

The Trauma Clinic: A Brief Comment

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Abstract

The present text aims to promote reflections about the trauma clinic. It is a treatment practice conceived within the psychological care of refugee immigrants, marked by the silencing that comes from the fixation in the traumatic moment. Such practice requires unconventional interventions that can symptomatize this deadly silence and convey the experience of loss produced by the trauma of displacement/uprooting. We propose a few questions regarding the ethos of the trauma clinic, at the same time as we present some Freudian indications for the understanding of the operation of this traumatic moment. Both authors authorize the publication of this study.

Keywords: Traumatic; Treatment; Freud; Clinic; Lacan

Commentary

The trauma clinic is a practice that aims at the treatment of subjects marked by the silencing that comes from the fixation in the traumatic instant promoted by the trauma. Due to the complexity of this type of treatment, models of non-conventional clinical interventions are necessary to create the conditions for changes in the symbolic-subjective, social and political field of the subject affected by the trauma [1].

The term 'trauma clinic' was chosen as a practical concept by a team of psychoanalysts who assist migrants and immigrants living in a shelter in São Paulo, Brazil. From these encounters, it was possible to verify that the trauma experienced by the subject-whether due to a real event or by the displacement/uprooting itself-is constituted as an instant in which the subject is fixed.

The fixation in this traumatic moment causes a very specific subjective response, namely: the silencing, the word gag. Rosa et al. states that this temporary suspension, sometimes of the whole life, but temporary and non-structural, becomes a way of sheltering the subject before the residue position in the social structure [2]. A necessary protection for psychic survival, a wait, a hope.

But how do we conceive the functioning of the reception of this traumatic moment? Freud uses the word Prägung to describe non-integrated impressions of the verbalized system of the subject. The impression (Prägung), therefore, differs from the representation, for in the representation these impressions would have already been metabolized by our linguistic apparatus. Thus, the psychic trauma would be every impression that presents difficulty in being abolished through associative thought or motor reaction [3].

Lacan allows us to make a difference between the violent event and the dimension of the trauma as a hole-as trou-which articulates anguish and desire, in its own time, posteriorly, providing fundamental elements to think tactics and strategy in clinical intervention [4]. The violent event intends that truth and knowledge coincide univocally, that is, without separation and without place for misconception. The

violent event causes the contingency of the accident to be taken as truth. Knowing about the event would mean knowing "The" truth. With this, there is a closing of the question, replaced by the supposed cause. The traumatic dimension of the subject, on the other hand, is in its return to the event, or in its detail, which throws him to a question about his truth in this violent scene [5].

The trauma that pierces, that supplants, that 'passes through', needs someone who supports a place of transmitter of transmitter of the culture, in order to produce elaboration of an unassimilable experience [6]. Therefore, here would be an indication of the ethos necessary for one who wishes to get tangled up in the ways of the clinic of the traumatic. Ethos as habit and character, is also the abode that shelters man in the face of the nature of need (ananké) and instability (physis). That is, the function of drainer, as ethical availability of the clinician, allows the offer of shelter to the subject against the imponderable of life.

We will emphasize that it is not the event itself, which is violent rather than traumatic. At the moment of the event, there was an act, an act of decision, to leave the homeland. We formulate the basis for the trauma clinic based on cases in which the subject has not yet constructed a metaphorical response, a symptom, through which he can speak of his suffering and address a demand.

Therefore, we conclude that the practices inscribed within the clinic of the traumatic require devices and strategies that enable the traumatized subject to build unique modalities of transmission of their history, in order to promote the sharing of the experience of loss, as well as represent the impressions not inscribed in the linguistic apparatus.

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