

## EDITORIAL

## What? Another trauma therap(y)ist?

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*What doesn't kill you only makes you stranger.*

The Dark Knight, Christopher Nolan (2008)

The term trauma entered mainstream mental health discourse in Turkey after the 1999 Marmara earthquake. It has, since then, become perhaps the simplest credential for establishing oneself as a therapist, whether or not one holds more than an undergraduate degree, conveniently packaged with a humanistic flavor as an added bonus! Even practitioners from other “schools” of psychotherapy rushed to bask in the glow of this rising star, while others have positioned themselves as critics of the trend, though, regrettably, most do so from a skeptical distance, muttering something to the effects of: “Well, if everyone is traumatized, what’s the problem? Just learn the formula and apply whatever a (my) school of psychotherapy prescribes as the (universal) cure.” Some others, weary of engaging the depth of human existence, instead adopted a heroic style, positioning themselves as rescuers of victims of traumatizing events, a practice still debatable as to whether it qualifies as therapy at all.

Meanwhile, the market of therapies (and therapists) expanded geometrically. Once, neurologists (still imitated today by some self-styled neuro-“scientists”), operating under an ill-defined rubric of “neuro”-psychiatry (Nervenarzt, asabiyeci) were the predominant competitors of psychiatrists. In civil life, the latter had little opportunity to present themselves as experts beyond the caricature of the “crazy crack” (deli doktoru), hence, to be avoided as much as possible. Interestingly, such confusion never existed within the armed forces, where the “battle”-field is a sphere in which matters of life and death left no room for ambiguity (as valid for entire medicine and surgery), and the role of the psychiatrist was always well known, kept firm, and clearly defined by everyone (in the author’s firsthand experience as early as the 1980’s).

The explosion of psychology undergraduate programs in number, spiced up with endless add-on certifications, has since generated a mass

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movement of therapists, one that, in its own way, changed the game! Attention has drifted from mere “nervous”ness to a booming “soul”-business, sprinkled with half-digested jargon about dopamine, serotonin, and noradrenaline, enough to cook up the caricature of a modern “mind-doctor”, back again. Meanwhile, many psychiatrists have been welcomed as “head” of psychology departments. By boosting their academic credentials through a non-medical discipline rather than persisting in the stubborn path of mainstream psychiatry, they have further unsettled the identity of psychology as a scientific field, also deepening the confusion over professional identities across different types of clinicians as a side (really unintended?) effect. But here comes the next step: Artificial intelligence including smart internet app’s offer a replacement for this rather expensive human resource by almost pro bono service (while a premium one for those who prefer to pay more may always be an option). Might this confusion, together with the professional suffering of job-seeking therapists, culminate not in resolution but in a collapse of the free-market itself? Perhaps. No worries for psychiatrists, to be therapists of medical origin, who continue to enjoy their mandatory state services (as other physicians do).

Hopefully, the responsibility of working hands on with a person is not obscured by the sanitized term of advisee (*danışan*), now commonly employed to replace patient (*hasta*), a word that still implies accountability and responsibility including medical ethics and deontology. Yet we easily forget the weight of the cloak (*kisve*), that marketed professional status which always conceals within it a subtle contract. Consider the case of a quasi-religious paramedical healer (“*hodja*”, a term nowadays applied indiscriminately to almost anyone in an alleged position of influence, sometimes more sarcasm than respect), whose diabetic advisee died after following their advice to discontinue insulin. The court was then left to determine how to apportion the liability of the delict along an eight-point spectrum of responsibility. The key question was whether the adviser had any power beyond the advice itself due to their alleged status (as represented by the cloak,

whatever the point of reference was) even though the advisee themselves was aware of the lack of medical competence.

Psychotherapy, in this light, cannot be reduced to an advice-advisee transaction, as if it were a phenomenon detached from the larger endeavor of attempted healership in the face of suffering. The healer implicitly promises to act as a proxy for the one to be healed, striving to implement the best possible intervention and not necessarily the one wished for by the sufferer. This subtle contract is not like that between a customer and a provider, but more akin to that between a lawyer and their principle (*müvekkil*) where the former is a proxy of the latter. The difficult question remains: How do we decide what is truly helpful and what is not? Perhaps the only real hazard is created at the very moment psychotherapy is claimed as a concept!

We finally arrive at a paradox of the kind that Slavoj Žižek (it is unfortunate that his experience remains safely detached from the messy “real”ity of clinical situation), sometimes referred as the “rock-star” of philosophy, often plays with in his brilliant rhetorics. Is marketing now the true mediator of trauma psychotherapy, particularly in its quasi-social forms? Who rises to prominence if the market itself becomes the best measure of utility? Do therapists ultimately serve the function of adapting individuals to daily life, where they manage to function more or less normally and refrain from complaining about themselves? After all, these latter two remain the universal criteria by which psychiatry has long distinguished the normal from the abnormal. But further questions follow: What, then, would be the difference between therapeutic outcome of psychotherapy that is privately paid for or that is reimbursed? What kind of therapist secures the highest profit? And is it even justified to make a profit from psychotherapy? This last question is not posed in an ethical or humanistic sense, but rather asks whether psychotherapy works any differently for those who pay in full, those who bargain for a discount, and those who pay nothing, apart, of course, from the therapist’s level of enthusiasm.

The malevolent instrumentalization of psychology as hidden agenda in a power society is a historical fact. This perspective recalls Michel Foucault's critique in *The History of Sexuality*: What parades as sexual liberation may, in truth, serve as a more refined mechanism of control.<sup>1</sup> His paradoxical thesis was that modern power does not repress desire but governs it precisely through the discourse of liberation. This represents a more pervasive way of oppression, one that recruits even the individual's free will as its driver. Such a paradox, where the freedom itself becomes the medium of control, invites a parallel reflection: May the current celebration of trauma psychotherapy conceal a similar trap? Does what is marketed as emancipation and healing in fact disguise new forms of dependency, credentialism, and commodification which is carried within the very language of psychotherapy, its processes, structure, and systems of delivery.<sup>2</sup>

While concluding this essay, one could easily sketch surface-level solutions, practical and ethical proposals such as preserving therapeutic integrity regardless of financial arrangements, introducing sliding scales, community clinics, or public funding, and providing clearer definition of professional boundaries and responsibilities. These might be well accurate. However, this editorial is written at a deeper register: It is not merely critiquing trauma as credential, cloak as status, or psychotherapy as commodity, for these may be inevitable or perhaps necessary (no profession survives without marketing since even science depends on the distribution of its knowledge), but probing the ontological status of psychotherapy itself. Namely, psychotherapy is trapped in a paradox: The moment it becomes a concept, a profession, a market, or a credential, it risks betraying its own essence, drifting into estrangement from the real trauma itself: The fragile encounter with truth.<sup>3</sup> This paradox is clearest in trauma therapy, where the risk of detachment from the real wound is most evident, but it also shadows all psychotherapy, since every therapeutic form faces the same danger. The solution is not only a technical reform but a dialectical recognition as well.<sup>4</sup> Psychotherapy can

only remain alive if it continuously critiques its own status. Its truth lies not in resolving the paradox, but in sustaining it.<sup>5</sup>

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