

## Trauma in Reverse

Éric Laurent<sup>1</sup>

This conference was conceived in the aftermath of 11 September and the trauma created by the appalling suicide attack. Who could have guessed that it would be held the week after a veritable trauma in the political life of France?<sup>2</sup> The result of the first round of the French presidential elections, in which a representative of the extreme right ousted the representative of the left from the government could in fact be classified in this category of events. First because the event and its scope exceed the commentaries that attempt to give an account of it. The political commentators and the “chattering class” in general tried to reduce the non-sense produced by this nomination, but the fact remains, there is a veritable hole in the political discourse of France. This fact could qualify as a “trauma” not just metaphorically, but in the clinical sense. This is because in the last two decades of the twentieth century, we have witnessed a new extension of the post-traumatic syndrome, of post-traumatic stress disorder, demonstrable in the statistical manuals of epidemiology, both the American DSM-IV and the European ICD-10.

---

<sup>1</sup> Published in *Ornicar ? digital* 204 (3 May 2002). A version of this paper was read at the conference *Trauma and Its Aftermath: Eight Case Studies and the Lacanian Orientation*, held in New York City on 27-28 April 2002 by the New York Freud-Lacan Study Group.

<sup>2</sup> A reference to Le Pen’s second-place finish in the French presidential election.

*The Generalization of Trauma*

The classical meaning was stretched beyond its received limits especially in the 80s. The extension of the term is justified by a phenomenon that is situated at the interface between the scientific description of the world and that which exceeds it.

Insofar as it promotes its description of each of our objective determinations, from our genetic programming to environmental programming, calculating more and more precisely along the way any possible risks, science brings into existence a programmed causality. The world seems to be not a clock, but a program. It's insofar as that causality takes on a consistency that there emerges the scandal of trauma, which itself escapes any programming. It's to the extent that we benefit from a better scientific description of the world that the syndrome of post-traumatic stress disorder takes on a consistency, linked to the irruption of a non-programmable cause and the tendency to describe the world starting with trauma. All that isn't programmable becomes trauma. It gets to the point where, for example, at the conferences of the World Health Organization, we see propositions aiming to consider sexuality itself, sexuality and its discontents, as a post-traumatic stress disorder.<sup>3</sup> Our body is not made to be sexuated, as is shown by the fact that men and women don't conduct themselves as well as animals. There is therefore an uncontested trauma linked to sex. We could thus describe sexuation itself as a difficult reaction to trauma. It is one effort among many to reduce the description of the functioning of the body or mind<sup>4</sup> according to a single model, that of programmed causality and the irruption of unexpected contingency.

---

<sup>3</sup> "Post-traumatic stress disorder" in English in the original.

<sup>4</sup> "Body" and "mind" in English in the original.

We could say that it is paradoxical to ask a psychoanalyst to speak of the consequences of trauma since Freudian psychoanalysis is specifically founded on the rejection of the theory of the trauma of seduction. For two years of his life, from 1895 to 1897, Freud in effect thought that sexuality could be reduced to a trauma. He subsequently abandoned that theory and thought that it is in sexuality itself that the necessary cause of sexuality's discontent must be found in sexuality itself and not in contingency.

It was twenty-five years later, after World War I, that Freud gave a new meaning to traumatic accidents and to the pathologies that follow them. He made it an example of the failure of the pleasure principle and one of the foundations of the hypothesis of the death drive. The syndrome of war trauma, whether its definition is psychoanalytic or not, is characterized by a constant core: for long periods, and without any remedy, repetitive dreams, which reproduce the traumatic scene, cause the patient to wake up in anxiety. These dreams were in contrast with an activity of waking life that couldn't be disturbed.

Freud came to know these syndromes because during the war and immediately after he was consulted as an expert. He weighed in against the methods used by German psychiatry during this period to treat traumatized patients. The "treatment" consisted of the application of electric shocks along with authoritarian suggestion intended to force the soldiers to return to the front within a very narrow timeframe. The French and English method, by contrast, were more flexible.<sup>5</sup>

---

<sup>5</sup> Sigmund Freud, "Memorandum on the Electrical Treatment of War Neurotics," in the Standard Edition, vol. XVII, p. 213: "This painful form of treatment introduced in the German army for therapeutic purposes could no doubt also be employed in a more moderate fashion. If it was used in the Vienna Clinics, I am personally convinced that it was never intensified to a cruel pitch by the initiative of Professor Wagner-Jauregg."

During World War II, a more liberal trend in the treatment of war neurosis prevailed, but it was especially in the aftermath of the war in Vietnam that the conception of treating trauma changed in psychiatry.<sup>6</sup> It wasn't until 1979 that the veterans were surveyed, evaluated, and placed in rehabilitation programs and that American society reconciled itself with the traumatized soldiers. By and large, American psychiatrists concerned with this problem brought back into favor the concept of stress<sup>7</sup> and the particularity of the reactions it provokes. The social importance of this mobilization of American psychiatrists and psychologists was that they took trauma out of the narrow circle of military psychiatry and made it a general perspective of approach to clinical phenomena linked to individual or collective catastrophes of social life.

The second factor that leads to the extension of the syndrome is the pathology linked to urban life in the second half of the twentieth century. Cities lead to this pathology in two ways. On the one hand, they create a social space marked by an effect of irreality. The admirable German thinker Walter Benjamin called this effect “the world of allegory” proper to the large city where regime of merchandise plunges the subject into an artificial world, into a metaphor of life. Media and television have generalized the feeling of if irreality, of virtuality. The global village always risks being represented as the shopping mall of the virtual city.

On the other hand, the place of the artifact is the place of aggression, of urban violence, of sexual aggression, of terrorism, and so on.

The United States was the first country where feminist groups wanted to have rape recognized as a trauma, no longer as a common law crime, but as a clinical crime leading to

---

<sup>6</sup> Guy Briole, François Lebigot, Bernard Lafont, Jean-Dominique Favre, Dominique Vallet, *La traumatisme psychique: recontre et devoir*, published by the Congrès de Psychiatrie et de Neurologie de langue française, Masson, 1994.

<sup>7</sup> “Stress” in English in the original.

long-term subjective consequences. They therefore asked for greater compensation and sanctions from the courts. Professionals in certain categories have also asked for compensation for stress that they suffer. In a kind of grimace of history, the union of German train conductors has asked for compensation for the stress produced by the fact that Germany is the one country in Europe where people commit suicide by throwing themselves under the wheels of trains (at a rate of one every five minutes).

I say “grimace of history” because we can’t forget in this phenomenon the importance of reflecting on the after-effects of the concentration camps. The psychiatrists who cared for the survivors discovered the syndrome of “survivor’s guilt,” with manifestations comparable to those of war trauma: anxiety and depression associated with various somatic problems. From the experience of encountering a death that defies all reason, similar phenomena result.

Thus two factors contribute to the extension of the clinic of trauma. On the one hand, there is the psychiatric experience with war trauma in democratic countries, that is, in the countries that didn’t betray their citizens. In this light, the new definition of military missions as “peacekeeping” and the extension of the humanitarian role of armies, especially in Europe, accentuates this experience. A film like *Warriors* publicized war trauma in peacekeeping missions. On the other hand, taking into account the civilian pathology of trauma extends the definition of traumatic experience to any in which one might encounter a significant risk to the security or health of the subject. The list of dangers mixes technological catastrophe, individual or collective accidents, individual assaults or attacks, war and rape.

We have learned by more profound and thorough follow-up of cases that, contrary to what Freud thought in 1918, being physically wounded doesn’t protect one from a traumatic

neurosis. Eighty percent of the seriously wounded at the time of attack present with syndromes of repetition, phobias, and depressions until several years after the event.

We have also learned that children can exhibit conditions similar to those presented by adults. Finally, we have learned that here, as in other morbid phenomena, women turn out to be, in the long run, stronger than men.

### *The Energy of Trauma*

In 1895, Freud first tied the core of neurosis to the syndrome of repetition. He mentioned in his description of anxiety hysteria nighttime waking followed by a syndrome of repetition with nightmares. It is only after isolating the pure death instinct that he will separate repetition dreams and hysteria, and will speak, in regard to the syndrome of traumatic repetition, of a failure of neurotic repetition, of a failure of the defenses, of a failure of the excitation-proof shield.

The question is that of knowing how to reread now Freud's energistic metaphors. The question of trauma in some ways constitutes a touchstone. It seems to be, par excellence, the site of energy.

In 1926, when he changed the meaning of his old student Otto Rank's "birth trauma," Freud returned to the energetic conceptions that he had previously envisaged at moments of anxiety before the essential loss. Freud distinguished between the anxiety experienced at the time of birth and that which arises from the loss of the maternal object. Freud dared to turn the necessary loss of the mother into the model of all other traumas.<sup>8</sup> It is on this foundation that we

---

<sup>8</sup> Sigmund Freud, *Inhibitions, Symptoms and Anxiety*, Addendum C, in the Standard Edition, vol. XX, p. 170: "The situation of missing its mother is not a danger-situation but a traumatic one. . . . Thus, the first determinant of anxiety, which the ego itself introduces, is loss of perception of the object. . . . The traumatic situation of missing the mother differs in one

must understand the aphorism that figures in an almost contemporary text, the paper “Negation” of 1925, in which Freud says that the object isn’t found, but refound,<sup>9</sup> always found on the basis of a primordial loss.

Lacan retranslated the Freudian unconscious and the fundamental loss central to it in terms of the thought of the twentieth century, the century of the “linguistic turn.” In the course of the twentieth century, from within different philosophical traditions, Frege, Russell, Husserl, etc., accented the drama arising from the fact that once we are in language, we can’t emerge from it. This is what the first Wittgenstein stated with his pessimistic thesis that philosophy could only demonstrate tautologies, and that the world could only “show” itself through other discourses: aesthetics, ethics, religion.

Lacan showed that the Freud’s premise could be formulated this way: we come to the world with a parasite that is called the unconscious. At the very moment when we learn to speak, we experience something other than living being that lives, namely, language and its significations. It’s in the same activity that we communicate our libidinal experiences and find out, from the limits of this communication, that language is a wall. If we are not too crushed by this misunderstanding, we manage to speak. But we thus find out that we will never emerge from language.

On the side of the system of language, a certain number of clinical phenomena depend on the category of the real. These phenomena are at the same time on the side of and at the heart of

---

important respect from the traumatic situation of birth. At birth, no object existed, and so no object could be missed.”

<sup>9</sup> Sigmund Freud, “Negation,” in the Standard Edition, vol. XIX, p. 237-8: “The first and immediate aim, therefore, of reality-testing is, not to *find* an object in real perception which corresponds to the one presented, but to *re-find* such an object, to convince oneself that it is still there.”

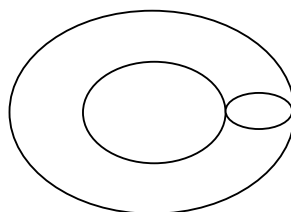
the system of language. Trauma depends on a topology that isn't simply one of interior and exterior. Trauma, hallucination, the experience of perverse jouissance are some phenomena that we could say touch the real. The neurotic also experiences moments of anxiety that give him an idea of these phenomena and wrench him from his tendency to think of life as a dream.

In this sense, the clinical extension of trauma in psychiatric classifications is the logical result or the extension of the linguistic description of the world, whether in scientific models or their more or less justified extension in the neurosciences. But the true question is that of the logical place of trauma in the different models that are proposed to us.

### *The Two Places of Trauma*

The question of trauma is really a question of interior and exterior, but the relations between these dimensions are complex, as Freud's texts, especially those on negation, well show.

Starting in 1953, Lacan proposed to take account of it by inscribing language in a particular closed space, the torus. "If I wanted to give an intuitive representation of it, it seems that, rather than have recourse to the surface aspect of a zone, I should call on the three-dimensional form of a torus, in so far as its peripheral exteriority and its central exteriority constitute only one single region."<sup>10</sup>



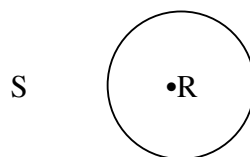
---

<sup>10</sup> Jacques Lacan, *Écrits: A Selection*, trans. Alan Sheridan, (New York: Norton, 1977): 105.



This model presents the particularity of designating an interior that is also an exterior. It profoundly concerns the conception of space in general. Reflections on topology permit us to move towards “the progressive liberation from the notion of distance in geometry” and also from psychical “distance” in relation to a trauma. The torus is the simplest form of space that includes a hole.<sup>11</sup>

In the first sense, trauma is a hole at the interior of the symbolic. The symbolic is here posited as the system of *Vorstellungen* through which the subject wants to refind the presence of a real. The symbolic includes there the symptom in its formal envelope and also that which doesn't appear to make the symptom, the point of the real that remains exterior to symbolic representation, whether it be symptom or unconscious fantasy. It allows us to represent the real as the “exclusion internal to the symbolic.” “The symptom can appear as a repetitive statement about the real. . . . The subject cannot answer to the real unless by symptomatising it. The symptom is the answer of the subject to the trauma of the real.”<sup>12</sup> This point of the real, impossible to reabsorb in the symbolic, is anxiety understood in the generalized sense that includes traumatic anxiety.




---

<sup>11</sup> J.-P. Luminet, *L'Univers chiffonné* (Paris:Fayard, 2001): 325. This is determined starting from a magnitude defined as the “genre” of a closed surface in 1813 by Simon Lhuilier. “It could also be defined for any closed surface, and it is called ‘genre.’ The genre of the torus is 1, that of the sphere is 0, that of a sphere made up of T handles is T.”

<sup>12</sup> Jacques-Alain Miller, “The Seminar of Barcelona,” *Psychoanalytic Notebooks of the London Circle 1* (Autumn 1998): 63.

The treatment derived from this model is this: in the case of trauma, it is necessary to give a sense to that which doesn't have one. It is treatment by sense. Psychoanalysis is inscribed therefore, along with other psychotherapies, in an intention not to restrict trauma to a quantitative outside-meaning (*hors-sens*). It holds that in the most contingent accident the restoration of the fabric of meaning, the inscription of the trauma in the unconscious particularity of the subject, fantasy and symptom, is curative.

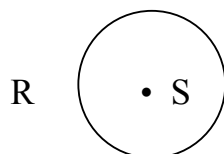
In this sense, the psychoanalyst is a bestower of sense. He treats the patient by making himself into a kind of "hermeneutic hero" of the community of discourse in which he operates. As psychotherapist, he is the one who reintegrates the subject into the different discourses from which he has been excluded. As therapist, it may be necessary for him to refasten (*renouer*) the subject to the discourses of the law or the school. These are the different forms of the discourse of the master that come into an opposition outside-meaning (*hors-sens*) against the subject outside-meaning after the initial impact. This is how the subject can be reconciled to a world of chaos.

Here psychoanalysis leans on the unconscious as an apparatus that produces libidinal meaning. This implies preserving the subject's particularity and being wary of inscribing the subject in large, anonymous categories. This approach, then, moves away from that of Alcoholics Anonymous. But it doesn't underestimate the importance of the bond with the group and gives this bond its place in the group treatment of victims of an airline disaster, for example, or a specific attack, or a war, etc. The recognition of a particular trauma specific to each producing recognition, and therefore meaning. This also implies keeping at a distance those authoritarian psychotherapies based on imperative advice and suggestion. In the end, it's a matter

of not making applied psychoanalysis the servant of drug therapy, although certainly, it can be combined with medical care for a time if necessary.

But the trauma of the real can be understood in another “sense,” that developed by Jacques-Alain Miller in his commentary on the last teaching of Lacan. The relations of the Other and the subject could also be approached from the other side. There is the symbolic in the real. This is the structure of language, the existence of language in which the child is trapped, the bath of language in which he is submerged. In this sense, it is language that is real, or at least language is a parasite without any meaning related to lived experience.

We don’t learn the rules that make up for us the Other of the social bond. We follow the rules that we learn with others. The meaning of the rules is an invention that originates from a primordial point, beyond meaning, that of the “attachment” to the Other. This point of view is closer to the second Wittgenstein and his argument for the constitution of a “community life” making up a primordial pragmatic. In this perspective, after a trauma, it is necessary to invent an Other that no longer exists. It is necessary to “cause” a subject so that he refinds the rules of life with an Other that was lost. One doesn’t relearn to live with a lost Other. One invents a new way caused by the trauma. And it is by the path of the madness of the fantasy and the symptom that this path is traced. What exceeds any possible “meaning” in the libidinal cause is what makes this path possible. We can represent the status of language in the real this way—



On this path, the production of meaning is breaks away from any cognitivist approach. One no more learns to live after trauma than one learns the rules of language. One invents the

Other of language in overcoming the anxiety of the loss of the mother, “caused” by the mother. More profound still, the immersion in language is traumatic because it includes at its center a non-relation. The sexual non-relation is never written. It remains a rule that is yet to be invented, but that is always missing. This is why Lacan was able to say that in the final instance trauma is always sexual trauma. This is a meaning very different from the one that the World Health Organization uses to account for sexuality.

In this approach, the analyst occupies the place of the essential loss of the object. If he can help a subject to regain speech after a trauma, it is because he himself has taken the place of the trauma. It’s in this sense that Lacan could say, “the analyst is traumatic.” The analyst is traumatic in the same way that language itself is. He can occupy that place of madness because his training led to a reduction of the meaning of the symptom to its core, closer to a contingency outside-meaning. Let’s say that he doesn’t believe in meaning anymore.

The psychoanalyst could also be defined as a “good enough” trauma in that he “pushes” towards speech. How do we presume to state such a proposition? It’s saying the same thing that someone confided to me in New York: September 11 had the surprising result of shifting of the limits of discourse. People were put in the position of speaking to people they never would have spoken to about things they never would have spoken about. Family members who had become strangers were reunited. New bonds were created. In this sense, the analyst is a partner who traumatizes common discourse so as to authorize the other discourse of the unconscious. This isn’t the analyst as “hermeneutic hero.” This is rather the analyst who knows that the innermost essence of language lies outside of meaning; the one who knows that “language is a virus,” as the title of one of the songs of the performance artist Laurie Anderson has it.

By the position that the analyst occupies, he is the guarantee of the surging forth of the unconscious, which always emerges in the dimension of a rupture in established meaning. As the Other discourse, he is devoted to a non-sensical<sup>13</sup> position. This is an anti-hermeneutical partner, like the heroes of *Rainman* or *Forrest Gump*. He is the one who knows that language functions like the meaningless repetition of “Run, Forrest, run!” that punctuates the film. He runs with the subject away from meaning.

#### *Analysis as Narration and Analysis as Installation*

The analyst knows that he operates with fragile materials. Analysis isn't the bringing into focus of the metaphor of the narrative of the life of each subject. It isn't the “story that fits” in the place of a history that doesn't exist once the lost file under repression is recovered. Instead, analysis resembles a precarious installation, like those that we see in any all our museums or during the large art festivals that we call biennials. I recently saw one of these installations in the Whitney Museum. It was a room where the artist, John Leñanos reconstructed a kind of pseudo-archeological exposition devoted to the culture of the “Azteclan.” This culture was not based on bloody sacrifice, like that of the Mayans, but on ritual castration. The title of the installation was *Remembering Castration*. This is what remains when castration no longer means anything tragic for our culture. One plays upon the passing of a world in which there existed a ritual signification to such an operation. The whole installation is a kind of fragile operation on what meaning is left about the phallus. Better, then, to think of analysis similarly as a narrative metaphor full of meaning. The analyst, in this second position, is situated beyond or just short of a therapeutic conception of meaning.

---

<sup>13</sup> “Non-sensical” in English in the original.

In the first position, that of the restoration of meaning, the analyst is more obviously a therapist. But in the second position, meaning itself is perceived as a dangerous object. It could produce “overdoses” that would render it inoperative. Thus it is impossible to interpret Louise Bourgeois’s “spiders” any further than she has done it herself. The analyst must gauge, for each subject, where he can introduce the two poles of his action. That obviously depends on the exterior traumas that the analysand has suffered. The analyst must know enough, however, not to reduce his position to that of a dispenser of meaning or to that of the one who restores repressed meanings.

Aligning ourselves with the philosophers of language, and against cognitive approaches, we know that language does more than just encode lived experience. It isn’t just one more code in the proliferation of sensory codes, the code of vision, of hearing, of emotion, and so on. But contrary to the philosophical approach to the intersubjective relation that a contemporary American philosopher like Donald Davidson might hold, the psychoanalyst knows that a shared “common world” isn’t the ultimate reference of language. What is common to all of us, rather, is the reference to linguistic traumatism which is truly an obstacle to the constitution of a world. What is common to any intersubjective relation is the non-existence of the sexual relation, the fault into which the fragmented objects of *jouissance* will come to be written.

If we bring together these two meanings of trauma, then trauma is more a process than an event.

We have to hold together the two points of view on the one side and the other side of trauma that we write this way, after Jacques-Alain Miller—



This is what makes psychoanalysis unique among all the therapies that treat trauma by speech. The generalized recourse to the post-traumatic psychotherapy characteristic of our civilization imposes on us new duties and new responsibilities. This is an opportunity to point out the uniqueness of psychoanalytic discourse within a shared clinical experience. It's all the more necessary that we know that after 11 September 2001, the world will undoubtedly lead us, unfortunately, to intervene after one trauma or another. In the twentieth century, Freud left us with "civilization and its discontents." Perhaps the twenty-first will lead us to speak instead of "civilization and its trauma."