relationship between a parent’s capacity to modulate their child’s affect, and the child’s capacity to verbalize what remains
unspoken. Bradfield (2011) is explicit where he conceptualizes the attachment relationship as the “location” of the child’s traumatic experience. The child’s need for containment is thought to elicit fear or rage in the parent, thus disturbing the attachment bond.

Whether considered in terms of split-off affect, unsymbolized experience, or attachment bonds, the belief subverting these theories, is that the transmission of trauma comes to be enacted interpersonally in terms of a deficit in the experience of early relationships. It is thus proposed that these deficits might subsequently be ameliorated in the work of therapy. Where we focus on deficits as causative of trauma, however, and treat trauma as the foundation of psychosis, we run the risk of conceptualizing psychotic experience merely in terms of an environmental lack.

While giving due to this approach, Charles and O’Loughlin (2012) seek to ameliorate the one-sidedness of deficit theories by turning to Lacan, outlining how, in his later work, Lacan attempted to de-pathologize psychosis by encouraging the analyst to learn the language of the patient with an imperative not to assume authority. Charles and O’Loughlin (p. 419) suggest that in this frame of reference the analytic relationship might:

move toward obtaining a better sense of the meanings as they exist, the ways in which they function for the person, so that we might consider together ways in which that system fails the individual in relation to her own desires.

Invoking the question of the patient’s desire in this fashion, however, raises other problems. As clinicians, by focusing on recovery and then tying this question to the individual’s desire, we have to be wary not to fall back into the assumption that the patient should be expected to change in relationship to the clinical gaze. By having recourse to what the patient supposedly wants for his or herself, in an attempt to establish a compass for forward movement in the therapy, the otherness of psychotic experience is in danger of being neglected – quite possibly to the detriment of the very recovery sought for. This is not, of course, to suggest that the individual’s apparent wishes are irrelevant, but we should be wary of a tendency to justify our own normative assumptions with recourse to the “normal” parts of mad patients. Relinquishing these assumptions not only constitutes a steep personal challenge, it also inevitably clashes with the ethical and professional duties of being a clinician. Our theories, if they are to have utility, are paradoxically forced to move beyond utilitarian concerns while remaining within the bounds of clinical discourse.

Davoine and Gaudilliere (2004) have developed a style of theorizing that might suggest one possible means of addressing the complex needs of the present moment. In History beyond trauma, they offer an unconventional approach to madness that they regard as non-reductive. Eschewing biological reductionism, they follow the notion that psychosis is connected to trauma, but expand upon this position by emphasizing the extent to which all trauma ultimately relates to the events of our collective history. Perceiving their patients to be researchers, they see the clinician’s role not as that of a healer, but rather as an assistant to the work of historical research: “Sometimes a fit of madness tells us more than all the news dispatches about the left-over facts that have no right to existence” (p. xxvii). For Davoine and Gaudilliere, to speak of something having been “forgotten” is misleading, in that the trauma cannot properly be said to reside in the past. The place of trauma is inferred by an absence, conceivable as a gap in the signifying chain that has not yet been
made historical by entering the Lacanian symbolic order. Recovery is achieved not by seeking to find containment for the unconscious (as mainstream analysis with its emphasis on a “strong ego” might assume), or by attempting to unearth something forgotten, but rather by trying to create the possibility of a repression and hence of forgetting. The unsymbolized trauma cannot be considered as belonging to the past, because it is precisely the existence of the trauma in the present that demands attention. Accepting the patient’s experience means confronting a conflict in ourselves as we struggle to recognize that the connection between madness and trauma is not a causal one. The traumatic event is not yet an event at all, but rather the emergence of something waiting to be named that nevertheless remains unnameable. Only at the intersection of shared experiences evoked by the analytic dyad can the patient give voice to the unspeakable. For the analyst to play a part in this process means allowing the patient to lead, and assuming the role of a co-participant. This entails divulging experiences of the clinician’s own emerging relationship to trauma that would usually be considered intrusive, but out of which an alliance is formed enabling the shared process of forging history – where conventional practice might dissuade an analyst from sharing elements of their own story with the patient, particularly if the material is emotionally demanding, paying this kind of testimony to trauma is in this context regarded as essential.

By emphasizing the role of collective history, Davoine and Gaudilliere offer an example of an approach to trauma that moves beyond interpersonal conceptions of transmission. This is not to the exclusion of the role that interpersonal factors seem to play in giving rise to traumatic experience, but in the extent that we continue to consider them a cause, their effect is no longer to be perceived as the kernel of the trauma itself, but merely a heightened receptivity to it – the trauma informs the sense of a calling which in effect enables the patient to conduct the work of historical research. Davoine observes that patients experiencing psychosis are in fact tortured by the efforts of others to “explain” psychotic experience in terms of cause and effect. For this reason, the only means of making a genuine connection with the patient is by way of coincidence (Malater, 2006, p. 681). A clinician may discover, for instance, that the patient’s grandfather was critically injured in a battle that the clinician’s own paternal grandfather was also injured in. Coincidences by definition pose a challenge to the logic of causal reasoning, and hence provide a non-threatening means of approach to the patient. The unexpected and mysterious ways in which the patient’s trauma triggers that of the clinician, is the bond by means of which communication becomes possible.

**The role of the individual**

For Davoine and Gaudilliere, the person’s unique experience is perceived as a conduit to those gaps in the symbolic order that register the existence of an unsymbolized trauma. In other words, the question of a deficit is no longer imputed to the patient, but rather to the collective, and it is the patient who seeks to ameliorate for this deficit by attending to an absence in the historical record. The dignity thus reserved for the individual in this scheme is in stark contrast to the treatment of intergenerational trauma understood in terms of a correction to the patient’s developmental shortcomings realized by way of relationship to the therapist. When evaluating our theoretical tools, the implicit value accorded to the individual needs to be considered paramount if we are to avoid adopting restrictive modes of perceiving
the patient. If we start with an assumption that the individual is nothing more than a consequence of the material conditions from which he or she arises, then the only way in which to understand psychosis (or, for that matter, any other psychological question) is in terms of genetics or immediate social and environmental influences. By contrast, if we posit that the individual is also formed by factors that are transcendent of material causes, then it becomes conceivable that the individual’s experience may carry a meaning for the material situation that is not immediately reducible to it. In this light, an individual undergoing the experience of psychosis might be approached as an instrument of collective transformation, rather than simply as a damaged person.

Some of the underlying assumption attendant to the emergence of a two-person model of theorizing has often had the almost paradoxical effect of further minimizing the role of the unique and particular. Although Freud’s drive theory is justifiably perceived by many as excessively reductive, his approach nevertheless assigns a certain implicit value to the role of the individual: the drives are thought to be attached to persons, and hence their regulation is essentially an individual problem. Freud’s tendency to think in terms of the individual has, for good reason, been questioned since the inception of his work – so much so, however, that one might be left wondering whether a time will come when this line of attack will finally cease to be perceived as “revolutionary”, and be properly recognized as the new orthodoxy. With a recognition of how far the field has evolved, there might emerge the possibility of engaging more critically with the place that we now find ourselves. The shift away from drive in favor of more relational models, while “freeing” psychoanalytic theory from the dogmatism associated with the field’s early development, has also diminished the role of the individual.

The extreme culmination of a systems approach is articulated with particular clarity in the work of Harry Stack Sullivan. Sullivan (1950) often seems to argue that the individual is in effect merely an illusion, consisting of nothing more than the role a person plays in relationship to others. The advantage of such a position in terms of the theorizing of psychosis is clear: by radically questioning the notion of the individual, Sullivan’s work calls for a shift in the perception of mental illness from something that exists “in” persons, to something that is enacted between persons. However, while this point of view might help emancipate the sufferer from stigmatization as “the sick one”, it also seems to jeopardize the seriousness with which we listen to the individual’s message on its own terms from this perspective, the individual’s experience is always reducible to the status quo, and as such can never be expected to radically challenge it.

If we relate the message of madness only to a call for the rearrangement of the environmental situation as it stands, or, even more reductively, as a call for the rearrangement of the internalized environmental conditions of the past, then we are left with an approach that would seek always to understand madness in terms of a set of circumstances that were less than “ideal”. It is questioning this supposed ideal, however, with which madness might in fact be most concerned. R.D. Laing (1967), with his emphasis on the political, while working from a systems perspective influenced by Gregory Bateson, nonetheless seems to perceive the ideological danger that emerges when the individual is reduced to nothing more than their environmental circumstances. Laing writes: “There are men who feel called upon to generate even themselves out of nothing, since their underlying feeling is that they have not been adequately created or have been created only for destruction” (pp. 42–43).
In the history of psychology, the great scandal of the “nature versus nurture” debate lies in the extent to which the question has been skewed from the outset in terms of a set of assumptions that privilege the established order. By considering individual differences as determined (rather than formed) by material causes, the individual’s experience is rendered devoid of meaning, with whatever value might be imputed to this experience only being registered in the terms of the system as it stands. Ludwig von Bertalanffy, one of the pioneers of systems theory, was nonetheless acutely aware of what he perceived to be the dangers of assuming a systems standpoint to the detriment of the individual. He considers the emergence of systems thinking to be a profoundly ambivalent phenomenon in the history of ideas, recognizing the dehumanizing propensity that is attendant to it and the fashion in which this tendency tends to reinforce existing social problems:

Man in the Big System is to be – and to a large extent has become – a moron, button-pusher or learned idiot, that is, highly trained in some narrow specialization but otherwise a mere part of the machine. This conforms to a well-known systems principle, that of progressive mechanization the individual becoming ever-more a cogwheel dominated by a few privileged leaders, mediocrities and mystifiers who pursue their private interests under a smokescreen of ideologies. (1968, p. 10)

In light of such a position, we might reflect upon the political implications of Judith Herman’s (1997, p. 235) notion that recovery from trauma is ultimately dependent on giving up a belief in one’s own specialness. There is an implicit sense of the patient’s defeat in this observation, which becomes more appreciable where psychosis is regarded not as a meaningless aberration conditioned by less than ideal circumstances in the gene pool and/or childhood environment, but as an unwavering commitment to a particular message that was brought into existence by way of trauma.

It is of fundamental importance that the gaps in signification that Davoine and Gaudilliere speak to do not belong to the system as it stands, but enter via the “backdoor” of the Lacanian real. The effort to symbolize the unspeakable is an undertaking to introduce something completely “other” into the system as it stands, and hence can be understood as a project fundamentally concerned with the question of transcendence. This matter is therefore of potential interest to the field of transpersonal theory – a school of psychology founded by Abraham Maslow, Viktor Frankl, and Stanislav Grof, that focuses on the subject of spirituality. Where Davoine and Gaudilliere speak of breaks in the chain of signification, the transpersonal theorist Michael Washburn (1995, p. 188) speaks of black holes in psychic space:

Once primal repression gives way and the dynamic ground opens, [...] interruptions in internal dialogue can occur. And these interruptions are not periods of restful, much less serene, silence; they are rather moments of trancelike blankness, moments during which internal dialogue is extinguished.

The Lacanian view does something to elucidate the nature of these black holes, suggesting that absences of this kind point to traumatic gaps in the collective historical record. Davoine and Gaudilliere’s challenging work might therefore cause transpersonalists to question the often individualistic basis for their teleological assumptions. In particular, the notion in humanistic psychology and the human potential movement that self-realization is the de-facto goal of human endeavor (Laszlo, 1996,
p. 82) needs to be reappraised. This position, which stands as one of the foundational assumptions of the transpersonal psychology movement, has in recent years been questioned as part of Jorge Ferrer’s call for a “participatory turn” in transpersonal theorizing. Ferrer (2002) questions the legitimacy of assuming that spiritual transformation is a fundamentally private affair. This need not imply neglecting the role of the individual as a conduit, but it does suggest that it may be shortsighted to conceive of experiences as spiritual only if they can be shown to “benefit” the private person.

Where we attempt to establish the validity of a spiritual explanation for psychotic experience on the basis of the explanation’s apparent usefulness to the person undergoing the experience (Coleman, 2000), we indulge in what amounts to personalistic reductionism – pragmatic no doubt, but reductive nonetheless. Davoine and Gaudilliere’s approach to trauma demonstrates that teleology need not imply self-realization, as that which is seeking to find expression is fundamentally a question posed to the collective, and not merely to the experience of the individual. This has implications for the convention of categorizing different kinds of psychotic experience in terms of their supposed spiritual validity. Stanislav Grof is perhaps the most prominent spokesperson for the notion that a distinction can be drawn between medical psychosis and spiritual crisis: “mainstream psychiatry and psychology in general make no distinction between mysticism and mental illness” (Grof & Grof, 1989, p. 2). This distinction can be traced at least as far back as Boisen (1936), who in similar fashion seeks to outline a difference between organic psychosis and authentic problems of religious transformation. It is also reflected in the classical Jungian notion that the first half of life should be given over to the development of a strong ego such as to subsequently be able to withstand the initiatory experience of a dark night of the soul, in which context the “pathological” forms of breakdown are thought to be indicative of an unprepared psychic vessel. While the distinction being made certainly seems to speak to a qualitative difference in the experience of psychosis, it is misleading to suppose that this difference characterizes the extent to which the experience can be characterized as a “spiritual” one. Such a position ultimately seems to rest on a spiritual philosophy of personal gains, and relies upon the notion that spiritual experiences are inevitably connected with the advancement of personal consciousness.

Perry (2005, p. 139) argues that Freud and Jung focus too exclusively upon the inner world and problems of self-reflection, and that they do not do enough to emphasize how the emergence of a new self-image corresponds with the manifestation of a new way of life. The implication in Perry’s approach to psychosis seems to be that psychotic process is aimed at evolving new people to meet the societal needs of the present moment. However, while recognizing that prior approaches placed too much emphasis on the individual’s relationship to the process, Perry nevertheless finds himself perceiving the actualization of the change in terms of the individual’s capacity to integrate the experience and embody a new worldview. The extent to which this position might still be criticized as normative is open to debate. The question seemingly hinges upon the extent to which psychosis is accepted on its own terms, or whether the experience is only valued when it can be translated into something with obvious “use value”. Given that any question of a value of this kind will always be measured only by the standards of the situation as it stands, we might recall Charles and O’Loughlin’s (2012) observation that reductive theorizing alienates the patient.
It seems reasonable to suppose that even the position taken by Perry might be "counterproductive" in so far as the goal of the treatment (a new worldview) has been prescribed by him, the clinician. In Perry’s defense, it might be suggested that the content of the patient’s new outlook on life need not be predetermined, yet Perry himself goes so far as to name certain attributes that he believes tend to emerge from psychotic experience, and even offers a rationale for why these values might be needed at the present moment in history (2005, pp. 127–144). This presumed apprehension of humanity’s “needs” seems questionable, but even without having made this move, the mere naming of a “worldview” as an undetermined goal of the experience is still essentially reductive: even if the content of this emerging worldview is to remain solely the business of the patient, the expectation remains that he or she should produce one. This seems to illustrate that a theoretical emphasis on recovery will always tend to do a disservice to psychotic experience, and hence ultimately undermine its own intentions. Ironically, Perry makes the very same point: “The more sane-making we become in our good will, the more crazy-making we find ourselves; we entangle ourselves in our own preconceptions, and the patient becomes hopelessly ensnared along with us” (p. 130).

Concluding remarks

Freud was disconcerted by the elusiveness of spirituality as a topic. In The future of an illusion, he protests that those who seek to challenge his narrowly defined sense of “religion” complicate things needlessly by indulging in word games (1927, pp. 32–33). If Freud’s attitude towards these matters was perceived by some at the time as reductive, his approach seems only more questionable now, when the subject of spirituality has come to reflect questions of cultural pluralism that cannot afford to be dismissed lightly. Others in the history of the field, however, have adopted a more nuanced attitude. Parsons (2007) suggests that figures like Bion, Lacan, Kohut, and Jung demonstrate a genuine respect for mysticism and spirituality. One of the merits of Davoine and Gaudillière’s approach is the extent to which they draw from and extend upon the work of these diverse and challenging thinkers, so as to show how intergenerational theorizing might open a space in the conversation for transpersonal factors that are concerned with bringing about a change in the collective (registered in terms of the Lacanian Symbolic), and not merely tied to assumptions of “self development”. Out of this movement emerges the possibility of recognizing the profound value of the individual, without falling into personally bound reductionism. Doing service to this tendency requires that we cease to theorize madness purely in terms of material causes. This entails a respect for the essential otherness of the patient’s experience, established by way of a corresponding openness in our method of approach. Only by creating a space for transcendence in our theorizing might the distance between patient and clinician be closed.

References


