Doing Psychology
under
New Conditions

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As a theme for theoretical psychology, *Doing Psychology under New Conditions* implies a complex context and shifting background against which our conceptual, philosophical and critical work is briefly foregrounded. As the contributors to this edition of the conference proceedings show, new connections are forged between previously independent intellectual activities, political allegiances and solidarities shift and change, and previously unanticipated situations require new responses. The papers in the volume highlight changes to the environments in which psychology operates that are not merely re-iterations of previous theoretical topics.
Chapter 45

The collective elaboration of trauma

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SUMMARY

In this work we aim to share a potential psychoanalytical practice for treating individuals who experience trauma and grief—often impeded or denied grief—caused by unsustainable socio-political or socio-economic policies. It is a practice that takes into account contexts of exclusion and violence—often including territorial displacement and the psychological impasses it generates—and is specifically centered on the clinic of the traumatic more than on the clinic of the symptom (Rosa, 2002; Rosa, Berta, Carignato, & Alencar, 2009). To this end, we employ experiences of psychoanalytical psychotherapy service in various public institutions in the city of São Paulo and in communities marked by social and political exclusion, as well as those of care provided to immigrants, migrants, and refugees.

THE COLLECTIVE ELABORATION OF TRAUMA

The case of Isaac (not his real name) from the Congo serves as an introduction to our considerations. Upon returning home from work, Isaac and his brother found their home burnt by rebels with their parents and siblings inside. Panicked, the brothers ran away, each in a different direction to improve the chance that at least one of them would survive. Isaac boarded a ship and came to Brazil, where he found shelter in the House of the Immigrant (a hostel run by missionaries dedicated to migration issues). He suffers from insomnia and bouts of anxiety, haunted by images of the burning home. He feels that his greatest suffering is not knowing the fate or whereabouts of his brother, nor how or where to seek him.

The clinic of the traumatic poses challenges and requires non-conventional interventions—which we characterize as a clinical-political psychoanalytical practice—to address anxiety and grief in their political aspect; i.e., to consider the socio-political production of anxiety and the process of impeding the subjective process of grief. This practice raises methodological questions (individual and / or collective), traps (speaking on behalf of another’s well-being), and impasses concerning the analyst’s desire.

THE SUBJECT VIS-À-VIS TRAUMATIC EVENTS: THE TRAUMA CLINIC

Our analysis in this paper focuses on the results of psychoanalytic research based on S. Freud, J. Lacan and G. Agambem. We intend to further theorizations about this kind of practice, considering subjects under the destructive effect of situations that dismember
their phantasmic fiction. In other word, we observe that certain situations of violence and exclusion psychically disrupt the subjects because the events they lived exceed their (Subject) representations of reality and of relationships between people. Thus these events seem unreal, unthinkable, impossible to be true. The subject’s reaction of not being able to believe produces a loss of confidence in his perception of the world and of what can be expected of others, a loss of symbolic references to position himself in the discourse, to pronounce himself in the face of the event.

These conditions translate into silence: silenced under the mark of death, the subject is doomed to wander without resting, barred from shared experiences, reduced to a position of a passer of culture. Reduced to a pain passer, a messenger of death and failure, he loses his life in its political aspect in order to maintain his biological life. Moreover, he loses the identificatory bond with those similar to him, their solidarity.

In order to study the relationship between trauma, experience, and transmission, we will formulate a possible direction of treatment that focuses on the transformation of trauma into a shared experience, and the construction of a witness stand, which allows one to take on the role of a transmitter of culture. Such practices entail the private elaboration of mourning articulated with the sense of loss at the collective level, that is, linked to underlying socio-political conflicts.

Such conflicts are strategically dissimulated to hinder reaction, opposition or resistance. This dissimulation takes the shape of discourses laden with prejudices of class, race or gender, i.e. maintaining that the poor are prone to criminality or have low intellectual level. The strategy to dissimulate these discourse entails blaming individuals on the effect of the social practices to which they are submitted. These discourses separate the individuals’ characteristics or behaviors from their social context and from the history of the subject and of his community. Thus, by focusing only on the characteristics highlighted, they disqualify, criminalize, or pathologize individuals, thereby promoting more exclusion. In the examples above, poverty is explained by the lack of brainpower or the refusal or inability to follow the laws.

This articulation aims to highlight the effects, sometimes tragic, of the way in which the social and political discourse, full of interest and thirst for power, disguises itself in discourse of the “Other” to capture the subject in its meshes—be it in the subjective constitution, be it in circumstances of subjective destitution. This appears as a hegemonic discourse, akin to consistent, governed by a voraciousness at times with an obscene violence, and interested in maintaining the socio-political status. It aims to rule the subject and focus on its grief, your link to new groups and its subjective reorganization, its clash with the law.

The clinical listening proposed in this study aims to deconstruct these discourses and their prejudices, not only in the social field, but with the very subjects that were captured, entangled, and convinced of the social logic of their exclusion. This entanglement and identification with such attributes deprive them of the power and the desire to confront such forms of submission. Our listening aims to prevent the subject from falling for this trick and taking this discourse as symbolic; naturalized as true. It is essential to listen to and separate the subject’s structural alienation relative to the symbolic discourse from the ideological tricks of power. The overlapping, with ideological objectives of interfering in the processes of constitution and destitution of the subject should be unveiled, worked via the recovering of historicizing social ties in some social groups. It is a clinical and political work insofar as it not only questions and undoes the wiles of power, but also produces resistance to the hegemonic discourse,
compelling the subject to position himself in the social bond, i.e., prompting a collective and political practice.

Thus we believe that the subject can reposition itself in the social bond through the processes which we name here as the collective elaboration of the trauma. The elaboration of the traumatic can be processed by overcoming individual mortifications and blame and by connecting personal history with the history of the communities in their struggles for ideology and for power. The result of this elaboration will cause changes in the significations of the symbolic field in which the loss occurred. In other words, new significations relative to the context that generated or allowed the violence and new visions about the subject that suffered them will allow the subject to give a new direction to his life.

In the above case, Isaac’s guilt for failing to prevent the death of the family and having survived can be re-signified based on the violence prevailing in the country and redeem his and his family’s projects.

The trauma clinic is not specific to the clinical-political interventions to which we have referred. Responses to trauma, in psychoanalysis, have been presented on two levels: fantasy and symptom. In this paper we stress another way, which highlights that the suppression of the elaboration is often due to the subject’s alienation of ideological version of the event. This version paralyzes the subject and perpetuates the anguish and the inability to challenge the prevailing discourse to formulate a subjective question. The violence and the political and social exclusion can weaken the discursive structures that support the social bond, with respect to the circulation of values, ideals, traditions of a culture, whilst protecting the subject from the real and from the discourse of helplessness. This weakened discourse exposes the subject to the risk of confrontation with the traumatic—that which a feeling of unreality—when the dimension of the loss and the difficulty of locating oneself in the world take a prime place and can promote silencing and certain disharmony in the social bond, as we will discuss next.

The traumatic exposes the subject to that which is out of order. Soler (2004) pointed out that traumatism imposes itself in a temporality of rupture: no longer has the subject in itself the slightest part in the event, he cannot link to the past or future. In a study, Alencar (2002) described the disconnection of the inmate with the time before the arrest. The people or the work prior to prison remains only through scattered memories, as if it had not made up his reality. To that extent, it can be said that a traumatic rupture transforms life into distinct segments without processing the loss of a way of life, a past, with another time that should guide everyday living.

Fixing the traumatic moment and the rupture of life in distinct segments promote a very specific subjective answer, namely: silencing, which perpetuates the anguish and hinders the subjective processes of mourning. Silence can be understood as: “This temporary suspension, sometimes lifelong, but temporary and not structural, the way to guard the subject vis-à-vis the position of being disposable in the social structure, a protection necessary for psychic survival, a longing, a hope” (Rosa, 2002, p. 45).

Berta and Rosa (2005) argue that, given the loss of identificatory references, there is a first instance that can be thought of as serving as a reference for the concept of anxiety. Anxiety is the affect that sign a “Real” that cannot be symbolized. Meeting situations that evoke this initial helplessness provoke anxiety, not as a symptomatic manifestation (the case of neurotic anxiety in Freud), nor as a fugue, but as a time in which the subject takes time to locate himself and therefore is bound to the feeling of strangeness, the Freudian Unheimlich.
This time in which the subject finds it hard to locate himself has effects on his subjective position and social bond. Between anxiety and desire, it is necessary to elaborate the grief over the loss, because in this way the subject not only restores his image, but also rebuilds the place from which he sees himself amiable to the “Other” (ideal self), reaffirming a position that allows him to locate himself in the world. Thus the subject builds a metaphorical response, a symptom through which he can speak of his suffering and address a demand.

In situations of violence, grief may be suspended and a position of melancholy emerges, in which the subject cannot name the pain, which is endless. It is, as Freud says, “An open wound that impoverishes the libidinization of the ego identified with the abandoned object ... the shadow of the object fell upon the ego” (1917, p. 281). The process of grief and melancholia, Freud teaches, implies a first-time denial of loss; a retreat is necessary to preserve the object alive and active in the ego. One difference between grief and melancholia is that whereas in the first the subject apparently knows what the lost object meant to him, this becomes impossible in the latter: the subject knows about the loss, but lives as if it had not been processed, in some dissociation or cognitive or emotional withdrawal, while paradoxically he enhances the features of the lost object.

Once this silencing has been observed, we move a step further by addressing its relationship with the anxiety and grief in certain social and political situations. The background of this issue is the manipulation of life and death in the social field, the boundary of ethics. In our research group, this silencing was observed in the following cases: in Japanese immigration by Carignato (2002), in migratory shifts, which cast the subject in an endless wandering (Rosa, Carignato, & Berta, 2009); associated with the particularity of grief and anxiety and promoted by the disappearance of opponents of the Argentinean dictatorship (Berta, 2007), and found in the production of prevented grief in situations encountered by Alencar (2002) on the outskirts of São Paulo, in which cases prevented grief occurs when the loved one who has died is socially disqualified as a gangster or drug dealer, or as crazy, poor, or wretched.

These studies are psychoanalytic practices that address the elaboration of anguish and mourning by joining an individual psychical work with the collective resistance—this double dimension allows us to build the conditions for the elaboration of mourning and political consciousness. Moreover, they reveal the strategies that take into account the socio-political and subjective pre-conditions required for the elaboration of grief. These pre-conditions can be established in the strict clinical sense or through collective practices to enable the production of an act that touches dimensions of the real, imaginary, and symbolic, and, in this fashion circumscribing that which is at times denied socially. Restoring a minimum range of meanings that can circulate, referred to the field of the “Other”, allows individuals to locate themselves and be able to give value and meaning to their experience of pain, articulating an appeal that removes them from their silencing.

The situations of extreme distress and loss of identificatory references entail the provision of psychoanalytic listening that uses presence and words. The listening “assumes breaking down barriers and rescuing the experience shared with others; it should be listening as a testimony and recovery of memory.” Thus, in our clinic, the “presence of the word” that is supported by the “presence of the analyst” occurs through the diversity of interventions: in group activities on themes, Portuguese language
workshops, in individual sessions, in the presence of events and conflicts with institutions.

Therefore, the clinic of the traumatic calls the analyst to a precise location in relation to anxiety. Anxiety emerges precisely when there is no distance between the unconscious demand and the response of the Other, when the distance between utterance and enunciation is lost. Analysts should intend to have a space between statement and enunciation, making room for the speech, saying, “Say more,” and from there they can install the necessary conditions for the subjective localization.

COLLECTIVELY ELABORATING THE TRAUMA

The collective elaboration of the trauma is processed from the possibility of a testimony that assumes a committed saying and listening of the subject’s process and its entanglement in politics. A successful transmission offers a space of freedom and a base that enables the abandonment of the past to better meet it again (Hassoun, 1996).

Isaac found himself at an impasse that required a response to confront the horror that presented itself to him: he saved his life by fleeing the country. Isaac’s choice precipitated him beyond fantasy or guilt. Paralyzed in the continuum of the trauma, he has no place from where he can speak. He departed from his country, but did not part, divide, or separate himself. In the deadly silence of exile he is now reduced to a pain passer, a messenger of death and failure. Moreover, he loses the identificatory bond with those similar to him, their solidarity, as they tend to recoll from the horror which, as we shall see, was approached by Agamben (2002b) through the figure of the “Muslim.”

The condition of the Muslim as one who “cannot not remember” evokes an impediment to oblivion, to the repression required to become separated from an event. The excess consistency of the event casts the subject in a monotonous and hopeless present; he is entirely disposable. Experiencing events about which one does not have the least possibility of recognition, insofar as it passes beyond the imaginable or unimaginable, leads to a new ethical impasse. It is an impasse entailing the rupture with this symbolic field; not the subjective assent of his participation, but the suppression of any participation in this enjoyment—here enters the collective dimension. To restore a place in the discourse in order to build social ties, one has to rebuild the history lost in the memory, a reconstruction that is already a deformation, enabling grief and a response to the fiction, a reinterpretation of the past.

Based on these considerations it is possible to conceive a clinical work that enables the construction of the position of witness, transmitter of culture (Hassoun, 1996), which composes the fictional trauma through the elaboration—albeit partial—of the grief, in transforming the trauma through shared experience. These practices involve the collective elaboration of the trauma, creating conditions to alter the symbolic field.

It appears that collective gatherings, religious and secular rituals, may help grieving, because the losses are located in their production, thereby evidencing, indeed, a “creation,” a “reinvention” of the past. Lacan (1958), discussing Hamlet, provides the theoretical basis for the importance of community and rituals to empower the process of grief. The rejected loss of the symbolic reappears in the real.

Rites are the massive intervention of every symbolic game that claims the memory the dead. The work of grief takes place in the collective, in the community. It is gratifying, given the disorder that occurs due to the lack of signifants to cope with the
hole created in existence (Lacan, 1958). He thus emphasizes the ritualistic and collective dimension as a precondition for the individual elaboration of grief. Eliminating it is instructive of the contemporary mode of violence and social and ethical degradation (Agamben, 2002a) that affects the whole society and makes it collectively mad.

In this vein, Berta (2007) demonstrates the importance of the demonstrations of the “Madres de la Plaza de Mayo,” a method of fighting the dictatorship to offer preconditions for grieving over the missing persons in Argentina. These mothers contested the absoluteness of the totalitarian regime, taking to the streets and causing a rupture that showed to the public what was intended to be private for each family of the missing. In a transformative act, they created a public scene that not only changed the meaning of what was meant to be absolute, but also promoted the recognition of a possible bond with an Other modified by the same act. The grief, which the author calls “political grief,” promoted the “legalization” of the subjective grief, because before that time the missing were a mirage that haunted the social scene, denying or tergiversating the construction of a reality—i.e., of a fiction—which included the political events of that time in Argentina.

Thus, to treat the trauma caused by the intervention of a totalitarian discourse authorizing the reduction of men to debris, erasing all the marks of subjectivity, requires an elaboration based on the reconstitution of the social bond that guides the functioning of the social. That is why we hold that the traumatic social phenomenon should be inscribed and elaborated on the collective level, without, however, belittling the natural responses which make the particular universal. One of them is to build strategies so that from the trauma, the subject may become a passer of the experience.

Alencar (2006) developed elements for a psychoanalytic clinical practice in a neighborhood on the outskirts of São Paulo. Using the local public health service site, he invited associations, social movements, and institutions to carry out joint conversations and actions that created the new face for the situations that presented themselves in a tough, violent manner. There were seminars and meetings, texts were written and distributed at local fairs and events. In short, something was happening there and people saw a space for bonding. This movement was synthesized in the “First Walk for Life” in São Mateus, whose objectives were: to create a collective action in the district, to honor loved ones violently killed in the area, and to create spaces of expression, reception, and symbolization of loss. This walk ended with each participant planting a flower in a square in the neighborhood.

This example illustrates what we call the pre-conditions for producing transformations that touch the real, symbolic, and imaginary dimensions, circumscribing and meaning that which is sometimes denied by society. Restoring a minimum field of significants that can circulate, referred to the field of the Other, allows individuals to locate themselves and to be able to give value and meaning to their experience of pain, articulating an appeal that pulls them from the silencing.

Only then will it be possible to disidentify the event, so that it traces a future for all and becomes a cultural emblem... Thus, recovering the history, taken here as the mark of what must be represented, is a process that opens, for each person, the possibility of being new and not a mere repetition of unresolved grief (Rosa, 2001).
REFERENCES


