

unconscious dimensions I discuss how our relationships to trauma, our own and others', are vexed and conflicted, underwritten by both horrified fascination and excited repulsion. Further, I suggest that when the particular kind of anxiety that gets aroused to protect from further traumatization (signal anxiety) is responded to by avoidance, trauma becomes ossified. This ossification runs the risk of short-circuiting the process by which a political and social consciousness is formed. Last, I propose that the hope that one can be spared from traumatic recollection draws heavily on the fantasy of a receptive and caring other who is capable of offering this kind of protection. And I explain how that fantasy entails the unintended erasure of that person's complex subjectivity.

Trauma both compromises and constitutes us

As a psychoanalyst I am trained to attend not only to what people say about their experience, but also to how they act and what they do with their affect. So this summer, when Jack Halberstam's post originally hit the web and the avalanche of responses to it started appearing on my facebook newsfeed, what drove home for me that we were in the territory of trauma was less the content of what was being talked about than the nature and pace of the discourse. Its affective tone was heated, it sizzled with an excited agitation as more and more bloggers joined in to defend, to vilify, to call for recognition, to critique, to amplify, to apologize, to acknowledge, to condemn. With each voice added to the chorus came the thrill of highly charged affect states, the flow of manic intensity and phobic excitement that is fueled by the vitality of pain and of anguish. Issuing from the maelstrom of this un-metabolizable affective *excess* the back and forth of the exchange escalated into a state of contagious urgency. *This* is the territory of trauma: it comes with a certain kind of high-voltage *jouissance*, a frightening and vertiginous bliss that is painful yet irresistible.

Trauma has an adhesive quality that furnishes it with its tenacious complexity. That it both makes us and breaks us is one of its most potent mindfucks: against our consent and despite our protests trauma does more than compromise us. *It also constitutes us.* And in doing both, it also further rattles and perturbs us. This is one of the most tragic but also poignant dimensions of traumatic experience: it enters and instantly colonizes us such that what has invaded us from the outside mates with who we are, with the past and with memory, ultimately becoming part of our very subjectivity. Even when it materializes in the highly permeable, unsteady border between the intrapsychic and the social -as, for example, when it

arises from structural systems of injustice and oppression- trauma becomes an *internal* dictator. We don't live trauma. Trauma lives *us*. Trauma lives us ardently and against our consent. And however much we work through it, trauma always marks us. Of course the degree to which we are marked by it varies as does the extent to which we are able to manage its affective and embodied residues. Indeed, it is thus that we may become capable of living, actually of even living well. But even in the best of cases, our traumata never quite leave us alone.

Trauma and signal anxiety

As an actual experience of helplessness, trauma is that which overwhelms the ego's capacity to cope. For Freud, a traumatic situation arises when a subject estimates how her 'own strength compare[s] to the magnitude of the danger and [when it culminates] in [her] admission of helplessness in the face of it' (1926, p. 166). That 'admission' is tormenting, laced with anguish. For someone who has already been traumatized there is an advantage in being able to 'foresee and expect a traumatic situation ... instead of simply waiting for it to happen [again]' (Freud 1926, p. 166).

This frightened anticipation of a danger-situation produces a particular kind of anxiety that Freud called *signal anxiety*. Signal anxiety is a very complicated phenomenon because inasmuch as it is preoccupied with expectation, it concerns itself with the future. It draws on memory and on the recollection of an event that has occurred *out there in the past* and it aims to prepare us *in here for the future* by mobilizing us *right now, in the present*. If trauma is injury, signal anxiety is the state of preparedness anticipating that more injury is to come (Laplanche & Pontalis, 1987).

The term signal, however, can be misleading: the phenomenology of signal anxiety is not that of a benign warning sign but it is, oftentimes, a paralyzing, overwhelming cascade of emotional and physiological responses commensurate *not with the anticipation of danger but with the experience of the danger itself*. It can lead to symptom formation (e.g. anxiety attacks, phobias, psychosomatic phenomena) whose links to the traumatic experience are neither linear nor easily detectable because by nature signal anxiety is unconscious. We experience and observe its effects but its causes and ties to history are not always discernible or even expectable. Because of that, we are often surprised by what it is that arouses our traumatic response. Because of that, we become jarringly and unexpectedly

flooded with overwhelming mnemonic traces. Paradoxically then, in the attempt to protect from further trauma signal anxiety may birth symptoms that are tormenting in their own right and which may even reproduce some of trauma's effects. In that sense, signal anxiety can do more than warn: it can re-traumatize.

Signal anxiety is one of the traumatic sequelae from which one seeks immunity when anticipating being exposed to triggering material. Of course what will be triggering or not is impossible to predict because the particular mnemonic ties established between the traumatic event and its registration are quite unforeseeable: a song playing in the background, a visual pattern on the ceiling, the odor of sizzling onions in the kitchen. Not only can these signals not be anticipated and reliably protected against but also, to the extent that protective measures may ironically themselves endanger traumatic reactions, re-traumatization may at times be inevitable. The degree and depth of re-traumatization varies across situations and individuals but, the more widespread the original source of trauma is, as in structural inequalities that generate traumatic experience, the more likely it is to be encountered often and unexpectedly. And, as such, the more vigilant the ego needs to become in order to anticipate sources of traumatic re-activation and repetition. This process is nothing short of emotionally exhausting. It requires the subject to remain always on alert, a kind of harsh, watchful posture that ravishes internal resources.

Trigger warnings in that sense aspire not to insulation from trauma itself but from the associated affects linked to its recollection. The classroom is obviously an infinitely complex space within which to negotiate such challenges. It is not a setting that can provide a traumatized subject with the individual attention of having the trauma tended to in the way that it deserves. Professors do not, nor should they be expected to, have the clinical tools with which to help hold some of the epiphenomenal effects of traumatic reactivations. But more importantly, I am feeling skeptical that the kinds of protections trigger warnings might be thought to provide are of the sort that any human being is able to fully extend to a traumatized other. Even in the consulting room when trauma can be explored in a carefully and thoughtfully crafted intersubjective space and worked with in depth, the unbidden is always upon us and traumatic reactivations occur in the most unexpected and unpredictable of ways.

Amidst all this complexity we cannot lose track of the fact that inherent in the call for trigger warnings is the understandable wish to avoid pain. Pain is not

always the *de facto* villain it's made out to be. Counterintuitive though it may sound, the avoidance of pain oftentimes encysts and calcifies trauma. Think of it as trauma in formaldehyde. Avoidance reinforces and buttresses the experience of helplessness that originates in the traumatic event and which may or not necessarily continue to apply in the present. Avoidance can then generalize to a more overall phobic and timid approach to the world. Even in cases where current conditions are not that different from those of the traumatizing past (think here, for example, of racial trauma) possibilities as to how to respond to traumatic events may fan out into a wider range if one is freer to think and respond in the present. Under the aegis of fear, anxiety does what it's supposed to do: it can send the traumatized into a state of hyper-arousal.

It is precisely at this point that working *with* pain rather than against it becomes crucial. Wrestling with that which one *cannot* manage is how growth happens. It's not where we feel comfortable and it's not where we feel safe but it *is* where we grow. It is in this very activation of signal anxiety that one can become acquainted with trauma, so that they may work through, own, and at times even enlist it.

Art and political activism are the examples par excellence of how pain and trauma can be productively enlisted. Contact with pain can be generative not only on the individual but on the collective level as well because it can become the paradigmatic site for the formation of political consciousness. Pain and disturbance are necessary conditions if we are to exist ethically in a world plagued with injustices and crowded by inequalities. The experience of pain is where one learns that hurt may be experienced internally but it is, oftentimes, not the exclusive property of the person who has been captured and scarred by it. The inadvertent shock of recognition that one's pain may be the single person manifest of larger social and structural problems may be jarring and disorienting but it is ultimately a critical ingredient to developing a social consciousness. I am not arguing that trauma should not also be respected as perimetered, individual space-but *I am* saying that the very registration of trauma's injuries and the ability to reflect through its paralyzing effects, may make it possible for the subject to recognize that trauma is both intimate and, at times, social, emanating from large-scale inequalities and structural coercions. It may make it possible for us to become alert to how the social is always implicated in the sphere of the seemingly private and internal. This recognition can usher in the vital role of

collectivity, making community building and activism imaginable. In its best iterations, political consciousness builds its density by borrowing from our most deeply personal experiences. That disturbance is more than a purely cognitive exercise, it is one of *veritable and deep pain*. To put it differently, anesthetizing oneself to one's pain is both an individual and social liability.

Safety, idealization and the illusion of a trauma-free zone.

Signal anxiety and traumatic recollection is the affective topography the call for trigger warnings seeks to evade. What is the psychic environment, though, that trigger warnings may be trying to establish? The hope, it seems to me, inherent in the call to trigger warnings is that a safe perimeter may be instituted where the traumatized subject does not have to be constantly on watch, where the rigidity of one's defensive vigilance may be relaxed so that internal resources may become oriented—in the case of the classroom—towards learning.

There are some important parallels between this wish for safety in the classroom and the kind of safety that patients envision when coming for treatment to a psychoanalyst. So I will start with speaking from my experience of the latter first.

Patients routinely seek psychoanalysis in the hope of finding a *safe space*. I understand that request in two ways: one is a very particular wish for privacy and confidentiality, for me to not deliberately abuse the power of my position, and to be thoughtfully engaged in how I listen and speak to those who seek my help. There is also, I think, another -oftentimes unconscious- dimension to that request. The plea, as I hear it, is: 'as I am about to make myself vulnerable to you, *promise me you won't hurt me.*' This is a plea that reverberates across *all* human relationships but which we don't often articulate to each other except in the most intimate of circumstances. When patients bring up the idea of a safe space, I can promise to do my best as far as the former is concerned. When it comes to promising that I will not hurt those in my care, however, the matter is infinitely more complicated. Even within the protections of a relationship that is conducted in small doses and with the benefit of reflective intentionality, the establishment of a safe space is, under the best of circumstances, highly dubious. This is not because I would want my patients to feel hurt or because I want to be careless but because any encounter between two human beings carries the potential for injury. If, in fact, the relationship sustains itself long enough, the potential for injury becomes an unintended inevitability. Where trauma has pre-

existed, new injuries carry the potential to activate the past by stumbling upon its remnants, and to thus evoke signal anxiety and risk re-traumatization.



In that sense, I find the term safe space problematic. An analyst's consulting room is never a safe space. It is, in fact, one of the most terrifying places one can find oneself in—sharing with another being our most intimate relationships. Which is why patients are oftentimes terrified to come to treatment in the first place, as well they should be. The most terrible things get (re)visited in an analyst's office. And yet it is only under the false truth and necessary illusion of safety that patients may make themselves vulnerable in the first place. With time also comes the mourning of the notion that any intersubjective space can ever be fully safe—and eventually the begrudging, always incomplete acceptance of the fact that placing ourselves among others always carries the risk of wound and injury. Knowing that is not merely an intellectual exercise—most of us, after all, 'know' that others will hurt us. Knowing it on an emotional level is a hard-won and painful truth.

But there is also another reason why the provision of a safe environment is ultimately an unrealistic goal. There is an unrecognized and thus uncontested premise underlying the idea that a caring and competent caretaking other can ensure our safety. That is the belief that it is within the other's power to provide the experience of security if only they so decide. And yet, the subject to whom the call for safety is addressed—the analyst and, in the case of the classroom perhaps the professor as well—may also have been impacted by trauma. They, too, would then be subject to its defensive operations and may also be assailed by its unconscious effects. As my own lengthy analysis has revealed to me, I too have

my own unconscious, I too act outside of my awareness and, at times, despite my best intentions. My own traumata and anxieties do at times exceed me. Ideally my personal psychoanalysis and my rigorous training help ensure that this happens less frequently to me than it does to my patients and yet it is to some degree inevitable. It is, of course, not my patients' job or responsibility to bear my trauma or to examine my unconscious. But to the extent that analysis—as in fact, is true of all interpersonal interactions—consists of two subjects with their respective unconscious lives reciprocally impacting each other, it does inevitably become a problem lived out in the dyad. In the consulting room, my patients and I do not bear equal responsibility for that of course. As an analyst, I am ultimately responsible for myself *and* for my patient. But we do inevitably both have to bear its impact.

While clinical psychoanalysis has taken up this problem and has even come up with ways to address some of it in the treatment room, I suspect that this issue may be far more challenging in the classroom setting. Take, for instance, the example of a trigger warning request issued to a professor who is herself scorched by trauma and whose body may have been breached by violence. To the extent that she is fractured by her own traumatic experience, this professor is subject to the range of defensive maneuvers all subjects unconsciously deploy to manage pain. Defenses of this sort, like dissociation, denial, reaction formation, manic reversals, and so on operate outside awareness and may, despite her best intentions, interfere with her capacity to attend to her students' requests. What happens to the trigger warnings discourse if we imagine a professor who is constrained by her own traumatic experience? A professor who may be compromised by blindspots unconsciously installed by trauma's unwavering impact and which will, in turn, curtail her ability to issue a trigger warning?

This may be especially true of the very kind of professor to whom the call for trigger warnings is most routinely addressed. The professor who teaches courses related to social inequalities and institutional oppressions—race, sexuality, ability, gender, class—is perhaps herself more intimately familiar with their impact on her personal life. What are the limits then to how she can respond to the student's plea for care? What are her duties in communicating those limits to her student after she becomes aware of the scotomas of dissociation? Should space be made for privacy, for the dignity of personal space? Would it be appropriate or even desirable to confess a history of trauma as a way of indicating that it is not for

lack of care that the student's concern could not have been met? And if so, would that not risk reproducing in the student the kind of caretaker/caretakee reversal that is endemic to so much of trauma to begin with?

There is an additional function served by the construal of the other as fully psychically available for this kind of protective work. Imagining an un-traumatized other affectively subsidizes the notion that a trauma-free zone exists. It dreams up, we might say, a caretaking figure that can omnipotently and omnisciently anticipate, attune and respond to the traumatized individual's needs. I am reminded here of Melanie Klein's (1940) remarkable insight that, in fact, the more injurious our early experiences with our caretakers have been (and I would add culture here as the ambient traumatizing parent) and the more protracted the trauma experienced in their hands, the more tenaciously one develops the belief that there is indeed out there a receptive mind who can be available to us as a reparative object. As traumatologists have been insisting for a while now, the most deleterious effects of trauma have to do not only with the event itself but, primarily, with the relational failure that permitted the event's occurrence in the first place. It is the absence of witnessing, the absence of recognizing and acknowledging the injustice that has occurred, that renders trauma impossible to metabolize. This imaginary other can restore both the damage done to us and to our injured belief in humanity. The more hurt we are the more desperately and persistently we look for that idealized object who can attend to and witness our pain.

Fantasies of reparation, especially when underwritten by the fiery synergy of past and present emergencies, can operate with a force that may be experienced as coercive. In their inadvertent erasure of the helper's subjectivity, the person to whom the call for safety is addressed may begin to feel a sense of discomfort or even of resentment in how the other's demands for safety obfuscates one's own complex humanity. Since much of trauma is underwritten, to begin with, by the erasure of the trauma survivor's subjectivity, the inadvertent reproduction of this erasure may itself activate a cascade of traumatic responses. This may, in turn, ignite in the subject to whom the request for safety is made a defensive attempt to protectively distance oneself from the source of traumatic recollection/reliving. In following the dizzying back and forth of the trigger debate online this summer I, in fact, often wondered whether a dynamic of this sort was at play. Could posts that were read as shaming students for trigger

warning requests, as urging them to ‘stop complaining’ or as being ‘overly sensitive, have, on some deeper level, been attempts to distance their authors from the pangs of memory and to wrestle some personal space? Could we construe the conflict that ultimately came to be framed along the lines of ‘academic freedom’ versus ‘safe environment’ as a struggle for autonomy that, in both directions, also ultimately felt negating to both parties’ needs and subjectivities?

Even if my hypothesis is correct, it is important to keep in mind that the request for safety and for recognition is ultimately issued to those who are believed to be most able to bear and witness injury and pain, the ones to whom the traumatized is most intimately attached. Whether this need is or is not possible to meet in the academic setting, it seems important that we do not lose track of the fact that, even from within the maelstrom of the powerful doer-done to dynamics (Benjamin, 2004) which get activated in the course of this debate, students come to the table asking the most of those they trust the most, the ones with whom they feel—and with whom they want to feel—safer. How does one keep in mind the tension between the fact that the most powerful transference magnet for the materialization of those reparative wishes, might after all be subjects who may themselves be the most highly permeable to trauma—the professor whose intellectual commitments lie in areas that take note of and speak back to structural and social inequalities?

Dr. Avgi Saketopoulou is a NYC based psychoanalyst trained at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis.