

Freud and Trauma

In the introduction, I invoked the Paula Jones case as an example of the way in which the concept of trauma can lend itself to trivialization. "I would say it is a big joke," President Clinton's lawyer, Robert S. Bennett, remarked in discounting the claim made by Paula Jones's lawyers that as a result of Jones's alleged sexual harassment by Clinton she now suffered from PTSD. "All of a sudden," Bennett went on, "to fill a gap in their pleading . . . there pops up a Ph.D. in education who gives them an affidavit that there is now a damage claim of sexual aversion. It is a joke. . . . I mean no more than that. No more than that. As Freud said, sometimes a good cigar is just a good cigar."¹ Bennett's misreference to Freud,² here enlisted on the side of common sense in a case that would seem to have nothing to do with psychoanalysis, may be taken to suggest that Freud is somehow an ineluctable figure in the genealogy of trauma. But why, or in what sense, is Freud ineluctable?

Freud is ineluctable if for no other reason than that, as Hacking has put it, he "cemented" the idea of psychic trauma—specifically, the trauma of sexual assault, Freud's famous seduction theory. In other words, Freud is a founding figure in the history of the conceptualization of trauma. At the same time, as Hacking also observes, no figure is more reviled by present-day theorists of childhood trauma, precisely because in 1897 Freud famously abandoned the very theory of sexual seduction that is crucial to today's recovered memory movement.³ Yet if we are to evaluate Freud's

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role in the genealogy of trauma, as we must, it is essential to understand that the terms in which modern trauma theorists tend to describe Freud's "betrayal" reveal a fundamental misunderstanding of his thought. In word, Freud's theory of seduction was never the simple causal theory of trauma that contemporary critics, such as van der Kolk, Herman, Jeffrey Moussaieff Masson, and others have portrayed it to be.⁴ But it is no simple matter to characterize Freud's contribution to the topic of trauma.

Trauma was originally the term for a surgical wound, conceived the model of a rupture of the skin or protective envelope of the body, resulting in a catastrophic global reaction in the entire organism. Yet Laplanche has emphasized, it is not easy to retrace the "transposition" of this medicosurgical notion into psychology and psychiatry. Indeed, for long has the notion of a shock with a physical "break in" and that of damage to life been the model for an allegedly psychological symptom that today psychological trauma is still bound to the concept of surgical shock. "There would be a series of gradations linking major impairments of the psyche to decreasingly perceptible degrees of damage, but that would nevertheless be of the same nature," Laplanche has observed: "histological damage and, ultimately, intracellular damage. The trauma would proceed, as it were, to a kind of self-extenuation, but without losing its nature, until it reached a certain limit, that limit being precisely what we call 'psychical trauma.'"⁵

Laplanche's description holds good for the modern neurobiological definition of PTSD, which is explicitly modeled on a physiological causal theory of shock. But as he has rightly pointed out, an entirely different direction was taken by Freud. This is not just because Freud followed Charcot and others in attributing traumatic hysteria to psychological rather than anatomicophysiological changes. More significant, Freud stressed the role of a post-traumatic "incubation," or latency period of psychic elaboration, in ways that made the traumatic experience irreducible to the idea of a purely physiological causal sequence. In *Studies on Hysteria* (1895), coauthored by Josef Breuer, and even more explicitly

4. In the large, skeptical literature on the seduction theory see especially Jeffrey Moussaieff Masson, *The Assault on Truth: Freud's Suppression of the Seduction Theory* (New York: 1984); Frederick Crews (and his critics), *The Memory Wars: Freud's Legacy in Dispute* (New York, 1995); and Mikkel Borch-Jacobsen, "Neurotica: Freud and the Seduction Theory," *October* 76 (Spring 1996): 15–43. For a Freudian-feminist refutation of the simple scheme of internal and external that governs Masson's criticisms of Freud see Jacqueline Rancière, "Feminism and the Psychic," in *Sexuality in the Field of Vision* (London, 1986), 1–23.

5. Jean Laplanche, *Life and Death in Psychoanalysis* (Baltimore, 1976), 129–30; hereinafter abbreviated *LDP*.

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itly in "The Aetiology of Hysteria" (1896), Freud argued that the symptoms of hysteria could only be understood if they were traced back to experiences that had a traumatic effect, specifically early experiences of sexual "seduction" or assault. But what many critics of Freud fail to grasp is that, even at the height of his commitment to the seduction theory, Freud problematized the originary status of the traumatic event by arguing that it was not the experience itself which acted traumatically, but its delayed revival as a *memory* after the individual had entered sexual maturity and could grasp its sexual meaning. More specifically, according to the temporal logic of what Freud called *Nachträglichkeit*, or "deferred action," trauma was constituted by a relationship between two events or experiences—a first event that was not necessarily traumatic because it came too early in the child's development to be understood and assimilated, and a second event that also was not inherently traumatic but that triggered a memory of the first event that only then was given traumatic meaning and hence repressed. For Freud, trauma was thus constituted by a dialectic between two events, neither of which was intrinsically traumatic, and a temporal delay or latency through which the past was available only by a deferred act of understanding and interpretation. Increasingly, Freud emphasized that owing to the peculiar unevenness of its temporal development, human sexuality provided an eminently suitable field for the phenomenon of deferred action. Thus from the outset, even when he was committed to the seduction theory, Freud rejected a straightforward causal analysis of trauma according to which the traumatic event assaults the subject from the outside (according to which, in other words, inside and outside are absolutely distinct from one another).⁶

In sum, for Freud traumatic memory is inherently unstable or mutable owing to the role of unconscious motives that confer meaning on it. That premise underlies Freud's studies of parapraxes in *The Psychopathology of Everyday Life* (1901). It is also the theme of his paper, "Screen Memories" (1899), in which he speaks of the "tendentious nature of our remembering and forgetting" and, because of the role of *Nachträglichkeit*, con-

6. Sigmund Freud, "The Aetiology of Hysteria" (1896), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. and ed. James Strachey (London, 1953–74), 3: 191–221; and Jean Laplanche and J.-B. Pontalis, *The Language of Psychoanalysis* (New York, 1973), s.v. "deferred action." Freud's concept of *Nachträglichkeit* developed out of the idea, formulated by Charcot among others, that the traumatic memory goes through a process of elaboration or incubation after the event, a process that gives it its subsequent force and fixity (Michael Roth, "Hysterical Remembering," *Modernism/Modernity* 3 [May 1996]: 4–5).

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cludes by questioning "whether we have any memories at all *from* our childhood: memories *relating to* our childhood may be all that we possess."⁷ Nor does Freud's new emphasis on the role of fantasy after the so-called abandonment of the seduction theory in 1897 invalidate the concept of deferred action, as Freud's reliance on it in the Wolfman case of 1916–18 clearly shows.⁸

Nevertheless, there is something about trauma that troubles the Freudian project. The concept of *Nachträglichkeit* calls into question all the binary oppositions—inside versus outside, private versus public, fantasy versus reality, etc.—which largely govern contemporary understandings of trauma. However, Freud's rejection of the notion of trauma as direct cause and his emphasis on psychosexual meaning involved a tendency within psychoanalysis to interiorize trauma, as if the external trauma derived its force and efficacy entirely from internal psychological processes of elaboration, processes that were understood to be fundamentally shaped by earlier psychosexual desires, fantasies, and conflicts. The infantile internal drives thus became the properly etiological ground. In Laplanche's formulation: "What defines psychological trauma is not any general quality of the psyche, but the fact that the psychological trauma comes from within. . . . Everything comes from without in Freudian theory, it might be maintained, but at the same time every effect—in its efficacy—comes from within, from an isolated and encysted interior" (*LDP*, 42–43). Logically, therefore, Laplanche has questioned the value of the idea of traumatic neurosis: "the traumatic neurosis appears as nothing more than an initial, purely descriptive approximation which cannot survive any deeper analysis of the factors in question."⁹

But it is not at all obvious that the concept of the traumatic neuroses can be relegated to insignificance in this way—certainly not for Freud himself, for whom the traumatic neuroses of war in World War I helped precipitate a major reconsideration of his position on the primordial importance of the infantile psychosexual drives. Were not the thousands of cases of combat hysteria observed in apparently healthy adult men the direct result of the external trauma of trench warfare? This was the view of the majority of physicians who, unlike Freud, had firsthand experience of the war neuroses. Thus on the one hand, the Freudian movement bene-

7. Sigmund Freud, "Screen Memories" (1899), *Standard Edition*, 3: 322.

8. See Jean Laplanche and J.-B. Pontalis, "Fantasy and the Origin of Sexuality," *International Journal of Psychoanalysis* 49 (1968): 1–17.

9. Laplanche and Pontalis, *Language of Psycho-Analysis*, 472. Hence what "disarms" the ego in trauma, for Laplanche, is always the psychosexual drive (*LDP*, 47).

6. Sigmund Freud, "The Aetiology of Hysteria" (1896), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. and ed. James Strachey (London, 1953–74), 3: 191–221; and Jean Laplanche and J.-B. Pontalis, *The Language of Psychoanalysis* (New York, 1973), s.v. "deferred action." Freud's concept of *Nachträglichkeit* developed out of the idea, formulated by Charcot among others, that the traumatic memory goes through a process of elaboration or incubation after the event, a process that gives it its subsequent force and fixity (Michael Roth, "Hysterical Remembering," *Modernism/Modernity* 3 [May 1996]: 4–5).

fited from the war because, after it became clear to some physicians that victims of shell shock fell ill not from organic lesions but from psychological causes, psychoanalysis seemed to be the only theoretical-therapeutic approach capable of interpreting and treating the functional disorders associated with the massive traumas of modern warfare. A small group of doctors in Britain and Germany turned to Freud's ideas about psychogenesis for guidance in the analysis and treatment of the war neuroses, with the result that catharsis was reinstated as a therapeutic method. In that regard, psychoanalysis emerged from the war with its reputation considerably enhanced. On the other hand, most of those same physicians remained dubious about Freud's specific emphasis on the role of the sexual drives in the origin of the neuroses. The challenge Freud thus faced was how to assimilate the experience of shell shock into his already well-established theoretical system, especially the libido theory and the theory of the psychosexual origins of the neuroses.¹⁰

Freud and the Traumatic Neuroses

Freud's initial response to that challenge was to suggest that the war neuroses were the consequence of a conflict, not between the ego and the sexual drives, but between different parts of the ego itself, that is, between the soldier's old peace-loving ego, or instinct for self-preservation, and his new war-loving ego, or instinct for aggression. Those egos were now defined, according to Freud's new theory of narcissism, as themselves sexually or libidinally charged. Such an explanation had the merit of recuperating the traumatic neuroses of the war for the libido theory and of assimilating them to the category of the ordinary transference neuroses.¹¹ At the International Congress of Psychoanalysis held in Budapest in 1918, Freud's disciples faithfully echoed Freud's proposition by treating the symptoms of the war neuroses as regressions to an earlier, narcissistic, stage of libidinal development.¹²

10. A point made by Robert Jay Lifton, *The Broken Connection: On Death and the Continuity of Life* (New York, 1983), 165.

11. Sigmund Freud, introduction to *Psycho-Analysis and the War Neuroses* (1919), *Standard Edition*, 17: 207–10. Freud thus suggested a motive for the soldier's "flight into illness," while distancing himself from the prevalent moralism and suspicion of cowardice or malingering by emphasizing the unconscious nature of the conflicts involved.

12. Sándor Ferenczi, Karl Abraham, Ernst Simmel, and Ernest Jones, "Symposium Held at the Fifth International Psycho-Analytical Congress at Budapest, September 1918," in *Psycho-Analysis and the War Neuroses* (London, 1921).

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From the start, however, Freud responded to the problem posed by the war neuroses somewhat differently by emphasizing, or reemphasizing, the importance of those economic considerations that had always been central to his metapsychology. "The term 'traumatic,'" he wrote in 1916 in an early reflection on the war neuroses, "has no other sense than an economic one. We apply it to an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked off in the normal way, and this may result in permanent disturbances of the manner in which energy operates."¹³ Precisely the same economic definition informed Freud's new theory of the death drive. As is well known, the general problem of repetition, especially the tendency of traumatized people to repeat painful experiences in their dreams—a tendency difficult to account for as an attempt to achieve libidinal satisfaction—compelled Freud in *Beyond the Pleasure Principle* (1920) to acknowledge the existence of a "beyond" of pleasure, or death drive, acting independently of and often in opposition to the pleasure principle. In that work, Freud posited the existence of a protective shield or "stimulus barrier" designed to defend the organism against the upsurge of large quantities of stimuli from the external world that threatened to destroy the psychic organization. Trauma was thus defined in quasi-military terms as a widespread rupture or breach in the ego's protective shield, one that set in motion every possible attempt at defense even as the pleasure principle itself was put out of action. "There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus," Freud wrote, "and another problem arises instead—the problem of mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can be disposed of."¹⁴ (I draw attention to Freud's use of "binding" here, a key term in his lexicon and one that implies its opposite, "unbinding"; the pairing of the two notions plays a crucial role in his thought, as will become clear in a moment.)

13. Sigmund Freud, *Introductory Lectures on Psycho-Analysis* (1915–17), *Standard Edition*, 16: 275.

14. Sigmund Freud, *Beyond the Pleasure Principle* (1920), *Standard Edition*, 18: 29–30; hereafter abbreviated *BPP*. Such a theory, which as Freud himself observed seemed to re-instate the "old, naive theory of shock," was subsequently made use of by Walter Benjamin to define a specifically modern structure of perception. See Walter Benjamin, "On Some Motifs in Baudelaire," in *Illuminations: Essays and Reflections*, ed. Hannah Arendt, trans. Harry Zohn (New York, 1969), 155–200; and Wolfgang Schivelbusch, *The Railway Journey: Trains and Travel in the Nineteenth Century* (New York, 1977), 152–60.

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According to Freud, the failure of such attempts at mastery and binding, a failure due to the role of fright and the ego's lack of preparedness, produced the general disorganization and other symptoms characteristic of psychic trauma. In sum, according to Freud the traumatic neuroses represented a radical "unbinding" of the death drive. Admitting for the first time an exception to his proposition that dreams represented the fulfillment of infantile-erotic wishes, Freud observed that

it is impossible to classify as wish-fulfillments the dreams we have been discussing which occur in traumatic neuroses, or the dreams during psychoanalyses which bring to memory the psychological traumas of childhood. They arise, rather, in obedience to the compulsion to repeat, though it is true that in analysis that compulsion is supported by the wish (which is encouraged by "suggestion") to conjure up what has been forgotten and repressed. . . . If there is a "beyond the pleasure principle," it is only consistent to grant that there was also a time before the purpose of dreams was the fulfillment of wishes. (*BPP*, 32–33)

Freud's hypothesis of the death drive presaged a subtle shift in his theorizing from the analysis of desire to what he came to call "the analysis of the ego," a shift that was accompanied by a general revision and widening of the concept of defense. Many of Freud's texts of the 1920s can be seen as attempts to define the various mechanisms of defense the ego was held capable of deploying against stimulation, as well as the consequences for the psyche when those defenses failed. It is as though Freud during those years came to realize that the concept of repression, which, after the publication of *Studies on Hysteria* in 1895, had emerged as the psyche's fundamental response to excitation, needed to be supplemented by a variety of other modes of defense, the relations between which remained obscure and unresolved.¹⁵ Among the mechanisms of defense increasingly invoked by Freud in the 1920s were "disavowal" (*Verleugnung*), linked by him not only to the fear of castration but also of death and the problem of mourning, "rejection" or "repudiation" (*Verwerfung*, Lacan's "foreclosure"), "negation" (*Verneinung*), "splitting of the ego" (*Ichspaltung*), and "primal repression" (*Urverdrängung*), some of which went back to Freud's earliest, prepsychoanalytic speculations on the operations of the psychic apparatus. In *Inhibitions, Symptoms and Anxiety* (1926)—a text in which the

15. This has been noted by André Green, *Le travail du négatif* (Paris, 1993), 163, who comments on the increasing importance Freud attached to mechanisms of defense other than repression after 1920 and on the difficulty Freud experienced in generalizing his findings and stabilizing his ideas.

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traumatic neuroses of war illustrated the problem of anxiety in one of its most characteristic forms—Freud for the first time distinguished the more general notion of defense from that of repression by treating the latter as the defense specific to hysteria, stating in this regard that "repression is only one of the mechanisms which defence makes use of."¹⁶

Yet it cannot be emphasized too strongly that, in spite of the developments I have summarized, Freud's writings of the 1920s and 1930s remained fraught with doubt and vacillation. In particular, everything he wrote about the ego's defenses in the traumatic neuroses of war was marked by hesitation and contradiction. This is especially evident in *Inhibitions, Symptoms, and Anxiety*, the last of his metapsychological essays, where the danger to which the ego responds in traumatic situations was constantly redefined in libidinal terms as the danger or threat of castration or loss of the mother, with the result that even as the traumatic neuroses of war were systematically linked to the economics of unbinding and the death drive, they were simultaneously construed in terms of the theory of childhood psychosexual desire and the mechanism of repression from which they had been ostensibly released. In short, Freud's writings in the 1920s raised questions about the role of repression and sexuality that those same writings were unable fully to resolve.

It is against the background of these conceptual difficulties that the problem of psychic trauma and psychic violence has come back to haunt the theory and practice of psychoanalysis. In recent years, in texts by various authors who frequently bear no explicit relation to one another yet are linked by a set of common apprehensions, the idea of trauma has come to the fore in ways that express serious metapsychological and therapeutic dissatisfactions. It is as though psychic trauma represents an obstacle to psychoanalysis, one that constantly threatens to overturn its most basic assumptions. Thus Henry Krystal, in a series of articles based on his clinical experience with concentration camp survivors, has explored the vagueness of psychoanalytic uses of the term trauma, and has urged a return to Freud's work on anxiety in order to reconceptualize both infantile and adult post-traumatic phenomena.¹⁷ In a related devel-

16. Sigmund Freud, *Inhibitions, Symptoms and Anxiety* (1926), *Standard Edition*, 20: 114 (cf. 115, 163); hereafter abbreviated *ISA*. For the evolution of Freud's ideas of defense see Laplanche and Pontalis, *Language of Psycho-Analysis*, s.v. "repression."

17. See especially Henry Krystal, "Trauma and Affects," *Psychoanalytic Study of the Child* 33 (1978): 81–116; idem, "Alexithymia and Psychotherapy," *American Journal of Psy-*

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opment, Jonathan Cohen and Warren Kinston have rejected the value of the concept of psychosexual repression in explaining the severely narcissistic, "borderline," or other states of extreme mental disorganization they associate with the trauma of the concentration camps and other disasters, and have revived instead Freud's earliest ideas about defense in order to account for the "immemorial" yet "unforgettable" residues of trauma.¹⁸ Similarly, in her studies of survivors of the Holocaust—studies made without reference to the literature on combat neuroses or other traumas—Ilse Grubrich-Simitis has argued that the quasi-psychotic anxieties, peculiarly concrete or demetaphorized modes of thinking, traumatic fixations, dissociative doublings or splittings, acting-out, and memory disturbances observed especially in the children of Holocaust victims need to be reconceptualized as the consequence of a profound impairment of the ego's most basic symbolizing and other functions.¹⁹ Grubrich-Simitis has drawn attention in this connection to the work of Marion Olinier who, on related grounds, has likewise suggested that the defensive depersonalizations, altered states of consciousness, and mental "absences" found in children of Holocaust survivors be understood as transitory "hysterical psychoses" or dissociations of the ego of the kind discussed by Freud and Breuer in their "pre-psychoanalytic" work on hysteria.²⁰

In spite of differences of approach and conceptualization among these psychoanalytic critics, they all share a concern with the role of external reality (or the "environment") in the etiology of trauma. This is also the dominant theme of researchers in the field of PTSD today, one that therefore tends to unite psychoanalysts, cognitive psychologists, and neurobiologists alike. Characteristically, within psychoanalysis the desire to do justice to the real or "objective" danger of trauma finds expres-

18. Jonathan Cohen, "Structural Consequences of Psychic Trauma: A New Look at 'Beyond the Pleasure Principle,'" *International Journal of Psychoanalysis* 61 (1980): 421–32; idem, "Trauma and Repression," *Psychoanalytic Inquiry* 5 (1985): 163–89; Jonathan Cohen and Warren Kinston, "Repression Theory: A New Look at the Cornerstone," *International Journal of Psychoanalysis* 65 (1983): 411–22; Warren Kinston and Jonathan Cohen, "Primal Repression: Clinical and Theoretical Aspects," *International Journal of Psychoanalysis* 67 (1986): 337–55; Warren Kinston and Rachel Rosser, "Disaster: Effects on Mental and Physical State," *Journal of Psychosomatic Research* 18 (1974): 437–56.

19. Ilse Grubrich-Simitis, "From Concretism to Metaphor: Thoughts on Some Theoretical and Technical Aspects of the Psychoanalytic Work with Children of Holocaust Survivors," *Psychoanalytic Study of the Child* 39 (1984): 301–29.

20. Marion M. Olinier, "Hysterical Features Among Children of Survivors," in *Generations of the Holocaust*, ed. Martin S. Bergmann and Milton E. Jucovy (New York, 1990), 267–86.

opment, Jonathan Cohen and Warren Kinston have rejected the value of the concept of psychosexual repression in explaining the severely narcissistic, “borderline,” or other states of extreme mental disorganization they associate with the trauma of the concentration camps and other disasters, and have revived instead Freud’s earliest ideas about defense in order to account for the “immemorial” yet “unforgettable” residues of trauma.¹⁸ Similarly, in her studies of survivors of the Holocaust—studies made without reference to the literature on combat neuroses or other traumas—Ilse Grubrich-Simitis has argued that the quasi-psychotic anxieties, peculiarly concrete or demetaphorized modes of thinking, traumatic fixations, dissociative doublings or splittings, acting-out, and memory disturbances observed especially in the children of Holocaust victims need to be reconceptualized as the consequence of a profound impairment of the ego’s most basic symbolizing and other functions.¹⁹ Grubrich-Simitis has drawn attention in this connection to the work of Marion Olinier who, on related grounds, has likewise suggested that the defensive depersonalizations, altered states of consciousness, and mental “absences” found in children of Holocaust survivors be understood as transitory “hysterical psychoses” or dissociations of the ego of the kind discussed by Freud and Breuer in their “pre-psychoanalytic” work on hysteria.²⁰

In spite of differences of approach and conceptualization among these psychoanalytic critics, they all share a concern with the role of external reality (or the “environment”) in the etiology of trauma. This is also the dominant theme of researchers in the field of PTSD today, one that therefore tends to unite psychoanalysts, cognitive psychologists, and neurobiologists alike. Characteristically, within psychoanalysis the desire to do justice to the real or “objective” danger of trauma finds expres-

18. Jonathan Cohen, “Structural Consequences of Psychic Trauma: A New Look at ‘Beyond the Pleasure Principle,’” *International Journal of Psychoanalysis* 61 (1980): 421–32; idem, “Trauma and Repression,” *Psychoanalytic Inquiry* 5 (1985): 163–89; Jonathan Cohen and Warren Kinston, “Repression Theory: A New Look at the Cornerstone,” *International Journal of Psychoanalysis* 65 (1983): 411–22; Warren Kinston and Jonathan Cohen, “Primal Repression: Clinical and Theoretical Aspects,” *International Journal of Psychoanalysis* 67 (1986): 337–55; Warren Kinston and Rachel Rosser, “Disaster: Effects on Mental and Physical State,” *Journal of Psychosomatic Research* 18 (1974): 437–56.

19. Ilse Grubrich-Simitis, “From Concretism to Metaphor: Thoughts on Some Theoretical and Technical Aspects of the Psychoanalytic Work with Children of Holocaust Survivors,” *Psychoanalytic Study of the Child* 39 (1984): 301–29.

20. Marion M. Olinier, “Hysterical Features Among Children of Survivors,” in *Generations of the Holocaust*, ed. Martin S. Bergmann and Milton E. Jucovy (New York, 1990), 267–86.

sion in the call for a return to what has been forgotten or neglected in the development of Freud’s ideas. In particular, Krystal and Cohen have reinstated Freud’s concepts of automatic anxiety and primal repression, respectively, in an effort to establish a theory of trauma that resolves the aporias in Freud’s arguments while incorporating recent clinical findings (PTSD is today defined as an anxiety disorder). By attempting to reevaluate two of Freud’s most fundamental concepts these authors have made important efforts at clarification. But in their desire to disentangle the contradictions in Freud’s thought, especially in their aspiration to replace Freud’s economic theories of anxiety and primal repression by “operational” or “structural” approaches respectively, Krystal and Cohen fail to address the formidable issues raised by Freud’s economic concepts.

Anxiety, Primal Repression, Mimesis

Inhibitions, Symptoms and Anxiety is Freud’s key text on anxiety as well as on the obscure notion of primal repression—as we shall see, the two concepts are closely linked. In *Inhibitions*, Freud appears to privilege a “signal” theory of anxiety, according to which the ego signals the approach of a recognizable danger, over an economic or “automatic” theory of anxiety, involving the breaching or breaking through of the protective shield against stimuli (of which the traumatic neuroses of war are the paradigm). Anxiety “should not be explained from an economic point of view,” Freud states at the outset. “Anxiety is not newly created in repression; it is reproduced as an affective state in accordance with an already existing mnemonic image. . . . Affective states have become incorporated in the mind as precipitates of primeval traumatic experiences, and when a similar situation occurs they are revived like mnemonic symbols” (ISA, 93). Anxiety is “only an affective signal” in the production of which “no alteration has taken place in the economic situation” (ISA, 126). He thus subordinates the economic dimension of anxiety in favor of an account that historicizes and narrativizes it, by taking the danger that threatens the ego to be the reproduction of a prior situation that the ego can in principle signal, indicate, and represent: the threat of the father (castration) or, more primordially, the danger of the loss of the mother, or her breast (ISA, 128–29). On this model, anxiety serves the purpose of protecting the psyche’s coherence by allowing the ego to represent and master a danger situation that it recognizes as the reproduction of an earlier situation involving the threatened loss of an identifiable libidinal object.

Freud would like to assimilate the traumatic neuroses to the same libidinal model. He acknowledges in this connection that, as a result of

World War I, many physicians had been tempted to regard the war neuroses as a direct result of the fear of death and hence to dismiss the question of castration. Against them, he argues that the introduction of the concept of narcissism, which libidinalizes the ego and the instinct for self-preservation, rules that dismissal out of court. Moreover, he thinks it is “highly improbable” (*ISA*, 129) that a neurosis could come into being merely because of the objective presence of danger, without any participation of the deeper levels of mental functioning. Since according to Freud the unconscious knows nothing of death or negation,²¹ he suggests that the fear of death should be regarded as analogous to the fear of castration, and that the “situation to which the ego is reacting is one of being abandoned by the protecting super-ego—the powers of destiny—so that it no longer has any safeguard against all the dangers that surround it” (*ISA*, 130).

But these assertions leave a remainder or supplement, in the form of a reinstatement of the very economic approach to anxiety and trauma that has ostensibly been rejected. “In addition,” Freud immediately goes on, “it must be remembered that in the experiences which lead to a traumatic neurosis the protective shield against external stimuli is broken through and excessive amounts of excitation impinge upon the mental apparatus; so that we have here a second possibility—that anxiety is not only being signalled as an affect but is also being freshly created out of the economic conditions of the situation” (*ISA*, 130). But Freud’s second possibility is also the first possibility, because the breaking through, or breaching of, the protective shield defines the mechanism that Freud calls “primal repression”—that archaic or primal form of repression that comes before repression proper, and on which the latter depends. And as Freud also observes, primal repression can only be described in economic or quantitative terms: “It is highly probable that the immediate precipitating causes of primal repressions are quantitative factors such as an excessive degree of excitation and the breaking through of the protective shield against stimuli” (*ISA*, 94). So Freud characterizes anxiety simultaneously as the ego’s guard against future shocks *and* as what plunges it into disarray owing to a breaching of the protective shield: anxiety is both *cure* and *cause* of psychic trauma. The result is that the opposition between the signal theory of anxiety and the automatic or economic theory of anxiety cannot be sustained. For the historical situation of threatened loss (of the phallus or the mother) is itself defined as a situation of helplessness or

21. Sigmund Freud, “Thoughts for the Times on War and Death” (1915), *Standard Edition*, 14: 289.

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“unbinding” (primal repression) due to an excess of stimulation that by traumatically breaching the boundary between inside and outside shatters the unity and identity of the ego.

There is more. In the last sentence I have deliberately followed Freud in using the term “unbinding” to denote the piercing or breaching of the ego’s protective shield and the consequent release of energy or affect associated with the traumatic situation. I have done so in order to bring out the importance of that term to his conceptualization of psychic trauma. The term “unbinding” belongs to the pair “*Bindung-Entbindung*,” terms that are associated from the start with Freud’s economic hypotheses. For Freud, as Laplanche, Pontalis, and others have shown, binding furnishes the general concept of union, that is, the formation of coherent, homogeneous, and massive unities.²² In Freud’s earliest writings, binding is the process that binds “free” or “unbonded” energy in order to establish stable forms—for example, the ego, which requires a mass of neurones whose energy is in a bound state. In *Beyond the Pleasure Principle*, binding is the most important function of the psychical apparatus, which binds the destructive external quantities of excitation in order to master them, even before the intervention of the pleasure principle. *Binding* is thus the mechanism that serves to protect the organism against the unpleasurable *unbinding* of the ego caused by excessive stimulation, or trauma. It is only when the ego is caught unprepared and insufficiently “cathected” to bind additional amounts of inflowing energy that its protective shield is breached and a massive release of unbound or unpleasurable energy occurs. By binding excitations, the organism defers its own death drive. Binding also carries an explicitly political meaning: by binding or bonding the individual with the other or outside in an emotional bond of identification that constitutes the homogeneous group or mass, individuals neutralize their lethal tendency to disband into a disorderly panic of all against all (*ET*, 5).

According to Freud, it is Eros or libido that binds subjects to the objects of their desires, including the Father, Führer, or Chief. But as Mikkel Borch-Jacobsen has shown in *The Freudian Subject* and related essays, Freud’s texts are quietly disorganized by a gesture that threatens the libidinal economy. This is because alongside the theory of love or libido he simultaneously postulates the existence of a principle that binds the

22. Laplanche and Pontalis, *Language of Psycho-Analysis*, s.v. “binding”; and Mikkel Borch-Jacobsen, who has characterized Freud’s concept of binding as “one of the most decisive (and problematic) notions in the Freudian apparatus,” *The Emotional Tie: Psychoanalysis, Mimicry, and Affect* (Stanford, California, 1992), 4; hereafter abbreviated *ET*.

21. Sigmund Freud, “Thoughts for the Times on War and Death” (1915), *Standard Edition*, 14: 289.

individual to the other based not on desire for an object but on an emotional bond of identification that is “*anterior* and even *interior* to any libidinal bond” (ET, 8). Freud also calls that emotional bond of identification “feeling,” a term that overlaps with a whole group of psychological concepts, such as sympathy and mental contagion, and implies an entire theory of *imitation*, or “mimesis.” “Identification is known to psychoanalysis as the earliest expression of an emotional tie with another person,” one that is “already possible before any sexual-object choice has been made,” Freud observes in *Group Psychology and the Analysis of the Ego*, a text that precedes *Inhibitions, Symptoms, and Anxiety* and sets the stage for it. Moreover, according to Freud violence is inherent in the imitative-identificatory process, which he describes as a cannibalistic, devouring, incorporative identification that readily turns into the hostile desire to rid oneself of the other, or enemy, with whom one has just merged. “Identification, in fact, is ambivalent from the very first,” he states; “it can turn into an expression of tenderness as easily as into a wish for someone’s removal. It behaves like a derivative of the first, *oral* phase of the organization of the libido, in which the object that we long for and prize is assimilated by eating and is in that way annihilated as such. The cannibal, as we know, has remained at this standpoint; he has a devouring affection for his enemies and only devours people of whom he is fond.”²³ A related text is Freud’s “Mourning and Melancholia” (1917 [1915]), in which he also emphasizes the emotional ambivalence of identification; the terms in which he does so have been used to explain the characteristic depression and guilt of the survivor, as the symptoms become an expression of both the repressed hostility toward and love for the lost object.²⁴

The primordially Freud ascribes to the process of mimetic identification upsets the logic of desire and repressed libidinal representations that ostensibly governs his analysis of the history of the individual subject by proposing that, prior to the history of the repressed representations of

23. Sigmund Freud, “Identification,” in *Group Psychology and the Analysis of the Ego* (1921), *Standard Edition*, 18: 105.

24. Sigmund Freud, “Mourning and Melancholia,” *Standard Edition*, 14: 243–58; cf. M. Straker, “The Survivor Syndrome: Theoretical and Therapeutic Dilemmas,” *Laval Medical* 42 (1971): 37–41. Although mourning is treated by Freud as normal and melancholia as its pathological version, a close reading of the text shows that the mechanism of ambivalent incorporation and identification held to be characteristic of melancholia is also the very ground of possibility of any relation to an object, including the child’s first “object,” the mother, an important theme in the conceptualization of traumatic identification, as I show.

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the Oedipus complex, lies a *prehistory* of unconscious emotional identifications with or incorporative bindings to the other, identifications that precede the distinction between subject and object on which the analysis of desire, even unconscious desire, depends. For Freud, the paradigm for those unconscious emotional identifications is crucially the hypnotic relationship or *rapprochement*, understood by him, as by the majority of his contemporaries, as an altered state of consciousness, or condition of *unconsciousness*, that involves an absorption in or identification with the hypnotist or role so profound that the other, or role, is not perceived as other, or object. In short, Freud places a hypnotic-suggestive tie or bond at the center of the traumatic paradigm.

The primacy Freud accords to such nonlibidinal, hypnotic bonds of emotional identification silently undermines the Oedipal (erotic-repressive) logic of his approach to trauma. Thus on the one hand, Freud attempts to establish the singularity of psychoanalysis by breaking with hypnosis and grounding the patient’s neurosis instead in (real or fantasized) repressed libidinal representations whose recovery through recollection or construction is the task of analysis. The unconscious, for Freud, is the repository of those repressed infantile representations, and it is the latter that, transferred secondarily to the person of the analyst, are held to become accessible to consciousness and recollection in the form of the patient’s self-narration, or *diegesis*. For Freud in this mode, the patient’s speech during the hypnotic trance does not constitute such a *diegesis* for that speech is a hypnotic-mimetic performance that occurs precisely in the absence of consciousness and self-representation.

On the other hand, as Freud soon discovers, the transference, far from facilitating recollection, proves rather to be its major stumbling block. Instead of remembering, patients *repeat* the earlier scenes or memories in the present, in a “positive” transference onto the analyst that, for all the absence of overt suggestion, or rather precisely because of the analyst’s deliberate self-effacement, manifests all the more clearly that affective bond of identification with the “other” that for Freud is emotional identification—or mimesis. In other words, following Borch-Jacobsen we can say that if Freud continues to believe that the transference constitutes a resistance to recollection by disguising or dissimulating a prior Oedipal affective tie, his own writings of the 1920s strongly suggest that no such dissimulation is involved. This is because the patient’s transference resistance rests on an affective bond or tie that, as Freud observes, cannot be repressed but can only be felt or experienced in the immediacy of an acting out or repetition in the present that is unrepresentable to the subject

and that—like the unconscious itself—knows no delay, no time, no doubt, and no negation.

In short, where the notion of recollection becomes problematic in Freud is where he states, in his speculations in *Inhibitions, Symptoms, and Anxiety* and related texts, that the Oedipal tie which is supposed to be recalled in transference is itself a derivative of an even more archaic “affective tie” or “primary identification”—an identification that can never be remembered by the subject precisely because it precedes the very distinction between self and other on which the possibility of self-representation and hence recollection depends. It follows that the origin is not present to the subject but is on the contrary the condition of the latter’s “birth.”

If this is true of the origin, is it also true of trauma? Ever since the work of Sándor Ferenczi and Anna Freud we have become accustomed to think of the identification with the aggressor as one of the subject’s characteristic responses to, or defenses against, psychic trauma.²⁵ But what if—as Freud suggests—trauma is understood to consist in *imitative or mimetic identification itself*, which is to say in “the subject’s *originary* ‘invasion’ or alteration?”²⁶ This would be to attribute the patient’s lack of memory of the trauma not to the repression of a representation of the traumatic event, but to the vacancy of the traumatized subject or ego in a hypnotic openness to impressions or identifications occurring prior to all self-representation and hence to all remembrance. So if the victim of a trauma identifies with the aggressor, she does so not as a defense of the ego that represses the violent event into the unconscious, but on the basis of an unconscious imitation or mimesis that connotes an abyssal openness to all identification. This would explain why the traumatic event cannot be remembered, indeed why it is “relived” in the transference relationship not in the form of a recounting of a past event but of a hypnotic identification with another in the present—in the timelessness of the unconscious—that is characterized by a profound amnesia or absence from the self. It would also suggest an explanation, grounded in Freud’s conception of trauma as the archetrauma of identification, of why the vic-

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tim’s memory of the traumatic event is so often difficult if not impossible to recover (something Freud appears to recognize when, in discussing the interminableness of analysis, he acknowledges the implacable nature of the death drive, or compulsion to repeat).²⁷

From this perspective, the traumatic “event” is redefined as that which, precisely because it triggers the “trauma” of emotional identification, strictly speaking cannot be described as an event since it does not occur on the basis of a subject-object distinction. (Hence the ambiguity of the term “trauma,” which is often used to describe an *event* that assaults the subject from outside, but which according to the theme of mimetic identification is an experience or “situation” of identification that strictly speaking does not occur to an autonomous or fully coherent subject.) The archetrauma of birth, defined on this model as a primary identification or hypnotic repetition that occurs prior to any conscious perception or any repression, is unrepresentable to the subject, which is why in *Inhibitions* Freud opposes Rank’s account of trauma as the repetition of a birth event (*ISA*, 135). Trauma is thus imagined as involving not the shattering of a pregiven ego by the loss of an identifiable object or event but a dislocation or dissociation of the “subject” prior to any identity and any perceptual object.²⁸ It is no accident, I think, that whenever Freud in *Inhibitions, Symptoms, and Anxiety* is in danger of forgetting this proposal and hence of treating the ego’s reaction to trauma as a reaction to a specific, determinate event or object that it can in principle indicate, signal, and confront, the war neuroses symptomatically reappear in his text as the paradigm of trauma defined in economic terms as involving the breaching of the protective shield, which is to say, of trauma defined as mimetic or imitative identification.

There is one more point to be made here. Throughout my discussion I have aligned trauma both with the breaching of the protective shield, or unbinding, and with mimetic identification, or binding. This is because

27. Sigmund Freud, “Analysis Terminable and Interminable” (1937), *Standard Edition*, 23: 242–44.

28. Freud’s criticisms of Rank suggest that for Freud, the traumatic situation does not designate a determinate objective reality but something vague and indeterminate that overwhelms it: a situation of helplessness due to fright that he will also interpret in hypnotic-identificatory terms. For Ferenczi’s similar criticisms of Rank see “Zur Critique der Rankschen ‘Technik der Psychanalyse’” (1927), in *Bausteine zur Psychanalyse* (Leipzig, 1927), 2: 116–28. Cf. Philippe Lacoue-Labarthe and Jean-Luc Nancy, “The Unconscious is Deconstructed Like an Affect: (Part I of ‘The Jewish People Do Not Dream’),” *Stanford Literature Review* 6 (Fall 1989): 200; and Samuel Weber, *The Legend of Freud* (Minneapolis, Minnesota, 1982), 48–60.

in the economic terms associated with Freud's ideas, the traumatic experience involves a fragmentation or loss of unity of the ego resulting from the radical unbinding of the death drive, but it also entails a simultaneous binding (or rebinding) of cathexes: both unbinding and binding—hate and love—are constitutive of the traumatic reaction. This thesis is implicit in the work of Freud and related figures, even as they fail to thematize it or pursue its implications. Thus for Freud and his followers the overwhelming of the ego's protective shield and mimetic disappearance of the ego represent a defusion or decoupling of the life and death drives (love and hate) and a consequent unbinding of the cathexes of the death drive. "In traumatic neurosis we have . . . a splitting apart of the instinctual components of cathexes," Abram Kardiner observes. "In the traumatic moment . . . all cathexes are abruptly cut through and the defused destructiveness which is turned against the ego is manifest in the form of loss of consciousness."²⁹ Ferenczi will give the process of unbinding a political reading when, on the basis of Freud's interpretation of the politics of identification and the crowd or mass, he compares the psychological disorganization and multiple identifications consequent on the loss of the ego's leadership in severe traumatic states to the panic reaction of the crowd when it loses its political leader or *führer*.³⁰

Kardiner appears to imagine that unbinding (the death drive, or Thanatos) can be contrasted with binding (the life drive, or Eros) as two terms in an oppositional process, such that an unbinding or trauma can be succeeded by its opposite, a rebinding and hence an attempt at cure. He thus follows Freud in interpreting the traumatic nightmare as a retroactive attempt at binding, or mastery, of this kind.³¹ But a close reading of Freud's texts on the economics and politics of identification shows that the opposition between unbinding and binding is constitutive. Panic—in individual terms the *unbinding* or splitting of the subject into mimetic identifications, in political terms the unbinding of the ties between individuals in the unruly crowd of all against all—is simultaneously and irreducibly a *binding* consequent on the very mimetic identifications that suggestively or contagiously bind the individual to the other, or mass.

29. Abraham Kardiner, "The Bio-Analysis of the Epileptic Reaction," *Psychoanalytic Quarterly* 1 (1932): 461. Sometime later, Abraham Kardiner changed his name to Abram.

30. Stefan Hollos and Sándor Ferenczi, *Psychoanalysis and the Psychic Disorder of General Paralysis*, trans. Gertrude M. Barnes and Gunther Keil (New York, 1925), 47–48.

31. Kardiner, "Epileptic Reaction," 461.

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30. Stefan Hollos and Sándor Ferenczi, *Psychoanalysis and the Psychic Disorder of General Paralysis*, trans. Gertrude M. Barnes and Gunther Keil (New York, 1925), 47–48.

31. Kardiner, "Epileptic Reaction," 461.

Mikkel Borch-Jacobsen, who has written the most penetrating analysis of this aspect of Freud's thought, puts it as follows:

The paradox is this: since "sympathy" (i.e., co-feeling or suffering-with) truly constitutes the most immediate possible bond with others, the disappearance of the bond of love with the chief does not, as Freud wished it to, liberate the pure and simple disbanding of Narcissi [independent egos or subjects]. In a sense it does not liberate anything at all, and certainly not autarchic subjects (individuals), since panic is precisely uncontrollable breaching by the ego by (the affects of) others, or . . . a mimetic, contagious, suggested narcissism. What comes out in panic phenomena . . . is everything that Freud had violently rejected under the rubric of "suggestion" or "suggestibility," understood as the relation of immediate, "hypnotic" fusion with another. . . . The acme of the "sympathetic" relationship with others is simultaneously the ultimate nonrelationship with others: each imitates the "every man for himself" of the others; here assimilation is strictly equivalent to a disassimilating dissimulation. The panic bond goes beyond the alternatives of bonding and disbanding . . . A disbanding band must be qualified as both narcissistic and nonnarcissistic, egoistic and altruistic, asocial and social. (*ET*, 9)

"*Asocial and social*." Doesn't that characterize the behavior of the traumatized soldier as described by Kardiner and others? Paradoxically, the asocial traumatized soldier who is so antimitetically withdrawn from the world that he is completely numb to it is simultaneously so socially identified with it that the boundaries between himself and others are completely effaced. Thus Kardiner depicts the victim's behavior as so rigid, his face so lacking all mimicry and expressions of feeling that he gives the impression of being utterly detached from others; but he also portrays the same victim as so mimetically identified with the world's dangers as to be completely impressionable or suggestible. The response of the traumatized soldier thus at one and the same time represents the achievement of defense and the failure of defense, the success of protection and the breaching of the protective shield—antimimesis and mimesis.³²

Mimesis and Antimimesis

To summarize: in his discussion of the concepts of automatic anxiety and primal repression to which the problem of trauma seems to warrant a re-

32. Cf. Ruth Leys, "Death Masks: Kardiner and Ferenczi on Psychic Trauma," *Representations* 53 (Winter 1996): 44–73.

turn, Freud placed a hypnotic-mimetic process of binding and unbinding at the center of the traumatic situation—a process that is rendered invisible by Krystal's, Cohen's, and Winston's rejection of Freud's economic concepts. Trauma was thus defined by Freud as a situation of unconscious identification with, or "primary repression" of, the traumatic scene or person that occurs in a state akin to the trance state and that is independent of a libidinal relation to the object. Hypnotic suggestibility was the key to the traumatic experience defined in this way—a claim that situates Freud among his contemporaries, such as Charcot, Janet, Prince, and others, for whom the conceptualization of trauma was inevitably connected with the rise of hypnosis as a legitimate field of inquiry and research. Hypnosis provided Freud with a model for unconscious identification because, according to the interpretation of hypnosis dominant at the turn of the century, hypnosis seemed to involve a subjection or immersion in the other or scene that is "blind" in the sense that the subject of hypnosis is unconscious or unaware of the hypnotist's commands, which she or he enacts or repeats without seeing that she or he is submitting to them—commands that are not remembered afterwards because they were not present to the subject in the form of a self-representation in the first place. Similar notions can be found in the writings of a whole range of authors who are crucial for the genealogy of trauma, including Prince, Ferenczi, Kardiner, and others whose work I examine. In short, Freud's work crystallizes and makes manifest a problematic of hypnotic-mimetic identification that was central to the origin of theorizing about trauma at the turn of the century.

Nevertheless, as Borch-Jacobsen has demonstrated, Freud constantly repudiated the hypnotic-dissociative indistinction between subject and other that was held to characterize the traumatic situation. He attempted to evade the uncanny loss of individuality or differentiation between self and other that was held to take place in hypnosis by reinterpreting the effects of suggestion as the product not of the relationship between hypnotist and subject, but of the subject's sexual desire. What Freud found disturbing about hypnosis-suggestion, and what he therefore struggled to suppress, was the idea that in suggestion my thoughts do not come from my own mind or self but are produced by the imitation or suggestion of another—the hypnotist or, in psychoanalytic practice, the analyst. Freud's theory of the unconscious may thus be seen as an attempt to solve the problem of the hypnotic rapport by transforming suggestion into desire. In the work of other authors, the repudiation of mimetic identification takes place within the theorization of suggestion itself. Thus Morton Prince, lauded today as a pioneer in the study of the disso-

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ciative disorders, attributed the effects of trauma simultaneously to a hypnotic dissociation or splitting that was immemorial *and* to the spontaneity of a subject who could *see* the scene of trauma and so represent it to herself. The same double structure—of mimesis and antimimesis—is found in the writings of Ferenczi, Kardiner, and many others.

The antimimetic turn within the mimetic theory has several important consequences that are apparent in conceptualizations of trauma even today. According to the mimetic hypothesis, the traumatic repetition which the victim is encouraged to dramatize in the hypnotic-cathartic treatment takes the form of an acting out of the real or fantasized scene of trauma (for in the trance state the scene in question may well contain fictive elements, as Freud and others were aware)—an acting out that, because it takes place in the mode of a emotional identification that constitutes the hypnotic rapport, is unavailable for subsequent recollection. At the same time, the reliving of the real or fictive traumatic situation under hypnosis is also understood differently, or antimimetically, by Freud and others: not as a dramatic *mimesis* but as a verbalization or *diegesis*, in which the patient recounts and recollects the traumatic scene in full consciousness—even if, as my discussion in subsequent chapters of the cathartic treatment of the traumatic neuroses of war in both World Wars shows, within the understanding of hypnosis at the time the demand for the patient's recollection and self-knowledge cannot easily be met.

Equally crucial, the antimimetic turn within the mimetic paradigm—the therapist's demand that the patient *be a subject* capable of distancing herself from the traumatic scene—is simultaneously the moment when emphasis tends to shift from the notion of trauma as involving a mimetic yielding of identity to identification to a notion of trauma as a purely external cause or event that comes to an already constituted ego to shatter its autonomy and integrity. Passionate identifications are thereby transformed into claims of identity, and the negativity and violence that according to hypothesis inhere in the mimetic breaching of the boundaries between the internal and the external are violently expelled into the external world, from where they return to the fully constituted, autonomous subject in the form of an absolute exteriority. The result is a rigid dichotomy between internal and external such that violence is imagined as coming to the subject entirely from the outside.³³ The value to

33. These insights have been applied to the phenomenon of serial killing and the culture of violence in the United States by Mark Seltzer, *Serial Killers: Death and Life in America's Wound Culture* (New York, 1998).

proponents of the view that violence is utterly external to the subject is that it serves to forestall the possibility of scapegoating by denying that the victim participates, or in any way colludes with, the scene of abjection and humiliation. But it is a view of the location of violence that also has its costs:

1. It makes unthinkable, or renders incoherent, the mimetic-suggestive dimension of the traumatic experience, a dimension that, I have tried to show, calls into question any simple determination of the subject from within or without and that is present in the tendency to suggestibility that is still recognized as symptomatic of patients suffering from trauma. The hypnotic suggestibility of the victim of dissociation or PTSD makes the patient's testimony about the historical truth of the traumatic origin inherently suspect owing to the potential for hypnotic confabulation and "false memories," yet (as my discussion of the work of van der Kolk in chapter 7 shows) that suggestibility is untheorizable within the terms of an analysis of trauma that rejects any acknowledgment of the mimetic dynamic.

2. Indeed, such an analysis tends to produce a conceptualization of the dissociated or traumatic memory as completely literal in nature, as if an account of the traumatic experience as absolutely true to external reality, uncontaminated by any subjective, unconscious-symbolic or fictive-suggestive dimension, is necessary in order to reinforce a rigid polarization between inside and outside that is otherwise threatened by the mimetic dynamic. Yet the theory of the literal nature of traumatic memory has been, and continues to be, challenged by evidence proposing the presence of a subjective-suggestive component in the constitution of the traumatic experience.

3. The same dichotomy between internal and external reinforces an opposition between absolute aggressor and absolute victim in such a way as to render untheorizable the violence and ambivalence that, according to the mimetic hypothesis, necessarily inheres in the victim of the traumatic scenario. The mimetic theory makes it possible to sympathetically acknowledge the hideous ways in which the victim can come to psychically collude in the scene of violence through fantasmatic identifications with the scene of aggression. Whereas the complete rejection of any idea of the mimetic renders the source of such identifications mysterious.

4. The rigid dichotomy held to exist between the external and internal inevitably reinforces gender stereotypes by conceptualizing the already-constituted female subject as a completely passive and helpless victim. The irony is that, when an unexamined notion of contagion or infection is added to such a stark opposition between the outside and the inside, it

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turns out that the aggressor too can become a victim, as I show in my discussion of the recent work on trauma by Cathy Caruth.

5. In a radically different direction, the same antimimetic turn within the mimetic paradigm can call into question the entire validity of the concept of trauma. Thus an alternative version of the same demand that there be a subject capable of distancing herself from the traumatic-mimetic scene revalorizes the notion of *simulation* as a kind of voluntary game between subject and hypnotist and does so in ways that make the very concept of trauma suspect. When Borch-Jacobsen wrote *The Freudian Subject* he accepted the common turn-of-the-century definition of hypnosis as a non-spectacular or "blind" identificatory mimesis that preceded the subject-object divide.³⁴ At the time, he seems to have believed he was defining the essence of hypnosis, rather than a historical conceptualization that happened to be dominant at the turn of the century. But in his more recent writings he has rejected his earlier emphasis on the blindness of the hypnotic relationship in order to describe hypnosis as a *specular* game carried out with the subject's complete awareness of her performance. In short, Borch-Jacobsen now wants to resolve the tension between imitation as blind mimesis and imitation as spectatorial distanciation by deciding in favor of lucid simulation. His new position goes hand in hand with a rejection of any concept of the unconscious and any notion of (libidinally repressed or mimetically dissociated) traumatic memories.

34. Hypnosis is "properly speaking, a subjection, in the very strong sense of this word," he wrote: "the subject is rendered subject, assigned as subject. The hypnotic commandment does not present itself to a consciousness that is already there to hear it; rather, it takes hold of it (and posits it) prior to itself—in such a way that it never presents itself to consciousness. It falls into a radical 'forgetting' that is not the forgetting of any memory, of any (re)presentation. It gives no order to a subject; it orders the subject. . . . Far from replying, then, to the discourse of the other, the hypnotized person quotes it in the first person, acts it out or repeats it, without knowing that he is repeating [as Borch-Jacobsen observes, this is precisely Freud's definition of the 'repetition compulsion']. He does not submit himself to the other, he *becomes the other*, comes to be like the other—who is thus no longer an other, but 'himself.' No property, no identity, and in particular no subjective liberty precede the commandment, here. . . . In short, hypnosis involves the birth of the subject—perhaps not a repetition of the birth event, but birth as repetition, or as primal identification: in it the subject comes into being (always anew: this birth is constantly repeated) as an echo or duplicate of the other, in a sort of lag with respect to its own origin and identity. An insurmountable lag, then, since it is a constitutive one, and one that without any doubt constitutes the entire 'unconscious' of the subject, prior to any memory and any representation. The (constraint to) repetition, as Freud has indeed said, is the unconscious itself" (Mikkel Borch-Jacobsen, *The Freudian Subject* [Stanford, California, 1988], 229–31).

Consequently, for him there is no genuine forgetting of the mimetic performance, which is merely a suggested scenario undertaken with the patient's voluntary compliance. All cathartic "reenactments" or "relivings" are characterized by him in the same terms, with the result that he goes so far as to intimate that the traumatic neuroses of war belong to the same category of simulated, hypnotic inventions—an argument that comes disturbingly close to the traditional view of traumatic neurosis as a form of malingering.³⁵

Yet Borch-Jacobsen's skeptical ideas generate several contradictions, demonstrating yet again that mimesis cannot be simply made to disappear. Rather, according to the discourse that has shaped the conceptualization of trauma from the start, both mimesis and antimimesis are internal to the traumatic experience. We might put it that the concept of trauma has been structured historically in such a way as simultaneously to invite resolution along the lines of an antimimetic repudiation of the mimetic dimension and to resist it, or at any rate to suggest that the desire to resolve the oscillations internal to that paradigm is a response to the anxieties that are constitutive of it.

Freud's texts exhibit that structure in a particularly exemplary way, as does Morton Prince's book on the Beauchamp case, to which I now turn.

35. Mikkel Borch-Jacobsen, *Remembering Anna O.: A Century of Mystification* (New York, 1996); idem, "Neurotica: Freud and the Seduction Theory"; idem, "L'effet Bernheim (fragments d'une théorie de l'artefact généralisé)," *Corpus* 32 (1997): 147–73.