Discussions on trauma are endless. Does it come from outside, instigated by a real, objective traumatic event, or from inside caused by a subjective phantasy? Should the analyst care only about the latter and ignore the first? Now-a-days the large majority of analysts agree about the necessary working on the two fronts at the same time.

For the clinical case I will share with you, the weight of external reality has been unmeasurable, since early childhood: lack of care, ill-treatment, then war, deportation, refugees' camp, sadistic cruelty.

Memories surged, through the sessions, violent and harsh. Even if the facts happened twenty years ago, they were lived in a hallucinatory way, as if they just happened, through horrifying and still traumatising flashbacks. "An unpassed past" as Dominique Scarfone writes. Nightmarish sessions during which it was difficult for me not to be stuck, mesmerised.

These paroxystic, unspeakable experiences caused by the violence of de-humanisation, which I will present to you in a more or less ordered way, were shoveled on to me pêle-mêle in an unbearable suffering. To introduce temporality, to allow the past to be past, took us a few years.

**Learning objectives**
- Be able to recognize the dimension of history and reality and its importance for psychological understanding
- Be able to identify the psychological dynamics and cultural practices at work in the development formation of traumatic memory.
- Discuss how to develop the capacity to contain anxiety and helplessness without precipitously rescuing their patients from these affective states.
References
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