

Trauma's Urgencies and Meaning

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In certain clinical settings that treat urgent cases — such as those of domestic violence and sexual assault — the neurobiology of trauma is taught to clients. Attempting to patch the hole in the real of these experiences, clinicians give survivors the S2 of the neurobiology of trauma: why one fights, flees or freezes, why one does not remember, why one is triggered, etc.

I encountered this at a 'trauma-informed crisis intervention' training at the Houston Area Women's Center. The center provides vital services for free to low-income women, men and children. All of the center's employees are required to take this training; as well as police officers in sex crime and human trafficking units. While there is an emphasis on meeting each client where they are at, and not directing their situation (for instance, suggesting to leave an abuser), the neurobiology of trauma is one of the first tools used to explain experience and offer relief. The emphasis is on normalization and universalization first, followed by the particular.

From a Lacanian perspective, giving the S2 of trauma's neurobiology prevents the reinvention of an Other or a new weaving of meaning¹ that is *singular* to each subject's experience. Yet since an S2 is indeed urgently needed in these life and death situations, what could psychoanalysis propose instead?²

In a psychoanalytic sense, the S2 'trauma' is what is not programmable³; it is a rupture in experience that in turn can only be sutured through speech. The real excludes meaning [*sens*].⁴ Thus, reparation of the signifying chain S1-S2, of meaning [*sens*], first responds to the temporal urgency of trauma as real, as a hole in the symbolic.⁵ Through the historicizing associations of language, one invents a new path, so as to better live with it.

Counselors at this clinic, warning against burnout, describe how many clients experience sessions as 'retraumatizing.' Appointments are often missed and acting out is common, again explained by the neurobiological. In "Trauma in Reverse" E. Laurent notes that the analyst is traumatic, in the same way language itself is: because of his training, he can accept occupying the traumatic place of the essential loss of the object. This positioning of the analyst, as Other, is what in fact allows the analysand to regain speech after a trauma.⁶

Yet the urgent reparation of meaning ultimately stops short at a hermeneutic hole: "Saying it all is literally impossible: words fail"⁷ as J.-A. Miller illustrates. It is this impossibility that allows for a clinical orientation towards the real in language and not its imaginary covering up.⁸

1. E. Laurent: "Le trauma à l'envers," 27th April 2002:
<http://wapol.org/ornicar/articles/204lau.htm>

2. Thank you to María Cristina Aguirre for her advice in our flash cartel.

3. E. Laurent: *Ibid.*

4. J. Lacan: *The Sinthome*, Cambridge Polity Press, 2016, p. 51.

5. Cf. A. Béraud "The Urgency of an Entry into Analysis" on the NLS Congress 2019 blog.

6. E. Laurent: *ibid.*

7. J. Lacan : *Television*, New York and London: Norton & Co., 1981, p.3.

8. Cf. J.-A. Miller, "The Space of a Lapsus," *The Lacanian Review* No. 6, p. 71.