THINKING ABOUT SAFETY AND TRAUMA

BY AVGI SAKETOPOULOU

“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 does with the benefit of intentional reflectivity, the establishment of a safe space, 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.”

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“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.”

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