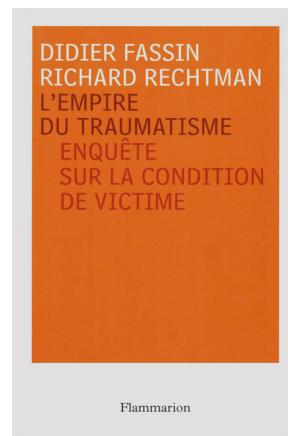




Review Article

L'empire du traumatisme Enquête sur la condition de victime



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The book is made up of an *Introduction* entitled : *The New Language of the Event*, comprising 4 chapters: I) *Truth Breeds other Truths*; II) *The Policy of Reparation*; III) *The Policy of Testimony*; IV) *The Policy of Evidence*. The body of the book is followed by the *Conclusions* and a long list of bibliographical references.

The two Authors, soundly grounded on an interdisciplinary training, express their opinion on an extremely topical issue interlacing the epistemological aspects of anthropology, psychiatry, sociology and human science taken as a whole: what is violence and what are the effects thereof on the victims?

Moreover, the anthropo-psychiatric interdisciplinary approach taken by the Authors is also compounded with an element difficult to find in scientific literature: the determination to also suggest a political perspective of the phenomena investigated. Perfect: I have always thought that the expression *politically correct* can often be confused with *politically devout*, meaning thereby accepting the mainstream culture as it is, projected onto us by the Institutions exercising the most power.

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It is probably my Italian background that leads me to look favourably upon Authors who show *subjectivity* in laying down their ideas and courage in giving an overview of the psychological ambience of the story that led to the objective facts; a subjectivity that in no way diminishes the scientific groundedness of the treatise. Thanks to this very approach, one of the merits of the book is that it *makes* culture instead of aseptically *analysing* it and its by-products. Investigating the meaning that humans give to violence raises a question that is the main focus of the book: is the definition of post-traumatic stress disorder, as it is elaborated by the American Psychiatric Association in the DSM III, apt to define the condition of people who have suffered upon themselves devastating physical and human actions, in phenomenological, psychodynamic and general psychopathological terms?

Going from natural catastrophes to terrorist attacks, from plane accidents to the taking of hostages, from finding oneself in a bombing to one's reaction to bombs, the book offers a vast array of events that might acquire the connotations of a traumatic event. The trace left on the mind by the dramatic events experienced becomes object of psychiatric research and represents the dynamic nucleus of the book.

Starting from the very Introduction, the Authors immediately focus their attention on the psychiatry of an emblematic event: the 9/11 2001 attacks on the Twin Towers of the New York World Trade Center. Roughly one thousand Mental Health professionals entered into action immediately after the event to bring relief to the citizens of New York who, according to the survey by the New York Academy of Medicine, presented a high incidence of PTSD and depression (in addition to an increased use of psychotropic drugs and alcoholic substances). The attack on the Twin Towers marked the emblematic turning point that subsequently led the victim population to undergo different forms of reaction as they, for the first time in their lives, saw themselves as the possible and inert objects of an attack against their life.

Among all the possible consequences of the terrorist attack on America, what stands out the most is the response received from the practice of psychology: the notion of trauma turned out to be the only patent truth that in turn engendered the creation of medical-psychological emergency units, the theory and practice of immediate trauma "debriefing" procedures and the development of a number of initiatives by non-local organizations that intervene on the victims of natural or man-induced catastrophes under the broad heading of *humanitarian psychiatry*. These data, far from leading the Authors to voice a hymn of glory to the nosographic category of PTSD, are elaborated on the basis of an interesting diachronic analysis aimed at tracking the channels through which this diagnostic category has become so consolidated in psychiatry: how did the notion of traumatism currently in use in the Western World originally develop? How did it develop within the folds of social science? How has it acquired the connotation of an *external* rather than an *internal* event?

The first Chapter gives a historical overview of the birth, decline and rebirth of the eventful history of traumatism starting with Charcot, Janet and Freud, and subsequently moves on to military psychiatry, which was more inclined towards the use of "electrotherapy", as developed by Wagner von Jauregg, than to relying on psychodynamic interpretation as proposed by the group represented by Karl Abraham, Sandor Ferenczi, Ernst Rimmel e Victor Tausk. A little further on, the book takes us back to the present state of affairs showing the changes brought about in the classification of general psychopathologies by the APA's introduction of the DSM III. 1973 marked the year in which the diagnosis of homosexuality was eliminated; 1980 the year that witnessed a radical transformation of the "neurotic paradigm" which had up to then indicated the individual and not the trauma as the etiological nucleus of syndromes arising after traumatic events: the pathological response turns into "a normal response to an abnormal situation", thus shifting the focus onto the objective external trauma that makes a victim of the subject suffering

the trauma. As a consequence, no reference is ever again made to stories or personality traits existing prior to the event: “the traumatism appears to be the only attribute of a mismatch between an ordinary individual and an extraordinary event”.

The subsequent chapters broaden the notion of PTSD by resuming the analysis, which had begun already in the Introduction, of the magnitude of human *suffering*, something that can not be directly correlated to the magnitude of the external trauma.

After having analysed this sphere of suffering, the Authors differentiate it from the notion of traumatism by orienting their outlook in three different directions: *psychiatric victimology*, *humanitarian psychiatry* (see the humanitarian interventions in the Palestinian Territories during the second *Intifada*) and *psychotraumatology of exile*.

These three different outlooks graft onto the denotations of PTSD the whole range of value systems inherent to reparation, evidence and distress management policies. In fact, the book highlights the fact that psychiatry does politics the moment it is required to issue a certificate containing a diagnosis of the trauma and the conditions of the victim of the trauma, a certificate that directly affects the patient’s eligibility as refugee and consequently his/her possibility of obtaining political asylum. The nosographical classification of PTSD has created the conditions whereby the *Empire of Trauma* is ruled by a regime certifying the authenticity of the symptoms of distress as prescribed by the DSM: a set-up that blows out of size the tasks of the psychiatrist who is once again called upon to certify a human condition. The Authors’ warning against the possible danger of establishing a public (psychologised) ethic “*consecrating the role of the victim*” is particularly significant. As with any other consecration, also a process certifying the state of the victim has some negative side effects. If, on the one hand, the victim draws economic benefits from his/her certified state, on the other hand, the “stigma” of the victim will have a boomerang effect on the patient by excluding him/her from non-victim human groups, thus producing new hierarchies that are not only societal but also anthropological.

The Conclusions focus on an extremely complex epistemological field of study: “First of all, traumatism obliterates experience. On the one hand, it acts as a screen between the event and its context and, on the other, between the subject and the sense he/she makes of the situation. Reducing the connection between what occurred and what was experienced, both in clinical terminology and in common language, down to a set of symptoms or of predefined representations (the fact of having been traumatised), eludes the diversity and complexity of experience at a biographical point in time”. (Page 412).

The Authors launch an appeal to psychiatry not to fall in the trap of dissipating the violence suffered by the victim into other forms and to act upon those who have come across experiences that are too burdensome to be easily processed and overcome by helping to complete the puzzle of human experience rather than applying a label with a psychological category.

Yet again, psychiatry cannot but be a cultural psychiatry, a psychiatry that is capable of relating to each and every socio-cultural subject alike in its quest that psychology might not be used to understand all the causes of the traumatic event but rather to determine the *Humanological states* that are liable to become *social states* that are even more subtle than the stigma left by the old psychiatric Asylum because societal confinement tends to be blurred by the acceptance of the state of victim.

Much more than a clinical datum, traumatism has now become a moral judgment: “The truth is that we are ready to call traumatism into play in referring to the experience of the survivors of the Shoah, of the genocide of the Armenians or of the Tutsis, of the victims of slavery or of apartheid,

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which falls more within the scope of competence of historical than clinical judgment. In other terms, traumatism has now become more a moral qualification marking the perimeter of the legitimate victims than a nosographic category that, at best, reinforces its legitimacy" (Page 417).

Reviewed by Goffredo Bartocci