

# VIOLENCE, ACCIDENT, AND TRAUMA — THE PSYCHOANALYTIC CLINIC FACED WITH THE REAL OF URGENCY AND EMERGENCY

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**ABSTRACT:** This article presents theoretical contributions of Lacanian psychoanalysis for its practice, especially in situations of urgency and emergency. Some of Lacan's concepts are discussed, including 'Identification', the function of 'object a', 'secretary to the insane', 'testimony', and some other issues that concern the therapeutic work. The authors have researched Lacan's last papers, in which the concept of trauma is linked to his notion of the Real and he stresses the importance of the analyst's acts in directing the treatment in urgency and emergency situations.

**Keywords:** Urgency, emergency, Lacanian psychoanalysis, trauma, analyst's act.

**RESUMO:** O artigo discute os instrumentos teóricos que a psicanálise lacaniana oferece para pensar a atuação do psicanalista frente a situações de urgência e de emergência. Entre eles, a identificação, o manejo clínico de testemunho e de secretariado e a função de *objeto a* no ato de analista. Considerando, sobretudo, os últimos trabalhos de Lacan, em que este concebe o trauma como da ordem do Real e então, o trabalho volta-se mais para o ato do analista e a direção do tratamento, para o saber-fazer.

**Palavras-chave:** Urgência; emergência; psicanálise lacaniana; trauma; ato de analista.

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The aim of this paper is to discuss mental health, specifically psychoanalysis and the act of the psychoanalyst faced with situations of violence, accident, and trauma.

## INTRODUCTION

The Brazilian National Health Counsel (NHC), the highest level of deliberation of the Brazilian National Health System — SUS, has been promoting its Nation Agenda of Priorities in Health Research (Ministry of Health website, 2008) regarding the evaluation of programs, policies, projects and interventions for the monitoring of public health policies. The construction and implementation of the National Agenda is a political process that is directed toward research and health. The articulation surrounding the Agenda is the most important action in the legitimization of this instrument in the National Policy on Science, Technology and Innovation in Health in the country.

Among the many topics covered by the Agenda, we find one specific to the issue of Mental Health and another specific to Violence, Accidents, and Traumas in which the problems of family, sexual, psychological and urban violence, as well as domestic, traffic, work and community accidents are discussed.

Evaluations of the efficacy and safety of the treatment protocols used in the management of traumatic conditions and studies of new therapeutic methods are being carried out. For example, Gonçalves, Morita and Haddad (2007) discuss the gravity of the traffic accident problem worldwide and debate the qualification of professionals for emergency care, aiming to minimize the magnitude of human suffering involved (2007, p.21). They designate the way in which patients are informed about accident sequelae as one of the most crucial aspects. They discuss the importance of providing care parameters and strategies to the health teams in both the pre-hospital and urgency and emergency settings.

The Pre-Hospital Care Manual — SIATE/CBPR (PORCIDES, A.J. and collaborators 2006) provides another example, showing how facial trauma can be one of the most devastating injuries found in trauma centers, due to the emotional consequences and possibility of deformity. Studies have found that the majority of facial traumas are caused by interpersonal violence or falls, considering that apparatus such as seat belts, helmets and air bags have decreased the incidence of facial trauma due to traffic accident, which used to be extremely high. The Manual shows facial trauma to be a constant reality in the emergency department of a large trauma reference center and affects all ages — children and older adults, mostly because of falls due to their age — and adults, mostly because of domestic violence and falls, especially when the use of alcohol and other drugs is involved.

In *Models of urgency/emergency services*, Galetti Jr (2011) wrote about trauma problems being a disease of the social environment due to the growth of urban conglomerates and increase in the velocity of transport. In 1930, he said that violence represented 3%, whereas now it represents 15%, of deaths. According to the World Health Organization, 2002, approximately 130 thousands deaths occur per year in Brazil due to external causes. According to the International Classification of Diseases (ICD), (OMS 1985), external causes include lesions, poisoning, fractures, burns, intoxication, drowning and emergencies due to traumatic injury. Furthermore, "about four out of ten hospital beds are occupied by victims of trauma and for each death in traffic there are about four victims with serious injuries and 15 wounded" (2011).

Galetti Jr quotes the Federal Council of Medicine (FCM in 1995) to define urgency and emergency (through Resolution 1.451/95). Urgency being "an unforeseen occurrence of a health problem with or without a potential risk to life, in which the sufferer needs immediate medical assistance" and emergency being the "medical finding of health problems that imply an imminent risk of death or intense suffering, thus demanding immediate medical treatment" (GALETTI JR quotes FERNANDES, R.J 2004). Medical urgencies pose a serious threat to the physical or psychological integrity of a person. Emergencies are amenable to treatment, as long as they are recognized and therapeutic measures performed quickly. The severity of cases is evaluated by time, i.e., the shorter the time, the more urgent the case. Emergency includes the matter of incapacitating sequelae. In his paper, Galetti Jr emphasizes the overall spending of billions, due to multiple-trauma, high number of deaths, hospital bed occupancy, subsequent consequences, incapacity to return to work affecting the family structure, and physical and psychological sequelae that will probably affect the trauma patient for his/her entire life.

In this manner, one proposal of the Nation Agenda of Priorities in Health Research of National Health Counsel (NHC — Ministry of Health website, 2008) for public policy related to the issue of Accidents, Violence and Trauma is the proposal of health prevention strategies in schools and health units with the Family Health Strategy resource. One of the examples of a prevention strategy initiated by the government is the campaign regarding the use of alcohol by teenagers under 18 years of age and the issue of traffic.

Although, prevention and health promotion are the first steps to accident, violence and trauma reduction, another aspect, raised by the author, is the urgent need to obtain human resources, infrastructure, materials and equipment, in order to ensure comprehensive care, with acceptable and continuous quality from the first moments of the accident. Thus, this paper seeks to discuss what resources the analyst has to work with in relation to the National Agenda regard-

ing accidents, violence and trauma. Does psychoanalysis have resources? How to proceed? How to intervene? What theoretical instruments does mental health have to deal with practical situations of urgency and emergency?

### **THE SUBJECT MEETING WITH THE REAL TRAUMA**

One of the questions of care in situations of Accidents, Violence and Trauma is the deep anguish of the subject, an anguish that overwhelms and bewilders the person. The subject loses references, stops thinking and cannot choose or act. There is a paralysis, a moment of crisis. The worst thoughts devastate and do not allow new ideas that can redirect the subject's life. This is what Lacan, later in his teachings, named as meeting with the Real, the trauma of dealing with the unforeseen Real. It represents the disintegration of the subject, the moment of breaking, of discontinuity, the uncontrollable space that unfolds and breaks the subject. This encounter with the real can lead to an imaginary collapse, a narcissistic fall.

We can use, as an example of trauma, the tragic accident of the son of a famous Brazilian actress, Cissa Guimarães, which was much discussed in the Brazilian media. Rafael passed away in Rio de Janeiro on July 20 of 2010, when he was riding a skateboard with friends in a tunnel closed by police officers. He was run over by a man that suddenly appeared, racing his car with a friend. Cissa Guimarães, after two months, gave an interview to VEJA magazine (October 6 of 2010) in which she talked about the Real effect faced with the death of her son:

On the first day, my pain was so great I was adrift. I couldn't make practical decisions. I couldn't, for example, decide what to eat. Some friends would take care of feeding me. And that lasts a little until today. Every time I am going to go across the street, someone who is with me looks both ways. I'm a little up in the air. (2010, p. 22)

At 8 O'clock, we learned of the death. But I can't remember much more of that day. After, I felt exhausted and all sore. I spent days without knowing the details of the crime... (2010, p. 22)

To what Miguel Falabella, a Brazilian actor and director, concludes:

My daughter, a tsunami went through your life and it's not going away very soon; grab the first stump that passes you by, tie a sari to your head to protect against the sun and don't let go of the stump ever. That's what you are going to do not to drown. (2010, p. 22)

## PSYCHOANALYSIS

To talk about losses, something frequent in trauma situations, we can look at the beginning of Lacan's work, in *Seminar IV* (1956-1957/1995), in which he names three types of 'lack of object', such as: privation, frustration and castration:

Basically, as an introduction only, privation consists of a natural lack and is essentially a real lack, it is a hole. The lost object is a symbolic object.

In turn, frustration is experienced as damage, a lesion in the imaginary plan. In it, the claim prevails. It is what was desired, but not obtained, however, with no reference to acquisition or satisfaction. Frustration is, in itself, the area of unbridled and uncontrollable demands. The center of the frustration notion is the imaginary damage. The object is seen by Lacan as a real object. Finally, the central concept of castration is the notion of lack of object, of the primordial law, of what is the fundamental law on the prohibition of incest and the Oedipus structure. Castration is classified in the category of symbolic debt and the object is considered an imaginary object.

Thus, Lacan conceptualized the different lack orders, while considering the dimensions of the object in the light of the three orders: Real, Symbolic and Imaginary. In this moment of his theorization, the phallus is the central concept in the articulation between the object and the orders, regarding the issue of lack. Therefore, for it to be possible to discuss accident, violence and trauma, it is necessary to admit that the individual is faced, viscerally, with lack.

The lack of object is a matter that affects every human being. In this moment, we are deprived of so many objects that we do not even realize how many... During a lifetime, there are numerous frustrations, objects we desire that we do not have access to... This is the condition of the split subject, therefore, castrated, incomplete, lacking. However, emergency and urgency situations are marked by intensity and the severity of the lack of the object at the time. Privation (e.g., not being rescued at the right time) causes damaging and probably irreversible effects, putting the subject in a life or death situation. Frustrations exist in great quantity and intensity, shaking the foundations of the subject: marriage, family, housing and health, all at the same time, with a strong probability of it continuing over time. Thus, castration follows laceration of the entrails of the subject, highlighting death, with a real dismemberment being a not so distant possibility.

The Real is contingent. It breaks out in dramatic forms. The Real cannot be explained, because if we do so, it stops being Real. It invades life, piece by piece.

In *Seminar XXIII*, Lacan said that the Real is outside the law: "The truthful Real implies an absence of the law. The Real has no order." (1974-1975/ 2003, p. 83). To get close to the Real, it does not help to use rational logic, because the laws that rule it are not the same, and it is not possible to use symbolic logic because the Real is lawless. The Real breaks out of the spatio-temporal linearity.

There are different ways the Real breaks out, however, we can say the situations of Accident, Violence and Trauma are, par excellence, from the order of the Real. The clinical call of the Real, which Lacan presented in 1970, has much to contribute to the mental health of the multiple traumatized individual and of those close who experience the shock of being the people that will suffer the consequences of the situation, such as family members.

The psychoanalyst must take into consideration that the person, who experiences the trauma, or its effects, leans towards an encounter with the Real that takes them, the subject is filled with anguish and, therefore, it is common that symbolic constructions fall apart. The person can be at shock and find it difficult to stop crying, can 'rationalize', can evaluate wrongly that they will be back at work in two or three days and everything will be like before etc. There are many ways to respond to the real trauma.

Cruglak (2001, p11) states that, facing the Real, we can produce a symptom or an act of creation, a delirium or a body manifestation. It is hard to come away from the shock of the Real unscathed. The subject loses him/herself with regard to the direction to follow... Many times, one of the ties breaks, disarticulating the Borromean knot, causing crisis, anguish and sufferings. Faced with trauma, the real breaks out. It is necessary to respond to it, although, it is not always possible to respond to it in the best way for our lives.

This is the state of the subjects when we receive them in 'urgency and emergency clinics': in the emergency department, in general hospitals, in health institutions etc. How can the psychoanalyst face a subject that is overwhelmed, torn, by the three orders of lack of object: privation, frustration, and castration? What Lacan later named as the subject faced with trauma. Trauma breaks out and invades the Real dividing the subject.

#### **INTERVENTION IN TRAUMA SITUATION –IDENTIFICATION**

If not everything goes through the symbolic, if we are not in an ideal where it is possible to translate all the unconscious into words, how do we achieve the subject? In trauma situations, one of the challenges is that there is no time to translate the uncounscious into words, this being criticism psychoanalysis frequently receives, when facing limit situations. How can we operate in the later Lacanian clinic faced with the Real, facing trauma situations?

Our hypothesis is that the Lacanian theory offers interesting tools to guide the actions of the psychoanalyst under such circumstances. Therefore, we make use of *Seminar XXIII* (1975-1976/ 2003) and *Seminar XXIV* (1976), in which Lacan dedicates himself to consider trauma from the order of the real. As something that invades what is established, it is something that causes a fracture, disrupt-

tion: "I consider that to have stated the Real in question in the form of a writing has the value of what is generally called a trauma." (p. 79) It is something that shatters: "we can only reach bits of the Real." (p. 71) That is, at this point, Lacan said we can access the real, however, only in fragments. Therefore, it stops being the impossible and the unthinkable, as Lacan presents in *Seminar XXIV* (1976), "The Real is the impossible to simply write."

The great question, then, becomes: how can we, as psychoanalysts, reach a bit of this Real? Because only by reaching part of this real does the analyst have the minimum condition to work faced with the divided subject in a trauma situation.

In the lesson of April 15 from the R. S. I. Seminar (1975), Lacan asks: "have you heard tell of identification?" and adds "Identification in Freud is quite simply inspired. What I want is what? The identification to the group." (1975, p. 64) It is the starting point to any given knot. In the same lesson, Lacan makes a connection among other points addressed before: "...the centre of the knot. And where did I mark for you that already desire was situated, the desire which is also a possibility of identification? It is here, namely, there, where I situated for you the place of the o-object... (1975, p. 65)"

In other words, in a trauma situation, the psychoanalyst does not have the subject's transference, for, in most cases, it is a first meeting, and they cannot count on the subject's symbolic, because there has been a larger opening to the real. Lacan said we can, then, rely on identification, because identification is always a piece, a portion, an edge, a first tie. Identification is the first step in the constitution of the knot and, therefore, to the constitution of the unconscious subject and the psychoanalyst will always be positioned in place of the o-object. Because it is from the *semblant* position of the o-object that the lashing of Borromean threads intertwine and that, at the moment of trauma, can be dissociated.

The psychoanalyst can provide momentary but effective intervention and stitch, suture, in the first maneuvers in urgency and emergency situations, using an imaginary resource.

In *Seminar XI* (1964/1988) Lacan said that for the object to exist, for the object to have a form for the subject, it is necessary that, in some way, it touches the o-object of the subject, that is, it has to touch the subject's private place of lack. Only in the place of lack can the subject make the first connection to the object: this would still be very primitive, it would be an identity trait. The object is known by the subject as an expectation of satisfaction, plenitude and narcissistic complementarity source. The object is still in the imaginary plan, still in a position of ideal and the subject faced with the trauma is, par excellence, in a lacking situation. Thus, there is the possibility of an ephemeral, but immediate connection to the analyst as the ideal object in that moment, capturing bits of the real of the patient.

Freud, in *Mass Psychology and analysis of the I* (1921), talks about three specific methods of identification:

- Identification to the Other's desire, that appears very well in the case of The Beautiful Butcher's Wife in *The Interpretation of Dreams* (1900), that Lacan developed later about the need to go in search of desires that are not the desires of the subject, but as an imitation to an identification.
- Identification to the unary trait: the pure difference
- Identification within the Oedipal situation. Freud gives the Dora case study as a paradigm. The identification with the father created a symptom, a part of the whole (the cough of Mrs. K).

In *Seminar IX, The identification* (1961-1962), Lacan discusses these three types of identification presented by Freud. In *Seminar XXII* (1975) he puts them at the core of the constitution of a Borromean knot. Lacan finishes the lesson of *March 18 of 1975, from the R.S.I. Seminar*, presenting the triple identification that interconnects to the Borromean chain:

if there is a real Other, it is nowhere else than in the knot itself and that is why there is no Other of the Other. This real Other, make yourselves identify yourself to its Imaginary, you have then the identification of the hysteric to the desire of the Other, the one that is happening here at this central point. Identify yourselves to the Symbolic of the real Other, you have then this identification that I specified as being the *einzigiger Zug*, the unary trait. Identify yourselves to the Real of the real Other, you obtain what I indicate as the Name-of-the-Father... (p 53)

It is necessary to highlight that the Borromean knot is the abstraction of a topological figure in movement, studied in the commitment to respond to the real of the clinic. Lacan is highlighting how much the psychic system — Real, Symbolic and Imaginary — is configured under the identification reference. The subject is assembled from the Other's desire. If there is no Other's desire the subject doesn't appear. If there is no trace of resemblance that unites one another (father, mother etc.), there is no constitution of the subject. If there is no Law, the Father, the subject is compromised.

Lacan continues and in the *1<sup>st</sup> Lesson of Seminar XXIV* (1976) asked: what is inside the unconscious? And then he said: "this inside and what we usually call identification? (...) Because it is clear that identification is what is crystallised in an identity." He claims that identification is in the unconscious formation of the identity and he summarizes Freud's three levels of identification, which were discussed in the framework of the Borromean knot:

- identification to the father — love



- hysterical identification — to want what the other has, the Other's desire.
- identification fabricated by a trait, a unary trait

Lacan said the trait does not necessarily relate to a loved one: "A person can be indifferent and a unary trait chosen as constituting the basis of an identification." (1<sup>st</sup> Lesson of Seminar XXIV, 1976) It is as Freud discussed in *Mass Psychology and the analysis of the I* (1921), a single trait links people from a group, elects a president, coordinates an army, guides the Church.

The identification is constituent of the subject and constituent of the link with the other, with the world, a step toward the object that is the cause of the desire. Thus, for there to be a link between one and another it is important to have, in some way, identification. An initial link of reciprocity helps a lot in attending medical emergencies and urgencies.

#### **PSYCHOANALYST INTERVENTION IN TRAUMA SITUATION**

##### **– THE PARA-PSYCHOSIS**

In an institution, most of the time we deal with trauma strongly affecting people's lives, we have to consider they are in "suspension". The psychic system has to digest reality, this being a highly undigested reality, suffered, with pain and separations. The defense mechanisms, denial, regression, rationalization, etc., act rapidly. Some people go into a shock state, others become agitated and optimistic, others more downcast and pessimistic, not able to see the light, etc. These are immediate ways to react to the Real. They are ways of suspending everyday life. As the actress Cissa Guimarães said: "In the first days, ... I was adrift. I couldn't take practical decisions. I couldn't, for example, decide what to eat. ... And it lasts a little until today. Every time I am going to go across the street, someone who is with me looks both ways. I'm a little up in the air." (p. 2) The day-to-day doesn't fit with their lives anymore, sometimes, for months. It is necessary to re-explain life, recreate it, perhaps... and, for this, a very large investment in psychic energy is necessary.

Regardless of the diagnosis of each person, thru these years of work in the institution, we can see that, with the crossing of the real, the trauma, at first, makes a cut that 'disconnects the subject from the world', causing detachment and the suspension of references. It is in this state that the analyst encounters the person for the first time in a health institution. This made us wonder whether, in the first interviews in urgencies and emergencies situations, we could use, at first, the identification resource, in some way, as some trait that connects the individual, and after, the management of the psychosis highlighted by Lacan in 1956: Secretaries to the insane.

In *Seminar III, The Psychoses*, (1955-1956/1981) Lacan talks about the resource of the analyst being in a position of secretary to the alienated: "not only shall we be his secretaries, but we shall take what he recounts literally - which till now has always been considered as the thing to avoid doing." (p. 235) He continues saying: "The question is what this testimony by the subject is worth. Well then, he is giving us his experience, which imposes itself as the very structure of reality for him." (p. 240)

Lacan shed new light on the management of the psychotic in 1956, making the treatment of psychosis possible. The same resource now brings advances to the trauma question.

We can call upon what Jean Allouch (2004) discussed in *The Erotics of Mourning*, because commonly, when facing trauma situations, we experience losses and mourning. For example, in problems such as family violence, sometimes, deaths and separations occur and in traffic accidents there can be the death of someone or loss of an organ, a leg or an eye, compromising the work or everyday life. In a cancer diagnosis, there is the loss of daily activities, the loss of hair and the fear of imminent death. Therefore, when discussing the question of violence and trauma, we can include the question of loss. When facing serious losses, the individual feels the 'automatic' invasion of the Real that Allouch names as a state of para-psychosis. The person remains suspended, for an instant, days or months (depending on the logical time of the subject's psychic system), in para-psychosis. It is as if the person is undergoing an outbreak. However, Allouch distinguishes para-psychosis from the psychotic outbreak: in psychosis the hole is in the symbolic. There is a return to the real, however the lack is in the symbolic. In mourning, the hole is real and an element of the symbolic is called by a hole in the real.

As in the example of Cissa Guimarães': "At 8 O'clock we learned about the death. But I don't remember much more about that day. After that, I felt exhausted and all sore. I spent days without knowing the details of the crime..." This is an effect of what we are calling, according to Allouch, para-psychosis. The person remains stunned, does not connect, does not comprehend details, something remains waiting to enroll itself.

In the three conditions: the individual in psychotic outbreak, the individual in mourning or the individual in a trauma situation, phenomenally, the person is in the same state: disconnected, remaining unconnected to things, hallucinating, unable to respond to the demands that life presents.

Both the identification trait and the testimony and secretary are constructions that begin in the idea that the person is disconnected, therefore the first step would be to make a connection. This connection could be with a part of life, with a person, maybe with an object or a connection with the analyst, with the

analyst's presence. Sometimes, we hear sentences such as: "I need to be well because of my grandson, he needs me" or "I need to get better because there is no one to take care of the house". These are ways of connecting that need to be encouraged so the subject can create imaginary strength to survive. These people are desperate, disoriented and, just like the psychotic or the person in mourning, they are without a stronghold where they can exist, in suspension, and the analyst has to be ready to deal with this phenomenon in trauma situations.

### THE DIRECTION OF THE TREATMENT

We already have some tools to work with when facing emergencies and urgencies. So, what would be the objective of psychoanalytical treatment in the trauma situation? What should be the direction of the treatment when the Real imposes itself? What is the bias of the treatment? Maybe from a single interview, would the aim be: support? Comprehension? Subjective rectification? Unconscious opening? Interrogation of the subject?

In trauma situation, the next step is to include the *jouissance*. The analyst's act should be directed so, from the *jouissance* in a rough state, typical of a psychotic outbreak, a phallic *jouissance* can be produced from the almost full *jouissance*. The *jouissance* substance stays eviscerated and indiscriminate and the horror, terror and dread gain immense proportions.

The issue, as Lambert said, is that "the hospital treatment includes the constant presence of some form of horror, of the real that summons the subject, such as disease, poverty, mistreatment." (2003, p. 49) At this point, said Lambert, it is important to highlight, the horror and the anguish that the person with the trauma causes in the health team. The disease and the sickness generate horror and anguish and lead to feelings of disgust or welfare and the health team, especially the psychoanalyst, should be prepared to not fall into deception. It is necessary for the psychoanalyst to include the horror that the subject is going through and manage the psychoanalyst's own horror when facing such crude castration.

Among the many clinical cases that could be discussed in this paper, we chose one that was in the media, one already published and remembered by many in Brazil Who wasn't horrified to hear the news?

This is to work in a first-aid station, a general hospital, a health institution, etc. It is to face, 24 hours a day, atrocities that cause horror for the professional. Therefore, a lot of personal analysis is needed, a lot of effort so there is no identification and no shuffling of the subjective questions of the professional with the ones of the patient.

Camargo (2003), when writing about his experience in an institution, said:

"The space of the *o-object* is empty, a place of *semblant* and the analyst occupies it, disengaged from the analyst's subjective questions (...) embodying the object of drive for the subject (...) It also means to be open to the unexpected, knowing how to take the consequences out of it." (p. 69)

Even in a first interview, the analyst, when put in the position of the *o-object*, creates the *semblant* thru the identificatory trait and like this, by hand, opens the empty space to each subject, as Vieira said: "insufflates the handmade life in industrial contours of an existence" (2008, p. 5). The analyst begins to face the object of the drive by hand, with a rough, ungoverned *jouissance*, open to the unexpected, the unusual and the terror, being addressed to the analyst.

For Geneviève Morel, it is in the moment Lacan begins to think of the Real as *there is no sexual relationship* that he introduces the concept of phallic function and uses this tool to think about the empty place of the subject regarding the phallus, in a paradox between *jouissance* and castration. Therefore, the logic of the analyst that prevails is the "logic that can inscribe the subject relationship with the *jouissance* and the phallic function." (1999, p. 14). It is exactly at this point, in this emptiness of R.S.I. articulation with *jouissance* that the analyst can exercise his act on the position of the *o-object*.

Lacan differentiates some forms of *jouissance* that move thru the real, symbolic and imaginary.

The *jouissance* is real and its locations go through symbolic and imaginary determinations, this means, the locations of the *jouissance*, in a complex way, is implicated in the real-symbolic-imaginary triad. (MOREL, 1999, p.10)

However, in this paper, the priority differentiation is to think that there is *jouissance* of the order of the Real that tends toward plenitude, which aims to complete and mediate satisfaction, because the person is in despair. On the other hand, there is phallic *jouissance*. Universal *jouissance*, because every human being has the ability to exercise the phallic function, "The phallic function, that is an universal function, articulates to something that is singular..." (MOREL, 1999, p. 14) This way of *jouissance* has two sides: the impossibility and the possibility, the castration and the execution of an activity including castration. "Being phallic in your *jouissance* is being castrated in your *jouissance*. There is the particularity of the phallic function.", "The phallic function has... a real face — the *jouissance* — and a symbolic face — the law, the interdiction, the castration." (MOREL, 1999, p. 15) Thus, in the phallic function there is a lack of *jouissance* and a redirection of *jouissance* to another *dit-mension*. Through the specific significant, private to each subject, it is possible to redirect the direction of the *jouissance*. Independent of the

way *parletre* sees and relates to castration, in a completely particular and singular way, it is possible to exercise a phallic function, because there might be a way to bar the *jouissance*, via desire, the *sine quanon* condition of the human quality.

When standing in this place. When standing to stay in the place of listening. When staying, in a certain way, as a lightning rod for the *jouissance* incarnating the object of the drive in a singular way in each subject, the analyst's presence does part from the work. Because this is when many professionals weaken themselves and can then only see one direction that would be support, comprehension and positive thoughts. However, this is not the ethical position of psychoanalysis, this is a position guided by the professional paralysis when faced with the other's castration and that, in turn, is identified in this castration position.

Thus, according to the ethics of psychoanalysis, it is necessary to listen from a position of an empty space, of the o-object, and to bear the horror of castration, so that the analyst, unencumbered by his own subjective questions, can really be in the analyst position and fulfill his act. A large amount of objectal investment is necessary to make social bonds, to see and to listen to the other, because the analyst that loses himself in fragile questioning of narcissistic order, turning to himself, can execute little of his act, especially in boundary situations.

In *Seminar XXIV* (1976), Lacan goes further when he introduces the unconscious as *l'une bevue*, a possible intervention is via poetry, games, lack and rest. Something that does not go away follows symbolic laws. Something that escapes makes the encounter of the subjects with their analysts possible, unique and singular, even if it is in a single session, in a trauma situation.

The constant clinical evidence that motivated us to write this paper is that, after these maneuvers, we can see small, but important, decisions of the subject. These include: to stop fighting with a room-mate, to make a phone call to the husband explaining some serious issues that the accident had provoked and she hadn't been able to express yet, to go out in the street, even fractured, with less concerns about what people would think, to deal with practical and necessary questions. These are examples that indicate small changes and that make a difference in the paralysis when faced with the Real, as Cissa Guimarães demonstrated.

We can say the management is close, an outline of what, years before, Lacan was discussing in *Seminar XI*: It is in what is lacking in the subject, in — *phi*, that the anguish invades and opens the doors to the object of the cause. It is in this *tuché*, this hiatus that the trauma situation opens. *Tuché* and *Automaton* are Aristotelian words used by Lacan, before the last development of the concept of the Real. "The function of the *tuché*, of the real as encounter—the encounter in so far as it may be missed, in so far as it is essentially the missed encounter — that of the trauma." (*Seminar XI*, 1964/1988, p. 57)

To capture an unconscious eviscerated by the Real, to face trauma situations and to capture a piece of the real, why not another *tuché*? Why not a question, some commonplace subject matter, a taste, a passion or even trivial amenities? A joke, a game, something stupid? Anything, as Lacan said, anything that makes the trait, that makes a link with the desirous subject, so that, with the analyst's work, phallic *jouissance* is produced from full *jouissance*.

The second step is the management of the testimony and secretary directing the treatment of the subject who is suspended, so that the subject can name the phallic *jouissance*. With the aim of some alteration in the practical life, the subject can effectuate, even if infinitesimal in comparison to the immensity and the greatness of the problem the subject is going thru. The idea is that the psychoanalyst works in institutions that deal with the subject faced with trauma, in a way to favor the know-to-do of the subject. This is an important step that can bring light to a new path.

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