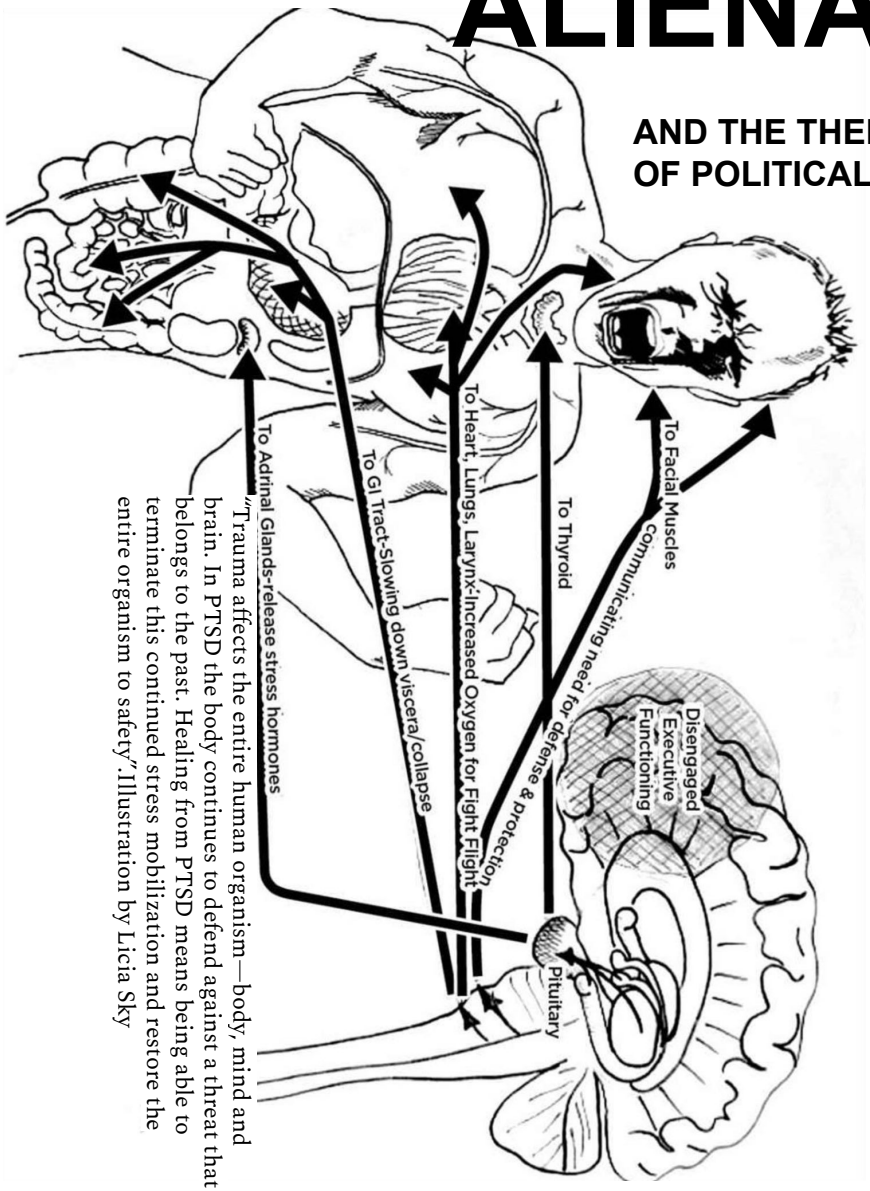
SYMPTOMS OF ALIENATION

AND THE THERAPEUTIC NECESSITY OF POLITICAL CONSCIOUSNESS



"Trauma affects the entire human organism—body, mind and brain. In PTSD the body continues to defend against a threat that belongs to the past. Healing from PTSD means being able to terminate this continued stress mobilization and restore the entire organism to safety." Illustration by Licia Sky

@subliminalrelations

"I hear there are plans to re-install locked gates. If a revolution is necessary, we're ready. If the hospital management also ends our outings and raises the walls, the shit may hit the fan. Do not forget, dear Mr. Director, that if we are denied our humanity, everyone will be against you...This article was written by Gerard, himself, of his own volition."

Trait D'Union Jan 23, 1974

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> "The fact is that demonstrably we are defenders of difference. The love of madness is the love of difference" (Deyres, 2019).

Alienation makes traumatized subjects of all of us, with many shades and shapes of dehumanization. The Fascism of Tosquelles' time, and ours, becomes a tragic panacea for some. Disalienation is a third way. It demands that we regard our resemblances and move towards opportunities for metabolizing ancestral violence through our bodies, making space for new relations (Menakem 2017). It is beyond psychiatry, beyond psychotherapy, beyond branding, beyond ambition. It traces truths primarily through marginalized histories, and asks us to create new conditions for living as new kinds of people. Perhaps it requires a new kind of spell, the spell of disalienation.

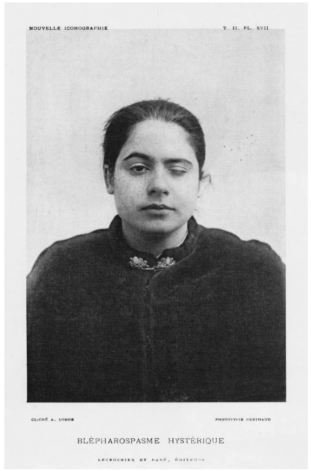


Figure 53
Londe, photograph of the "hysterical wink," *Nouvelle Iconographie* (1889).

THE DISALIENATION OF SAINT-ALBAN

Imagine a festival in the rural countryside of 20th century France. You might picture dancing, eating, drinking, a theater play, a bull fight being performed by two people under a sheet and a gaggle of children. These are images from the film "Captive Feast." A voiceover invites the viewer into the scene:

> "What we are witnessing is a party but as you now know it is more than a party…Which one has lost his mind? Which one has not? Don't decide too quickly. Things are not so simple. This party is open to all."

Some guests look bored, others anxious, some are still, some in movement, some have a companion or a family, others are unaccompanied. This ambiguity was part of the treatment envisioned by Catalan psychiatrist and revolutionary Francois Tosquelles. Social reproduction was at the heart of treatment at Saint-Alban, and the division between doctor, patient and staff were minimized. Everyone gathered regularly at "The Club" to deliberate and form committees around activities or address grievances. Patients put on plays, wrote and printed a hospital newspaper called Trait D'Union, and co-ordinated outings and vacations for themselves. This

radical approach to madness was informed by the political conditions of the time. Tosquelles had fought in the Spanish Civil War before becoming the hospital director at Saint-Alban, and when WWII began, he provided Jewish and political refugees asylum. While psychiatric patients across France were dying en masse from starvation, residents at Saint Alban were learning how to grow their own food (Deyres, 2019). Tosquelles called this psychic and social therapeutic praxis **Disalienation**.

JUDITH HERMAN & THE MARGINALIZED HISTORY OF TRAUMA

The asylum as a context for disalienation remains frozen in Tosquelles' time, but the contemporary "trauma informed movement" continues to agitate the social alienation of the psychiatric establishment. In her book "Trauma and Recovery," feminist psychiatrist Judith Herman, reconnects the psychic and the social in the "marginalized history of trauma." She begins this history in the late 19th century, with the unsolved mystery of hysteria. At the time, she explains, psychiatry was one front of a battle for secular materialist supremacy. Hysteria, which was assumed to either originate in the uterus or simply be a performance ("malingering" was

are not alone, and yet every effort is made to instill vulnerability through alienation. Through his own "experience dependent learning," Fanon models what it might look like to join the "marginalized history of trauma" and the legacy of disalienation. While his own home country of Martinique remained staunchly loyal to French colonial culture, Fanon found solidarity with the Algerian people and helped fuel a pan-African and worldwide anti-colonial struggle. Isaac Julien's film "Black Skin, White Masks: The Life and Work of Philosopher Franz Fanon," illustrates the inevitable complexity of Fanon's journey toward liberation through another's national struggle for independence. But Tosquelles might have called this "the harmony between difference and resemblance" (Deyres, 2019). He goes on to say:

Still from "OUR LUCKY HOURS (LES HEURES HEUREUSES)" by Martine Deyres

A NEW SUBJECTIVITY

"Little is known about the mind of the perpetrator. Since he is contemptuous of those who seek to understand him, he does not volunteer to be studied. Since he does not perceive that anything is wrong with him, he does not seek help—unless he is in trouble with the law. His most consistent feature, in both the testimony of victims and the observations of psychologists, is his apparent normality." — Judith Herman, Trauma and Recovery

Material and statistical evidence suggests that the health of our relationships may be the single most meaningful determinant of health (Schore, 1994; Panksepp 1998; Cozolino, 2006). This finding contradicts the authority of the DSM, or at least threatens to reduce it's 800 pages of pathology to mere pamphlets, as John Briere suggests. Neurobiological evidence also suggests that experience dependent learning continues throughout the lifespan, meaning we change in response to a changing set of conditions (Chan 2021). While this neuroplasticity is a great source of hope, it also imbues us with a great responsibility. This is the powerful and sometimes tragic truth of disalienation, our own distress lives in relation to the sickness of those who seek domination and extraction. We

Still from "Captive Feast" (1962) by Mario Ruspoli

a common explanation for anything that evaded biomedical intelligence) was once again under investigation (Herman, 2015, p. 19). The famous neurologist Jean-Martin Charcot had produced a taxonomy of the hysteric's behavior, but his mentees Sigmund Freud and Pierre Janet, decided to take a radical new approach. Herman writes,

> "For a brief decade men of science listened to women with a devotion and a respect unparalleled before or since. Daily meetings with hysterical patients, often lasting for hours, were not uncommon. The case studies of this period read almost like collaborations

between doctor and patient" (Herman, 2015, p. 19).

She goes on to report:

> "Both Janet and Freud recognized that the somatic symptoms of hysteria represented disguised representations of intensely distressing events which had been banished from memory" (Herman, 2015, p. 21).

More often than not, these intensely distressing events surfaced as testimonies of sexual abuse and incest (Herman 2015). The introduction of subjective testimony into the scientific discipline of neurology was a massive shift that still complicates the relationship between psychiatry and psychotherapy today. But for a brief moment, these testimonies revealed the social origin of the "hysteric's" psychic distress. Janet used the word "disassociation" to describe the splitting of consciousness between past and present that produced the behavioral presentation of hysteria. He even developed a stage-based treatment model that contemporary clinicians have drawn inspiration from (Herman 2015, Ogden 2006). But the psychiatric establishment of the time did not favor Janet's approach and for reasons that are still hotly debated, Freud abandoned his line of trauma research. Herman writes:

assumption now backed by "hard science," that trauma, which happens to share symptoms with numerous DSM diagnoses, is not a sign of weakness, but a survival response to threat. This nervous system response and its attending muscular contractions were the relational reflection of coercion and violation. Fanon may have been the first person in the history of psychiatry to shines a light on the social origins of illness and keep it there. He recognized that within psychiatry, restoring Algerian and French fighters to health meant restoring the colonial order. In his letter of resignation as medical director at Blida he wrote:

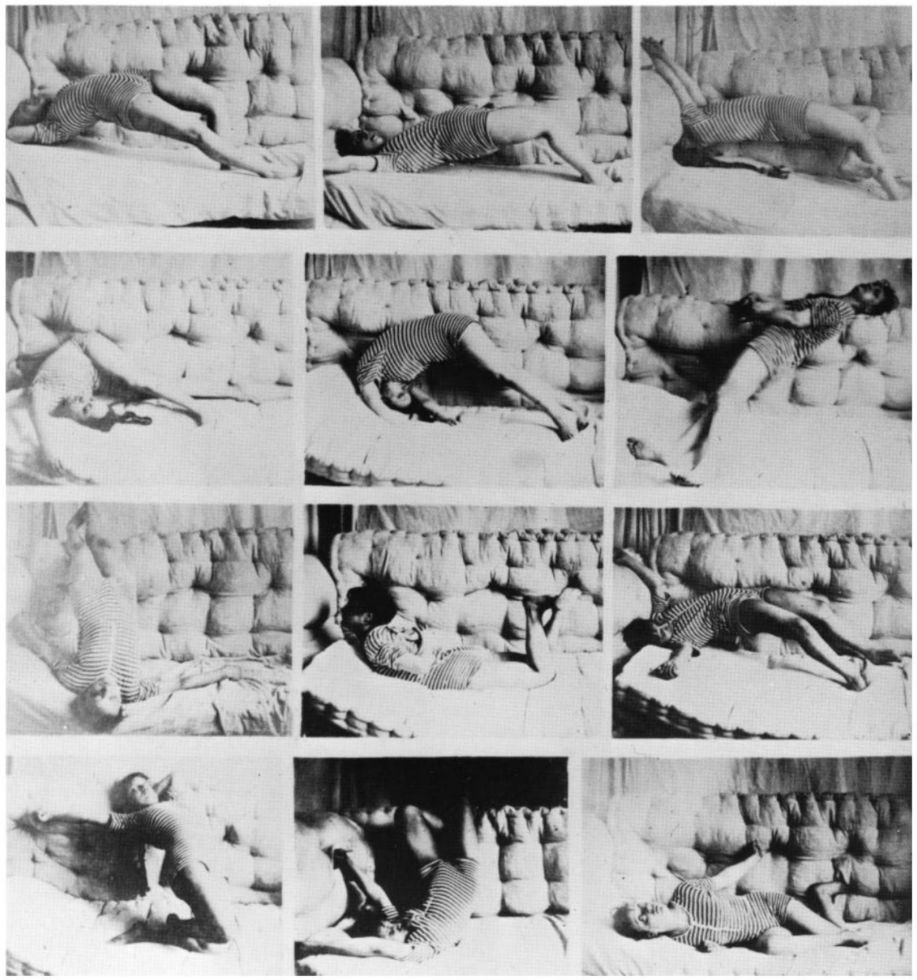
> "If psychiatry is the medical technique that aims to enable man no longer to be a stranger to his environment. I owe it to myself to myself to affirm that the Arab, permanently an alien in his own country, lives in a state of absolute depersonalization…The decision I have reached is that I can not continue to bear a responsibility at no matter what cost, on the false pretext that there is nothing else to be done" (Fanon, 1956).

And with that he joined the Front de Liberation Nationale full time.

colonization, he brought disalienation to Blida, a psychiatric hospital in Algeria. It was here that he concluded not only was the hospital sick, as Tosquelles had suggested, but so was the very foundation for psychiatry. Fanon was practicing at Blida when the Algerian war for independence began, and saw both French and Algerian patients reeling from France's introduction of torture to strangle the struggle for independence. In his psychiatric notes Fanon observed, "like all other wars, the Algerian war has created its contingent of cortico-viseral illnesses" (Fanon, 1963, p. 290) but points to a "form of pathology" unique to the colonial war in Algeria. He writes:

> ...the doctors described it by portraying it as a congenital stigma of the native, an "original" part of his nervous system where, it was stated, it was possible to find the proof of a pre dominance of the extra-pyramidal system in the native.* This contracture is in fact simply the postural accompaniment to the native's reticence, the expression in muscular form of his rigidity and his refusal with regard to colonial authority (Fanon, 1963, p. 291)."

Fanon's observation points towards the potentially radical



Figures 47 and 48
Rummo, two plates from the *Iconografia fotografica del grande Isterismo* (1890), dedicated to Charcot.

"Freud's discovery could not gain acceptance in the absence of a political and social context that would support the investigation of hysteria, wherever it might lead. Such a context had never existed in Vienna and was fast disappearing in France" (Herman, 2015, p. 25).

And so the psychic toll of trauma faded into relative obscurity. That is until fMRI imaging ushered in the "decade of the brain" and the western fetish for materialism accidentally opened another doorway to disalienation.

RESEARCH DEMANDS

The decade of the brain informed a general audience that "The Body Keeps the Score," but Herman's history of trauma tracks the political mobilization required for the most vulnerable to become active players. Herman and Van Der Kolk were colleagues while money was flowing and research was booming at Cambridge. Like hysterical women before them, Vietnam veterans became the subject of interest during a boom era for scientific materialism. But, as Herman points out, Vietnam veterans had been self-advocating and collectively organizing for years to initiate systemic psychiatric research into PTSD that would reveal the true psychosocial cost of war (Herman, 2015, p. 31). While Van Der Kolk was doing brain scans, Herman was continuing in the legacy of women's consciousness raising groups, by gathering empirical evidence through testimony. She was struck by the number of incest and sexual assault survivors in

In his analysis, Fanon creates space for a colonized subjectivity, a "reality" which forms precisely as a result of French colonial denial. Fanon's diagnosis mirrors Herman's explanation of the traumatic alienation of captivity, which destroys a "sense of self in relation to others" through "organized techniques of disempowerment and disconnection." For Fanon, the scale of colonial captivity would exceed the bounds of psychiatry.

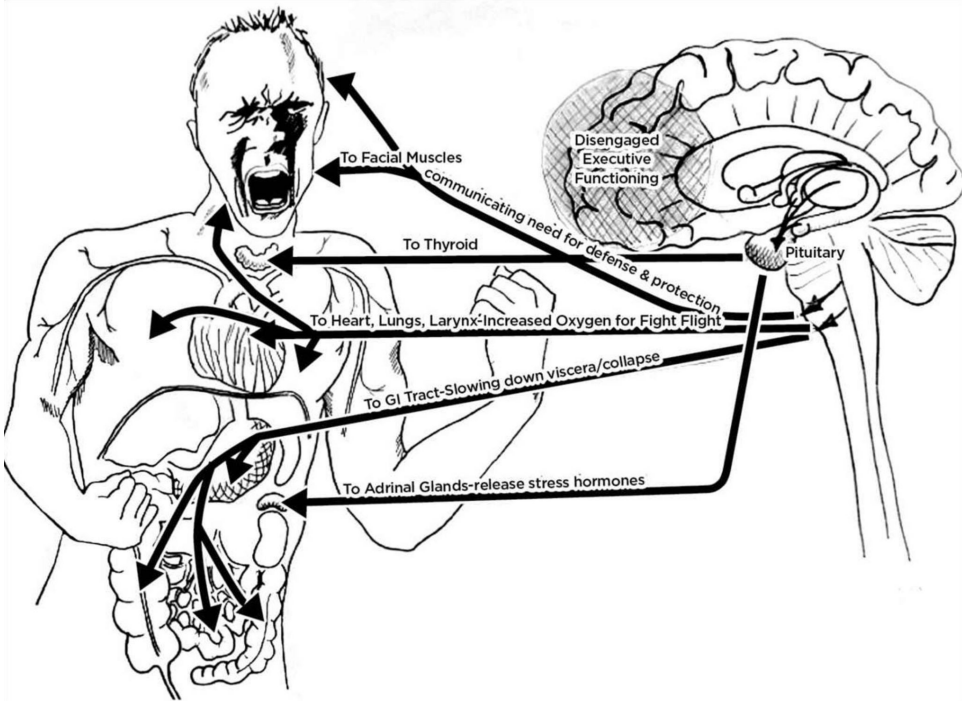
Still from "Black Skin, White Mask: The Life and Work of Philosopher Frantz Fanon" (1995) by Isaac Julien

BREAKING OUT

After writing *Black Skin White Masks*, Fanon helped develop the psychiatric training program for nurses at Saint-Alban, the first of its kind. Following his ongoing interest in French

are assumed to be of biological origin, racism and racialized trauma are the result. In medical school, he accompanied French doctors to house calls in a largely Algerian neighborhood in France. When the patients' complaints didn't match any biomedical explanation, French doctors concluded: "the North African's pain, for which we can find no lesional basis, is judged to have no consistency, no reality."20 (54). In other words, they were malingerers. But Fanon, having already developed a critique of biomedical psychiatry, came to a different conclusion. In *Toward the African Revolution* Fanon (1967) writes:

> "Threatened in his affectivity, threatened in his social activity, threatened in his membership in the community [*appartenance à la cité*]—the North African combines all the conditions that make a sick man. Without a family, without love, without human relations, without communion with the group, the first encounter with himself will occur in a neurotic mode, in a pathological mode; he will feel himself emptied, without life, in a bodily struggle with death, a death on this side of death, a death in life" (Fanon, 1967, p. 13).



Trauma affects the entire human organism—body, mind and brain. In PTSD the body continues to defend against a threat that belongs to the past. Healing from PTSD means being able to terminate this continued stress mobilization and restore the entire organism to safety. Caption from "The Body Keeps the Score" illustration by Licia Sky

her caseload, and how their symptoms "essentially recapitulated the late nineteenth-century observations of hysteria" (Herman, 2015, p. 36). She brought these observations to her colleagues, including Van Der Kolk, who corroborated that the scale of sexual trauma they were seeing clinically far exceeded the textbook statistics (Van Der Kolk, 2014, p. 32). And in their combined case notes, Herman and Van Der Kolk noticed another statistical correlation, many of

the clients who suffered sexual abuse and/or neglect in childhood had also received a diagnosis of Borderline Personality Disorder. The distinguished pair designed a study, and when it was rejected by the National Institute of Health, they forged ahead by self-funding it. Their research produced statistical evidence:

> "81 percent of the patients diagnosed with BPD at Cambridge Hospital reported severe histories of child abuse and/or neglect; in the vast majority the abuse began before age seven" (Van Der Kolk, 2014, p. 192).

These patients often showed signs of chronic nervous system dysregulation typical of PTSD, alongside Borderline Personality symptoms like patterns of intense, unstable relationships characterized by fear of abandonment on the one hand and domination on the other (Herman). These patients also suffered personality distortions characterized by self-loathing and often self-harm (Van Der Kolk, 2014, p. 173). The patterns revealed a new psychic dimension of trauma, one that was relational, developmental and distinct from the diagnostic criteria for PTSD. Herman and Van Der Kolk were convinced that greater clarity on the developmental challenges posed by early childhood abuse would serve a tragically large population, who was especially vulnerable to

Still from "Frantz Fanon: Black Skin, White Mask: The Life and Work of Philosopher Frantz Fanon" (1995) by Issac Julien

FULL CIRCLE WITH FRANZ FANON

Perhaps it's a gift that Herman's marginalized history of trauma makes no mention of psychiatrist turned revolutionary Franz Fanon, because his "sociogenic" analysis helps explain the scale of trauma today. Like Freud and Janet, Fanon departed from the biomedical establishment by listening to his patients, and taking their subjectivity seriously. Unlike Freud, he pushed further into the social and psychic origins of distress with his concept of "sociogeny," which asserted that when socially produced characteristics

obvious ideological motives. Over the decades disorders have included homosexuality and "drapetomania," which was said to cause enslaved Africans to flee their "owners." The DSM has shifted it's stance on women's "sexual dysfunctions," moving from an emphasis on disorders characterized by enjoying sex too much, as in "nymphomania," to enjoying sex too little (Boyle et. al, 2020, p. 22). The history adds credibility to Herman's analysis:

> "[the] tendency to blame the victim has strongly influenced the direction of psychological inquiry. It has led researchers and clinicians to seek an explanation for the perpetrator's crimes in the character of the victim" (Herman, 2015, p. 117).

And she cautions:

> "It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action" (Herman, 2015, p. 7).

misdiagnosis and insufficient treatment (Herman, 2015, p.124). In 2009, they submitted "Developmental Trauma Disorder" (which Herman later called Complex PTSD) as a new diagnosis for inclusion in the DSM-IV. It was rejected on the basis that "no new diagnosis was required to fill a "diagnostic niche" (Van Der Kolk, 2014, p. 193). Van Der Kolk spends an entire chapter in "The Body Keep the Score" lamenting this refusal. Ironically, the DSM-V introduced "Oppositional Defiant Disorder," characterized as someone who "often argues with authority figures" and "actively defies or refuses to comply with requests from authority figures or with rules" (DSM V). The political context required to follow the relational trauma inquiry "wherever it might lead," seemed to be in direct opposition to the DSM's diagnostic agenda.

"If we could somehow end child abuse and neglect, the 800 pages of the DSM would be shrunk to a pamphlet in 2 generations" — John Briere

DIAGNOSING THE DSM WITH THE POWER THREAT MEANING FRAMEWORK

The ongoing absence of C-PTSD from every subsequent addition of the DSM seems increasingly suspect as a growing body of research confirms and expands upon distinct patterns of attachment distress (Briere 2013, 2015; Schore, 1994; Cozolino, 2002; Siegel, 2012). In the margins, this void has inspired politicized frameworks that destabilize the DSM's diagnostic supremacy altogether. In 2020 a group of psychiatrists and mental health "service users" in the UK published "The Power Threat Meaning Framework." Taking inspiration from the "trauma informed movement," the PTMF suggests that people look at their emotional distress in relation to power and threat before resorting to pathology. Through this lens, meaning making and recovery includes an analysis of the social conditions, rather than assuming the problem lies in the biology of the individual. The necessity

for a new framework, the authors point out, is justified by the fact that the existing biomedical model has very little scientific credibility when it comes to mental and emotional distress. To make this point, the authors cite a 2013 internal review of the DSM's diagnostic categories:

> In the future, we hope to be able to identify disorders using biological and genetic markers that provide precise diagnoses that can be delivered with complete reliability and validity. Yet this promise, which we have anticipated since the 1970s, remains disappointingly distant. We've been telling patients for several decades that we are waiting for biomarkers. We're still waiting. (Kupfer, 2013 quoted in, Boyle et al, 2020 pp. 16-17)

In spite of this confession, the DSM is still relied upon to justify insurance reimbursements, its diagnostic categories are the basis for most research funding, and it is used as the foundation for academic psychology programs (Van Der Kolk, 2014, p. 167). No wonder the DSM has expanded what counts as "potentially 'symptomatic' behavior in schools and workplaces" with each edition of the DSM (Cohen, 2016 quoted in Boyle et. al, 2020, pp 21-22)! Looking to history, as Herman urges, reveals a shifting terrain of pathologies with