

ACKNOWLEDGEMENTS

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Introduction

In the spring of 1998 Elizabeth Rubin, in an article in the *New Yorker*, described what had recently happened to a group of young Ugandan girls who had been abducted by a guerilla group, the Lord's Resistance Army (L.R.A.), in order to force them to serve as "wives" and fighters in its war against the Ugandan army. The girls were put through a "hideous initiation" to frighten them away from deserting and revealing L.R.A. hideouts, and to inure them to violence. About a week after the abduction, the girls were smeared with holy oils and white ash "in a kind of L.R.A. baptism"; then the guerilla leader ordered them to finish off a job begun by veteran rebels: "hacking to death, with hoes, axes, and branches, a recently kidnapped girl who had been caught escaping." The students protested, were beaten, and then did as they were told.¹ Rubin reported that since 1988 the L.R.A. had stolen about twelve thousand Ugandan girls and boys for such purposes. Between three and five thousand of those numbed and brutalized children had managed to escape, through their own efforts or by being captured in battle. Once returned to safety, they were sent to two trauma centers for counseling and treatment. "The goals of the trauma centers are modest," Rubin observed, "and therefore fairly realizable. Group therapy, game playing, reenactments of life in the bush, traditional dancing, drawing are all designed to teach the kids to forget. It is a challenging concept: remembering to forget."¹

In the same spring of 1998 Americans anticipated the trial date of what

1. Elizabeth Rubin, "Our Children Are Killing Us," *New Yorker*, 23 March 1998, 58, 63.

promised to be the most notorious sexual harassment case in the history of the United States. The lawyers for the claimant, Paula Jones, asserted on the basis of expert testimony that, as a result of the trauma of her alleged sexual harassment by President Clinton, Jones now suffered from post-traumatic stress with long-term symptoms of anxiety, intrusive thoughts and memories, and sexual aversion.²

Between them these examples illustrate the spectrum of issues raised by the concept of psychic trauma in our time. On the one hand, there is the absolute indispensability of the concept for understanding the psychic harms associated with certain central experiences of the twentieth century, crucially the Holocaust but also including other appalling outrages of the kind experienced by the kidnapped children of Uganda. On the other hand, it is hard not to feel that the concept of trauma has become debased currency when it is applied both to truly horrible events *and* to something as dubious as the long-term harm to Paula Jones.

Jones's claims for damages appealed to a model of trauma institutionalized in the concept of post-traumatic stress disorder (PTSD), an ailment first officially recognized by the American Psychiatric Association in 1980. Post-traumatic stress disorder is fundamentally a disorder of memory. The idea is that, owing to the emotions of terror and surprise caused by certain events, the mind is split or dissociated: it is unable to register the wound to the psyche because the ordinary mechanisms of awareness and cognition are destroyed. As a result, the victim is unable to recollect and integrate the hurtful experience in normal consciousness; instead, she is haunted or possessed by intrusive traumatic memories. The experience of the trauma, fixed or frozen in time, refuses to be re-presented *as* past, but is perpetually reexperienced in a painful, dissociated, traumatic present. All the symptoms characteristic of PTSD—flashbacks, nightmares and other reexperiences, emotional numbing, depression, guilt, autonomic arousal, explosive violence or tendency to hypervigilance—are thought to be the result of this fundamental mental dissociation. (On this model, if Paula Jones did suffer from post-traumatic stress, as she claimed, she ought to have been incapable of consciously testifying to her traumatic experience; rather, she should only have been able to repeat it in the mode of a compulsive and repetitive acting out.) Accordingly, the restoration of memory through technologies designed to get the patient to remember by restoring the “pathogenic se-

2. *New York Times*, Saturday, 21 March 1998.

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cret”³ to awareness is one of the major goals of therapy. From the perspective of such an approach to trauma, the more modest goal of forgetting embraced by the therapists of the traumatized children in Uganda may seem irrelevant if not actually harmful. But like the aim of remembering, that of forgetting has a history it is my purpose to explore.

Experts in PTSD often emphasize the vicissitudes of the trauma concept by underscoring the waxing and waning of interest in trauma in the course of more than a century. But they also present PTSD as a timeless diagnosis, the culmination of a lineage that is seen to run from the past to the present in an interrupted yet ultimately continuous way. On that assumption, the history of knowledge about trauma goes, briefly and schematically, like this. Although “people have always known that exposure to overwhelming terror can lead to troubling memories, arousal, and avoidance,”⁴ modern understanding of trauma began with the work of the British physician John Erichsen, who during the 1860s identified the trauma syndrome in victims suffering from the fright of railway accidents and attributed the distress to shock or concussion of the spine. Claiming that the traumatic syndrome constituted a distinct disease entity, the Berlin neurologist Paul Oppenheim subsequently gave it the name “traumatic neurosis” and ascribed the symptoms to undetectable organic changes in the brain.⁵

The physiology of shock continued to be a topic of investigation for the next fifty years, as exemplified by the work of the Americans George W. Crile and Walter B. Cannon, and the influential researches of Ivan Pavlov.⁶ But the term trauma acquired a more psychological meaning when it was employed by J. M. Charcot, Pierre Janet, Alfred Binet,

3. Henri F. Ellenberger, “The Pathogenic Secret and Its Therapeutics” (1966), in *Beyond the Unconscious: Essays of Henri F. Ellenberger in the History of Psychiatry*, ed. Mark Micale (Princeton, New Jersey, 1993), 341–59.

4. Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth, eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York, 1996), 47; hereafter abbreviated TS.

5. For Oppenheim's work see especially Paul Lerner, “Rationalizing the Therapeutic Arsenal: German Neuropsychiatry in World War I,” in *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany*, ed. Manfred Berg and Geoffrey Cocks (Washington, D.C., 1996), 121–48; and Claude Barrois, *Les névroses traumatiques: La psychothérapie face aux détresses des chocs psychiques* (Paris, 1988).

6. Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, New Jersey, 1995), 21–26; hereafter abbreviated HI.

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Morton Prince, Josef Breuer, Sigmund Freud, and other turn-of-the-century figures to describe the wounding of the *mind* brought about by sudden, unexpected, emotional shock. The emphasis began to fall on the hysterical shattering of the personality consequent on a situation of extreme terror or fright.⁷ The traumatized psyche was conceptualized as an apparatus for registering the blows to the psyche outside the domain of ordinary awareness, and hypnosis was used as a psychotherapeutic method for retrieving the forgotten, dissociated, or repressed recollections by bringing them into consciousness and language. Hypnotic catharsis thus emerged as a technique for solving a "memory crisis" that disturbed the integrity of the individual under the stresses of modernity.⁸ The hysterical female epitomized the shattering effects of trauma on the mind. In the 1890s Freud suggested that sexual exploitation was at the core of hysteria by positing that the condition was caused by unconscious, repressed memories of sexual trauma, specifically sexual seduction or assault. But in 1897 he abandoned his belief in the seduction theory and reoriented his work to the study of the effects of repressed erotic infantile wishes and fantasies, thereby denying the significance of actual trauma on the individual psyche.

Joseph Babinski's subsequent dismantling of Charcot's hysteria diagnosis, a massive reaction against hypnosis, and the rise of psychoanalysis, combined to reduce interest in trauma in the years after 1900. But the virtual epidemic of war neuroses during World War I made it impossible to deny the existence in the male of traumatic symptoms which, although gathered together under the rubric of "shell shock," were recognized as not different in kind from those observed in the hysterical female. The majority of physicians remained indifferent to the psychic suffering of the shell-shocked soldier, who was widely accused of malingering. But a small and increasingly influential minority recognized the psychogenic nature of the war neuroses; naturally enough, they turned to Freud's earliest ideas about dissociation and the unconscious for help in understand-

7. For Charcot on trauma see especially Mark S. Micale, "Charcot and the *névroses traumatiques*: Scientific and Historical Reflections," *Revue neurologique* 150 (1994): 498–505; idem, "Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Medical Diagnosis in Late Nineteenth-Century France," *Medical History* 34 (1990): 363–411; idem, *Approaching Hysteria: Disease and Its Interpretations* (Princeton, New Jersey, 1995).

8. Michael S. Roth, "Remembering Forgetting: *Maladies de la mémoire* in Nineteenth-Century France," *Representations* 26 (1989): 49–68; idem, "Hysterical Remembering," *Modernism/Modernity* 3 (May 1996): 1–30; Richard Terdiman, *Present Past: Modernity and the Memory Crisis* (Ithaca, New York, 1993); Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, New Jersey, 1995); hereafter abbreviated RS.

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ing shell shock, and to the Breuer-Freud cathartic method, which they revived as the treatment method of choice.

After the war, interest in trauma again declined. The Hungarian psychoanalyst Sándor Ferenczi deserves credit for resuscitating Freud’s original emphasis on the significance of childhood sexual trauma during the interwar years, but his work remained controversial and he was unable to redirect attention to the problem of trauma among psychoanalysts, who remained largely indifferent to the effects of real traumatic events on the child and adult. Nor did Abram Kardiner’s outstanding efforts to codify the nature of the traumatic syndrome, based on his extensive experience with chronic cases from the Great War, or the widespread use of drug catharsis as a therapy for treating “combat fatigue” by William Sargant, Roy Grinker, John Spiegel, and others during the Second World War, prevent an “astounding” loss of memory of war trauma in the years after 1945 (*TS*, 59). Not even the independent psychoanalytic studies of the long-term effects of trauma on survivors of the Holocaust—studies that identified the existence of a chronic “concentration camp syndrome” or “survivor syndrome”—succeeded in arousing widespread interest in trauma. Rather, it was largely as the result of an essentially political struggle by psychiatrists, social workers, activists and others to acknowledge the post-war sufferings of the Vietnam War veteran that the third edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (1980) accorded the traumatic syndrome, or PTSD, official recognition for the first time.⁹ Women’s advocates, such as the physician Judith Herman, who in the 1970s became concerned with sexual abuse in children, also played a major role in establishing an integrated, post-Vietnam approach to trauma.¹⁰

9. See especially, Wilbur J. Scott, “PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease,” *Social Problems* 37 (1990): 294–310. Cf. Wilbur J. Scott, *The Politics of Readjustment: Vietnam Veterans since the War* (New York, 1993). The concept of stress has played an important role in the prehistory of PTSD. In a large literature on the topic see especially M. J. Horowitz, *Stress Response Syndromes* (New York, 1976). For a quirky, provocative book on the role of the concept of stress in the formulation of the traumatic neuroses, including PTSD, see Robert Kugelman’s *Stress: The Nature and History of Engineered Grief* (Westport, Connecticut, 1992). For an attempt, prior to the introduction of PTSD, to pull together the diffuse and heterogeneous literature on the psychological consequences of disaster, including the literature on civilian disasters, Hiroshima, the combat neuroses, and the Holocaust, see Warren Kinston and Rachel Rosser, “Disaster: Effects on Mental and Physical State,” *Journal of Psychosomatic Medicine* 18 (1974): 437–56.

10. Judith Herman, *Trauma and Recovery* (New York, 1992).

In an important recent book, the anthropologist Allan Young has cogently argued that the account of the evolution of the concept of PTSD that I have just sketched is premised on an error: far from being a timeless entity with an intrinsic unity, as its proponents suggest, PTSD is a historical construct that has been "glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources" (*HI*, 5). And in fact a scrutiny of the pre-1980 psychiatric literature on survivors of the concentration camps and victims of military combat, civilian disasters, and other traumas reveals a wide diversity of opinion about the nature of trauma, a diversity that has been obscured by the post-Vietnam effort to integrate the field. Young rightly observes that PTSD is no less "real" on that account, in the sense suggested by Ian Hacking: in Hacking's phrase, PTSD is a way of "making up" a certain type of person that individuals can conceive themselves as being and on the basis of which they can become eligible for insurance-reimbursed therapy, or compensation, or can plead diminished responsibility in courts of law.¹¹

Nevertheless, the field of trauma studies today not only continues to lack cohesion, but the very terms in which PTSD is described tend to produce controversy.¹² For example, in a series of publications that serves as a blueprint for much current research in the field, Bessel A. van der Kolk and his associates have recently shifted the focus of research from the mind back to the *body* by explaining traumatic memory in neurobiological terms. Basing their hypotheses on the model of an animal's response to inescapable shock or stress, van der Kolk and his associates

11. Ian Hacking, "Making Up People," in *Reconstructing Individualism: Autonomy, Individuality, and the Self in Western Thought*, ed. Thomas Heller, Morton Sosna, and David Wellbery (Stanford, California, 1986), 226–36.

12. In spite of the rapid growth in the treatment and study of PTSD since its official recognition in 1980, researchers in the field continue to acknowledge the existence of confusion, even "chaos," a situation that leads to further appeals for order. See G. Boulanger, "A State of Anarchy and a Call to Arms: The Research and Treatment of Post-Traumatic Stress Disorder," *Journal of Contemporary Psychotherapy* 20 (1990): 5–15; Berthold P. R. Gerson and Ingrid V. E. Carlier, "Post-Traumatic Stress Disorder: The History of a Recent Concept," *British Journal of Psychiatry* 161 (1992): 742–48; and Rachel Yehuda and Alexander C. McFarlane, "Conflict Between Current Knowledge About Posttraumatic Stress Disorder and Its Original Conceptual Basis," *American Journal of Psychiatry* 152 (1995): 1705–13. The protean nature of the stress reaction, its tendency, like that of hysteria, to "mime" other disorders, makes it an imitative or mimetic disorder *par excellence*, a point central to my argument.

argue that trauma is preserved in the memory with a timeless accuracy that accounts for the long-term and often delayed effects of PTSD. Thus they hold that the traumatic event is encoded in the brain in a different way from ordinary memory. Specifically, van der Kolk suggests that traumatic memory may be less like what some theorists have called “declarative” or “narrative” memory, involving the ability to be consciously aware of and verbally narrate events that have happened to the individual, than like “implicit” or “nondeclarative” memory, involving bodily memories of skills, habits, reflex actions, and classically conditioned responses that lie outside verbal-semantic-linguistic representation. The hypothesis is that each implicit memory system is associated with a particular area of the brain, and the hunt is now on for the neurohormonal basis of such memories and for techniques of treatment designed to reduce or silence the activities of the central nervous system thought to be the locus of traumatic memory.

At stake in the notion of implicit or non-narrative traumatic memory—a notion van der Kolk traces back to the long-neglected Janet, whose work he has helped resurrect—is the idea that precisely because the victim is unable to process the traumatic experience in a normal way, the event leaves a “reality imprint” (TS, 52) in the brain that, in its insistent literality, testifies to the existence of a pristine and timeless historical truth undistorted or uncontaminated by subjective meaning, personal cognitive schemes, psychosocial factors, or unconscious symbolic elaboration. There is no consensus in the field of memory research regarding such a claim, which I believe to be of dubious validity (see chapter 7). Nevertheless, such an approach to PTSD, which enjoys considerable support both within the scientific research community and among certain postmodernist literary critics, constitutes an original contribution to what Hacking has termed the “memoro-politics” of our time (RS, 210–22),¹³ because, by eliminating the question of autobiographical symbolic meaning, it makes manifest the mechanical-causal basis of much recent theorizing about trauma. When applied to the Vietnam veteran, the model implies that all participants in that war—whether victims of combat who now suffer from repetitive nightmares or perpetrators of atrocities who now feel guilty about what they once did (the two groups of course are not mutually exclusive)—are alike casualties of an external trauma that causes objective changes in the brain in ways that tend to eliminate the issue of moral meaning and ethical assessment. The expan-

13. Cf. Ian Hacking, “Memory Sciences, Memory Politics,” in *Tense Past: Cultural Excesses in Trauma and Memory*, ed. Paul Antze and Michael Lambek (New York, 1996), 67–87.

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siveness of such a causal approach to trauma—its tendency to collapse distinctions between victims and perpetrators, or simply between victims and others—inevitably leads to skepticism about the reality of trauma. The charge of suggested memory or “false memory” in cases of alleged sexual abuse is one by now familiar expression of that skepticism. Skepticism also surfaces when, as in the Paula Jones matter, the attribution of trauma appears to be made by lawyerly fiat.

In this book I intend to situate the dilemmas, impasses, and controversies that characterize the current field of trauma studies by taking a different approach to the history of trauma from that commonly adopted in the modern literature. I do not proceed as if trauma has a linear, if interrupted, historical development. Rather, I shall take a genealogical approach to the study of trauma, in an effort to understand what Michel Foucault has called “the singularity of events outside of any monotonous finality” and in order to register their recurrence, as he has put it, not for the purpose of tracing “the gradual curve of their evolution, but to isolate the different scenes where they engaged in different roles.”¹⁴

This is not to deny the existence of certain continuities, or rather structural repetitions, in the history of trauma. On the contrary, a major purpose of my book is to demonstrate the centrality to that history of a set of perpetually resurfacing theoretical and practical difficulties all of which may be seen to revolve around *the problem of imitation, defined as a problem of hypnotic imitation*. It is well known that the rise of trauma theory was associated from the start with hypnosis. Hypnosis, or hypnotic suggestion, was the means by which Charcot legitimated the concept of trauma by proposing that the hysterical crises that he suggestively induced in his patients were reproductions of traumatic scenes. What is less well understood is that hypnosis was not just an instrument of research and treatment but played a major theoretical role in the conceptualization of trauma. This is because the tendency of hypnotized persons to imitate or repeat whatever they were told to say or do provided a basic model for the traumatic experience. Trauma was defined as a situation of dissociation or “absence” from the self in which the victim unconsciously imitated, or identified with, the aggressor or traumatic scene in a condition that was likened to a state of heightened suggestibility or hypnotic trance. Trauma was therefore understood as an experience of hypnotic imitation or identification—what I call *mimesis*—an experience that, be-

14. Michel Foucault, “Nietzsche, Genealogy, History,” in *Language, Counter-Memory, Practice: Selected Essays and Interviews*, ed. Donald F. Bouchard (Ithaca, New York, 1977), 139–40.

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cause it appeared to shatter the victim’s cognitive-perceptual capacities, made the traumatic scene unavailable for a certain kind of recollection.

In short, from the beginning trauma was understood as an experience that immersed the victim in the traumatic scene so profoundly that it precluded the kind of specular distance necessary for cognitive knowledge of what had happened. The subject was fundamentally “altered,” to use Roustang’s formulation, because it was “other.”¹⁵ He or she was “nothing more than a series of heterogeneous and dissociated roles,” which meant that trauma was defined by “multiple borrowing”¹⁶ (multiplicity was one of the marks of that traumatic-mimetic borrowing; the notion of the identification with the aggressor was another). This meant, too, that the amnesia held to be typical of psychological shock was explained as a kind of post-hypnotic forgetting that risked being irreversible since, according to the hypothesis, the traumatic scene was never present to the hypnotized subject and hence was constitutively unavailable for subsequent representation and recall. (I note for later elaboration that hypnosis itself as a theory and practice needs to be historicized: it cannot be treated as a phenomenon with a timeless essence but rather must be understood as constituted by specific theoretical-technological conditions. The definition of hypnosis as an altered state of consciousness characterized by post-hypnotic amnesia has a genealogy which needs to be unearthed.) All this would seem to suggest that the effort to cure patients by getting them, through the use of hypnotic catharsis or by other means, to recollect and narrate the dissociated traumatic origin was destined to fail.

But it is also my aim to show that a tendency towards the repudiation of mimesis was from the start also at work in the field. It is as though early theorists of trauma were simultaneously attracted to and repelled by the mimetic-suggestive theory, as though the basis of the latter’s appeal—its ability to explain the victim’s suggestibility and abjection—was also its chief defect—its threat to an ideal of individual autonomy and responsibility. The result was an inclination not only to relegate hypnosis and hypnotic suggestion to a secondary position but to do so in ways that suppressed the mimetic-suggestive paradigm in order to reestablish a strict dichotomy between the autonomous subject and the external trauma. The containment of the mimetic theory was all the more necessary in that, owing to the possibility of confabulation associated with the hyp-

15. François Roustang, foreword to *The Freudian Subject* by Mikkel Borch-Jacobsen (Stanford, California, 1988), viii.

16. Philippe Lacoue-Labarthe, *Typography. Mimesis, Philosophy, Politics* (Cambridge, Massachusetts, 1989), 129.

14. Michel Foucault, “Nietzsche, Genealogy, History,” in *Language, Counter-Memory, Practice: Selected Essays and Interviews*, ed. Donald F. Bouchard (Ithaca, New York, 1977), 139–40.

notic *rapport*, the notion of mimesis tended to call into question the veracity of the victim's testimony as to the veridical or literal truth of the traumatic origin and hence to make traumatic neurosis and traumatic memory a matter of suggested fabrication or simulation. As a consequence, there existed a competing, *antimimetic* tendency to regard trauma as if it were a purely external event coming to a sovereign if passive victim. The antimimetic model has lent itself to positivist or scientific interpretations of trauma epitomized by the several neurobiological theories so widely accepted today. Yet, as I also show, mimesis could not simply be willed away—made to disappear—but instead continually reemerged, in the work of Freud, Prince, Ferenczi, and others as the very ground and origin of the traumatic experience. There has thus been a continuous tension or oscillation between the two paradigms, so that even the most resolutely antimimetic theory of trauma has tended to resurrect the mimetic theory itself. The paradoxes and contradictions that have resulted from that tension or oscillation are the subject of this study.

In this book I focus on a series of crucial episodes in the ongoing if interrupted attempt by various physicians and others to define the nature of trauma, all of which episodes evince a struggle in one way or another with the conundrums of imitation-suggestion. As I have said, I do not believe that those episodes are best seen as part of a continuously unfolding historical development. Rather, what is striking about them is their irruptive character; when the same or similar issues recur, they do so as if for the first time and almost with the same quality of shock or disruption that has been attributed to trauma itself, though of course it is also true that each episode bears the distinctive imprint of its historical moment. Throughout this study I try to do justice to the historical specificity of the cruxes I discuss. But my approach, by avoiding the assumptions implicit in a continuous narrative, enables us to see what is recurrent, and in an important sense structural, in the difficulties and contradictions that have tormented conceptualizations of trauma throughout the century. Although I have made use of archives when that seemed desirable, this book is not a social history of the various psychiatric services that have been developed at different times for victims of trauma, or an account of the development of military psychiatry, or an exploration of the invention of the dissociative disorders, although it embraces aspects of all those. Rather, it is a work of intellectual history in which I attempt to elucidate the genealogy of what has come to be seen as one of the signal concepts of our time.

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many others we now have a much clearer idea than formerly of the extent to which Freud's early ideas about hysteria belonged to a turn-of-the-century discourse on trauma and dissociation.¹⁷ Nor is his importance for us solely a matter of his subsequent influence on psychiatric thought. Rather, Freud is unavoidable precisely because his aporetic and contradictory writings about the neuroses, including the traumatic neuroses, exhibit a simultaneous preoccupation with and evasion of the question of mimesis in a manner that exemplifies the tensions and paradoxes that have continued to trouble the field to the present day. Many researchers in the field of trauma studies now like to think that Freud's work has been completely superseded. It will become clear that they themselves are heir to difficulties that can only be understood through confronting, not denying, Freud's legacy.

In chapter 2, I provide a detailed discussion of Morton Prince's *The Dissociation of a Personality: A Biographical Study in Abnormal Psychology* (1905), one of the paradigm cases of trauma and dissociation at the turn of the century. From the perspective of recent theorists of multiple personality and trauma, Prince's once-famous study of his patient, Miss Beauchamp, is a founding text in the field, rivaling in importance Freud's contemporaneous Dora case. Prince's text will be discussed in terms of the concepts of trauma, dissociation, hypnosis, and memory that informed his theorizing and practice. I try to demonstrate that there are tensions between mimesis and antimimesis in Prince's analysis of the case such that his efforts to confirm his patient's trauma are thwarted by the very practices of hypnosis that are designed to unearth it. Moreover, in Prince's text the hunt for the patient's "real" or "original" identity is, I also argue, intimately if covertly entangled not only with notions of suggestion or mimesis but also with questions of sexual difference. In the course of my discussion, I ask what relation, if any, obtains between the early history of multiple personality as exemplified by Prince's text and the use of the multiple personality concept in both medical and feminist discourse today. Does the recently revived diagnosis of the multiple self function, as it did in Prince's text, to "repress" the hypnotic-mimetic paradigm? What are the implicit or strategic sexual politics of such a development?

After a precipitous decline in the practice of hypnosis at the beginning of the twentieth century—a decline that was accompanied by a simultaneous abandonment of the diagnosis of multiple personality—Breuer and Freud's hypnotic-cathartic therapy was revived during World War I

17. Henri Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York, 1970).

as a medical technology for curing the traumatic neuroses of combat, or shell shock. As a result, the issues that had confronted Prince in his hypnotic treatment of the traumatized female hysteric resurfaced in connection with the therapy of the battle neuroses in the male. In chapter 3, I focus on what proved to be a crucial post-war debate among British physicians William Brown, William McDougall, Charles S. Myers, and others over the nature of catharsis—specifically, whether the therapeutic success of catharsis, if any, depended on the cognitive recovery and integration of traumatic memories or on the emotional intensity of the cathartic discharge, or abreaction. Uncertainty as to this point, a crucial one both theoretically and practically, has been remarkably persistent in the history of conceptualizations of trauma, arising regularly in different historical conjunctures and always remaining unresolved. I seek to demonstrate that the dispute is structured by the same oscillation between mimesis and antimimesis already tracked in the work of Freud and Prince. Moreover, the issues confronted in the context of World War I were of direct relevance to the work of the contemporary French psychologist Pierre Janet, a major figure in the history of trauma and hypnosis. I show that Janet's approach to trauma has been fundamentally misunderstood by recent commentators, who have failed to recognize the significance of the fact that his cures often depended on getting the patient not to remember but to *forget* the traumatic origin.

In recent years, Sándor Ferenczi, Freud's most talented disciple, has come to be seen by psychoanalytically informed theorists of trauma as a central figure because, unlike his colleagues who followed the master by emphasizing the role of infantile libido in the etiology of the neuroses, he attempted to revive Freud's earliest ideas about sexual trauma, dissociation, and catharsis. Although Ferenczi's work earned him the enmity of Freud and the psychoanalytic movement, it is now widely acclaimed as an important anticipation of current theories about the causative role of childhood abuse in the dissociative disorders. In chapter 4 I focus on Ferenczi's *Clinical Diary*, a detailed record of the development of his theoretical ideas and therapeutic experiments written in 1932, one year before his untimely death (in part because of its revisionary content, it was only recently published). In particular, I concentrate on the conflict between the mimetic and antimimetic paradigms in his work in order to show that, in spite of his ostensible commitment to recovering the traumatic origin, according to the terms of his own theorizing the mimetic-identificatory nature of the traumatic experience was such that the origin could not be recuperated. In the course of my analysis I discuss not only Ferenczi's

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work on female patients, but also his important contributions to the study of the traumatic neuroses of World War I. I also discuss the views of Abram Kardiner, whose early efforts to theorize the war neuroses drew inspiration from Ferenczi's ideas.

In chapter 5, I focus on another aspect of Ferenczi's thought, the theme of hysterical lying, in order to address a topic of major importance in the genealogy of trauma, that of malingering or *simulation*. The problem of malingering has never been far from the problem of hysteria, especially in times of war. Freud's concept of the unconscious served to protect the female hysteric or war neurotic from the charge of simulation by positing the existence of a "psychic reality" that dissolved the traditional opposition between truth and lies. It is therefore all the more surprising that Ferenczi subscribed to a notion of lying, or simulation, in his approach to the problem of trauma. Moreover, Ferenczi's hypnotic methods could be seen—and were seen by one of his patients, the American psychoanalyst Clara Thompson—as exacerbating the problem of lying they were designed to cure by encouraging the patient to *feign* or *simulate* the traumatic scene or origin.

Thompson's objections have something in common with the recent critique of one of the most brilliant modern commentators on psychoanalysis, Mikkel Borch-Jacobsen, who, repudiating an earlier commitment to the mimetic hypothesis, has proposed that the relivings characteristic of hypnotic-cathartic methods are in principle incapable of producing evidence of the traumatic origin because they belong to the order of simulation, that is, to the order of fictive "games" carried out voluntarily between patient and hypnotist. Accordingly, I look closely at Borch-Jacobsen's arguments about simulation in the light not only of Ferenczi's suggestive-therapeutic practices but also of the post-World War II shifts in theorizing about hypnosis that inform Borch-Jacobsen's skeptical conclusions.

Some further preliminary remarks are in order about the importance I attach to Borch-Jacobsen, whose work occupies a special position in this study. From my perspective his writings fall into two phases, which is not to deny that there are points of consistency between his earlier and later views or that one might claim to discern a trajectory connecting them. In *The Freudian Subject* (first published in French in 1982) and related essays, Borch-Jacobsen conducts a close and sustained reading of a wide range of Freudian texts in the general mode of Derridean deconstruction in order to show that the mimetic paradigm serves as a key structuring principle in Freud's thought even as the latter continually and often self-

contradictorily struggled against it.¹⁸ This work by Borch-Jacobsen has been central to my approach in the present study, undergirding my claim, explicit in the previous pages, that mimesis functions as one of two fundamental and unstable poles in all major theorizations of trauma. In the second, relatively recent phase of his career, Borch-Jacobsen has emerged as one of Freud's most formidable critics, one whose skepticism about the entire psychoanalytic project, indeed about the very concept of trauma, in turn demands to be scrutinized. His new position, based on a reconceptualization of the nature of hypnosis, involves a repudiation of his previous understanding of hypnosis as an absorptive or "blind" mimesis or identification with the other (or hypnotist) in favor of an antimimetic emphasis on the autonomy of the subject. As will emerge, I regard his new position as an attempt to *resolve* the oscillation between mimesis and antimimesis that has structured the history of trauma all along, which also means that for all its sophistication it exemplifies the perhaps insoluble difficulties that have attended all attempts to effect such a resolution. In chapter 5, therefore, I pay considerable attention to the second phase of Borch-Jacobsen's work, particularly as it bears on the issue of suggestion and simulation.

During World War II, British and American physicians reintroduced a version of Freud's catharsis in the treatment of the traumatic neuroses by using barbiturates and other drugs to induce abreaction in soldiers traumatized by combat, thereby reviving the World War I debate over the nature of trauma, the cathartic-abreactive cure, and the possibilities of remembering. In chapter 6, I use the work of the British psychiatrist William Sargant as a vehicle for evaluating the vicissitudes of drug catharsis during and after the war. I focus on the tensions between the therapeutic requirement to remember the trauma, central to the insight-based approach of much cathartic or abreactive treatment during the

18. The use of the term "mimesis" to mean hypnotic identification seems to have originated in the Strasbourg circle of Borch-Jacobsen, Philippe Lacoue-Labarthe, and Jean-Luc Nancy. In *The Freudian Subject* Borch-Jacobsen employs the term "mimesis" rather than "imitation" on the grounds that mimesis as he understands it in *The Freudian Subject* does not refer to the simple imitation of a *model* or to fictive simulation, both of which presume the existence of the very spectatorial or spectating subject that is in question here (Borch-Jacobsen, "Dispute," in Leon Chertok, Mikkel Borch-Jacobsen, et al., *Hypnose en psychanalyse* [Paris, 1987], 203–6). The texts to which I refer use the terms "imitation," "suggestion," "mimicry," and "mimesis" (as in "mimetic" identification) interchangeably with regard to both mimetic and antimimetic processes, a fact I understand as expressive of the tension or oscillation between the mimetic and antimimetic tendencies at work in them.

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war, and the contrary requirement to forget or erase the past, implicit in Sargant's work. I also ask the larger question as to whether any of the methods used actually succeeded in their aim. This leads, in turn, to a brief review of the impact of preventive approaches to the management of trauma on the practice of cathartic abreaction, as well as to a discussion of the recent revival of abreaction as a means of treating dissociative disorders and PTSD.

The history of trauma itself is marked by an alternation between episodes of forgetting and remembering, as the experiences of one generation of psychiatrists have been neglected only to be revived at a later time. Just as it took World War II to "remember" the lessons of World War I, so it took the experience of Vietnam to "remember" the lessons of World War II, including the psychiatric lessons of the Holocaust. The delay in the full appreciation of literature of the Holocaust helps explain why, in a book on the genealogy of trauma, I have not devoted a chapter to the psychiatric literature on the Holocaust itself. But that omission calls for further explanation.

For all sorts of reasons the psychiatric response to the Holocaust was belated, in that it was not until some years after the war that survivors and psychiatrists alike began to be aware of the devastating long-term psychic and medical costs of the experience of the concentration camps. In fact, the notion or observation that the symptoms of stress may make their first appearance after a considerable lapse of time, even years after the traumatic event, is among the important contributions that the literature on the Holocaust survivor is now seen to have made to the definition of PTSD. Yet that same body of work on the camp survivors remained somewhat isolated from the literature on the combat neuroses, and to some extent also from the literature on civilian trauma, until it was assimilated into the post-Vietnam literature on PTSD. (Subsequently, of course, it has acquired considerable status on its own.) But the assimilation has occurred at a price: much (although not all) of the concentration camp literature, especially the American literature, is psychoanalytically inspired, which the later approach to PTSD generally is not, with the result that many of the distinctions and qualifications characteristic of earlier work on the Holocaust have been lost in the translation. At the same time, the process of viewing the literature of the Holocaust through the lens of Vietnam and PTSD has produced a simplification that works to the benefit of the former, in the sense that it can now be seen to have contributed directly to the development of current research on PTSD. For these reasons, the Holocaust now appears, retroactively so to speak, not only to have been *the* crucial trauma of the century, but also the one that

can be fully understood only in the light of our knowledge of PTSD. By the same token, the diagnosis of PTSD represents the culmination of an attempt to do justice to the earlier psychiatric literature on the Holocaust survivor by integrating it into a unified theory that applies to the victim of natural disaster, the combat victim, the Holocaust survivor, the victim of sexual abuse, and the Vietnam veteran alike. In the spirit of genealogy, therefore, I approach the literature on the Holocaust indirectly, as a contribution to the modern definition of PTSD.

In chapter 7 I examine in detail the neurobiological theories of Bessel A. van der Kolk, who has recently emerged as a leading theorist of PTSD. I have chosen to focus on his ideas because they represent an important approach to trauma in our present culture, especially in the United States, where biological paradigms are in the ascendant in psychiatry. In particular, I critically examine van der Kolk's central claim that traumatic memory involves a literal imprint of an external trauma that, lodged in the brain in a special traumatic memory system, defies all possibility of representation. Consequently, his ideas have helped solidify a powerful trend in the humanities to recognize in the experience of trauma, especially the trauma of the Holocaust, a fundamental crisis for historical representation (and at the limit, for representation as such). I argue that such a literalist view of trauma is not only theoretically incoherent but also poorly supported by the scientific evidence. I also demonstrate that although van der Kolk's work gains prestige by being associated with paradigms, technologies, and practices that conform to the dominant model of what constitutes good psychiatric science today, it offers a causal analysis of trauma as fundamentally external to the subject that is not only poorly formulated but is haunted by the same problem of mimetic suggestibility that the theory is designed to forestall.

In chapter 8, my final chapter, I undertake a detailed criticism of the work of literary theorist Cathy Caruth, whose ideas about trauma are today much in vogue in the humanities (especially in the United States). Her work epitomizes the contemporary literary-critical fascination with the allegedly unrepresentable and unspeakable nature of trauma, especially the trauma of the Holocaust, which in effect stands in for trauma generally. But what gives her work a certain distinction and seeming authority is that she combines a postmodernist literary-theoretical approach to trauma, of the kind associated with the work of the post-structuralist critic and theorist Paul de Man, with an appeal to post-Vietnam research on PTSD, making use in particular of the neurobiological claims and findings of van der Kolk and others. Her work thus

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represents a surprising, but, as I show, entirely coherent alliance of a certain version of deconstructive criticism with empirical neuroscience.

In my discussion of Caruth's book *Unclaimed Experience: Trauma, Narrative, and History* (1996), I concentrate chiefly on her interpretation of Freud, a major focus of her study. In the course of my analysis I try to show that tensions between mimesis and antimimesis silently control Caruth's commentaries. Thus Caruth posits an absolute opposition between external trauma and victim in ways that have been associated historically with the repudiation of mimesis. But by imagining that trauma stands outside representation altogether, she also embraces a version—in fact it is more like an inadvertent parody—of the mimetic theory. Indeed, I demonstrate that although Caruth does not discuss the problem of hypnosis, historically central to the genealogy of trauma, the question of mimesis surfaces in her text in her insistence on the contagious effects of trauma. That is, she links a notion of the dichotomy between the external trauma and the victim with a de Man-inspired version of the idea of the mimetic-contagious transmission of psychic suffering to others, even to later generations, with the result that trauma becomes unlocatable in any particular individual. Caruth thereby contributes to that collapse of distinctions to which I point at the outset of this introduction as a general problem in current approaches to trauma.¹⁹

My book ends with a brief conclusion, in which I summarize my findings and say one or two things about their implications for current debates over trauma.

19. During the final stages of preparing this book for publication, I became aware of an impressive practical and theoretical critique of the emphasis on Western-inspired notions of trauma and PTSD by policy makers providing relief in recent genocidal and other wars, *Rethinking the Trauma of War*, ed. Patrick J. Bracken and Celia Petty (London, 1998). My thanks to Martin Wilkinson for alerting me to this work.