TRAUMA AND HYSTERIA WITHIN FREUD AND LACAN

Paul Verhaeghe

I want to start this paper with a question: why is it proving necessary to reopen the dossier on trauma in general and Freud's vision on it in particular? An obvious answer is that today we are confronted much more with this pathology than we used to be, and not only in Belgium, for that matter. The signifier of 'posttraumatic stress disorder' is virtually everywhere. Of course, it is very difficult to prove or disprove the hypothesis that traumatic experiences are actually more frequent than they used to be. Anyhow, it is obvious that the recent hype concerning 'recovered memory therapy' has endorsed the whole question. In itself, this discussion is already a retake, albeit in a changed form, of the discussion around Masson, who in the early eighties tried to prove how wrong Freud was in matters of trauma.[1] Such hypes have even received a name on their own, it is called 'Freud bashing'. The most interesting question from a clinical point of view is why a number of people think it necessary to bash daddy Freud, or, at the other end, think it necessary to justify daddy Freud. But this would lead us into a discussion of the oedipal complex, which is not on the agenda today ...

One of the remarkable things about these discussions is their extreme character, which is such that even the 'normal' press talks about it, both at the time of Masson and today. One does not need that much clinical experience in order to acknowledge the fact that this extreme character betrays a hidden issue. From a clinical point of view, it is very important to unravel this hidden wager, in order to discuss it openly. The thing at stake is none other than an underlying value judgement which divides clinical

---

[1] J. Masson. '*The assault on truth: Freud's suppression of the seduction theory*'. London, Fontana, 1992.

practice arbitrarily into two different parts. On the one hand, we find the hysterical patients with their merely fantasmatic aetiology, that is, an imaginary, early-infantile traumatic seduction. This has to be read as follows: imaginary means, no real aetiology, hence they are not real patients either. Furthermore: they are nothing but simulators who play false with the laws of science. Historically, the starting-point of this apprehension starts with Babinsky, one of the founding fathers of neurology who trained his assistants in differential diagnostics in such a way that they would be able to sort the real patients from the fake ones, that is, the hysterical ones.[2] Indeed, the conversion symptoms of these hysterical patients did not tally with the objective laws of science, thus they had to be frauds. At the other side of the opposition, one finds at last the real patients, which means, from this point of view, those who have been subjected to real traumatic situations and whose pathology is a direct consequence of these situations. Thus, besides being a patient, they are also victims and they deserve not only our counselling, but also our sympathy and even our pity.

The most remarkable thing about this binary categorisation is that the first category tends to become smaller and smaller, whilst the second one keeps growing. Nowadays, there are almost no patients left, there are only victims who are in no way whatsoever implied in their situation. Historically speaking, this value judgement was greatly endorsed by the feminist movement. Indeed the patients or victims were almost always women, the sexual offenders were almost always men. From that time onwards, a Newspeak denomination started being widely used: one does not say 'patient', not even 'victim', the correct signifier is: 'survivor'. For example, even someone like J. Herman falls into this kind of trap, in her book on *Trauma and Recovery*. The obligation for 'political correctness' must be quite heavy. Ironically enough, in the same book she herself demonstrates the fact that the historical discussion about hysteria and trauma is actually taken up again under new signifiers, in which borderline

---

[2] P. Bercherie. '*Les fondements de la clinique*'. *Histoire et structure du savoir psychiatrique.* Paris, Seuil-Navarin, 1980.

disorders stands for hysteria and posttraumatic stress disorder for traumatic neurosis. '*L'histoire se répète*', history repeats itself, especially in matters of trauma ...

A second historical factor that enhanced the discussion further, has everything to do with a typically American situation, that is, their insurance system and their judicial system. Without going into details, we can state that in the U.S. the proof of a 'genuine', that is, a reality-based psychopathology, is necessary in order to get hold (gold!) of the insurance payment. Moreover, a certain kind of lawyer specialises in suing for malpractice, and in this case they only have to take their pick: either they sue the alleged sexual offender, or they sue the therapist...

As yet, we don't have this kind of situation in Europe. As we can keep our distance, it is easier for us to detect and formulate the essential ethical question that lies at the base of this discussion, together with its answers, which trace definite lines. The question bears on the position of the patient towards the traumatic situation. Either one considers the patient as a mere victim of an external agent, which means that he or she is entitled to help and support; or one considers the patient not solely as a victim but as someone with an impact of his or her own, even with a limited form of choice. The difference between these two answers can be understood as the difference between a master discourse and a psychoanalytic one.[3]

If this discussion takes place within a 'political' context, more often than not, the patients will be considered as victims and survivors. Within a clinical context, on the contrary, clinicians tend to choose the second approach. For example, both Judith Herman and James Chu stress the necessity for emotional distance, that is, for taking your distance from the all too supporting role. Herman considers the taking away of responsibility from the patient, as one of the major therapeutical mistakes.[4] Chu tunes in when he states that it remains the patient's responsibility to understand what and how things have happened to him or her, and he also stresses the

---

[3] P. Verhaeghe. '*Klinische psychodiagnostiek vanuit Lacans discourstheorie*'. Gent, Idesça, 1994.
[4] J.L. Herman. '*Trauma and recovery*'. Glasgow, Harper and Collins, 1992.

element of choice.[5] These ideas echo the original Freudian ideas on the so-called '*Neurosenwahl*', the choice of neurosis. This is no coincidence, because it is precisely this factor that makes psychotherapy possible. If one sticks to the first answer, then one ends with a complete determinism and thus with therapeutic pessimism, even fatalism: the patient has become what he had to become, due to his or her traumatic experiences. If one chooses the second answer, then there is a minimal element of choice and implication of the subject, which is precisely the minimal condition for change. Hence the fact that Lacan stresses the 'future anterior' in contrast to the 'past tense': 'I will be what I am now through my choice', instead of: 'I am what I already was'. Choices made now will determine the future of the subject.

So far for my introduction, as an attempt to bring into the open the underlying ethical wager in the recent trauma debate. Freud's theory is in this respect both more subtle and clinical than appears from this recent hype. In the rest of this paper, I want to elaborate this theory from a Lacanian point of view.

First of all, it is important to note that it is impossible to study Freud's theory on trauma in an isolated way. One has to take at least three different subjects into account. The first one concerns indeed the discussion on trauma versus fantasy, but this has to be linked to Freud's theory on aetiology. The second subject relates to psychological functioning in general and the memory function in particular, which leads us into the heart of Freudian metapsychology. The third subject implies the goal of all this, that is, the question of the treatment and its aims.

If one studies the Freudian theory on trauma from this threefold point of view - aetiology, metapsychology and aim of the treatment - then it soon becomes obvious that Freud's theory evolved almost constantly. There are only three ideas that remain unchanged. First of all, the most obvious clinical characteristic of a trauma resides with the fact that it cannot be put into words, the patient doesn't succeed in verbalising it. Secondly, the

---

[5] H. Snijders. '*James Chu's visie op dissociatieve stoornissen*' in *Tijdschrift voor Psychotherapie.* 22(4), p. 282-286, 1996.

trauma is always of a sexual nature, although the signifier 'sexual' has to be understood as 'related to the drive', 'pulsional', based on the Freudian idea of '*Trieb*', drive. Thirdly, from a Freudian point of view, a trauma has always to do with a conflict, and thus with a defence, more particularly, an inner defence within the subject.

As I have already said, Freudian theory is a lot more complicated than is usually thought. If one sticks to one isolated sentence from a letter to Fliess, dating from September 1897, then one could assume that Freud stopped believing altogether in the traumatic aetiology. The sentence runs as follows: '*Ich glaube an meine Neurotica nicht mehr*', I no longer believe in my neurotica. If one takes the larger theory into account, then things become more complicated. I will demonstrate that Freud will surpass the initial question of whether the traumatic event did really happen or not; he will elaborate a theory in which the very idea of trauma receives a structural position in the coming-into-being of every human being. It is obvious that the meaning of trauma has changed in this new theory. This will become all the more clear, if we study it from a Lacanian point of view, with the category of the Real.

Let us retrace Freud's steps. Before 1900, the question of whether a traumatic event really happened or not does not bother Freud. His main focus is directed to the different ways in which the psychical apparatus treats this trauma. His first theory is based on the academic psychology of his time with Herbart and Wundt as the main characters. Based on their theories, he will define the traumatic factor as an *Erregungszuwachs*, an increase in excitation which cannot be adequately discharged by the neuronal system. The fact that it cannot be discharged is caused by the typical way in which the trauma is psychologically represented, that is: by a so-called 'anti-thetical representation', which is a representation that the patient tries to keep out of his or her consciousness; if the patient succeeds in doing so, then the representation cannot be verbalised nor discharged and becomes pathogenic.[6] In his *Studies on Hysteria*, Freud will conclude

---

[6] S. Freud. '*A case of successful treatment by hypnotism with some remarks on the origin of*

that these *bewustseinsunfähige Vorstellungen,* these representations which are incapable of becoming conscious, they form the nucleus of the pathological complex.[7]

The important point in this line of thought is the idea of conflict: a trauma installs a conflictual division within the psyche; it is this idea of division or dissociation that leads Freud to the idea of a division between a Conscious and an Unconscious system. The therapeutic goal at that time is, for both Freud and Breuer, so-called catharsis. By making use of the hypno-cathartic method, the patient is induced to reproduce the antithetic unconscious representational complex. If this succeeds, then the assumption is that the accompanying affect will be liberated and discharged, the effect of which is that unconscious representations will be integrated into normal conscious associations. These unconscious representations reveal themselves most of the time as having a visual character, which brings Freud to the idea that the treatment amounts to the verbalisation of something that is obviously not verbal. Hence his frequent use, during the case studies of that time, of expressions such as *Absprechen, Aussprechen,* literally, 'to speak out'.

As said before, at that time, Freud does not have any doubts about the genuineness of the trauma. His main preoccupation concerns the fact that the memory traces of the trauma cannot be verbalised. He doesn't doubt the possibility of this verbalisation as such; indeed, the experiments with hypnosis convince him of the fact that both a complete remembering and verbalisation must be possible. However, in his clinical practice he just can't get hold of the last words; instead of producing the ultimate verbalisation, his patients keep producing new associative chains, leading to ever earlier traumata. Moreover, these trauma's are of a sexual nature, which was rather shocking at the end of the previous century.

---

hysterical symptoms through counterwill'. S.E., I, pp. 122-123.
S. Freud. '*Preface and footnotes to the translation of Charcot's Leçons du mardi de la Salpêtrière*'. S.E., I, p. 137.
[7] S.Freud. *Studies on Hysteria* (1895d). S.E., II, pp. 286-87 and p.289.

In 1895, Freud states that every hysteria is based on a sexual seduction at the time of early childhood, to which the child reacted with what he denominates as a 'pre-sexual sexual fright'. Freud does not stick to moral indignation, but tries to understand how the psyche reacts to this situation. He assumes that the seduced child does not understand what happens at the time of the scene itself, because it does not dispose of the correct words for it. Hence his strange formulation: a pre-sexual sexual fright. The fact that the words were lacking at the time of the trauma explains the difficulties in the process of remembering and the ensuing impossibility of discharge.[8]

Moreover, during his clinical practice, Freud meets with an unexpected element which opens a totally new dimension, that is, the fantasies of his patients. Initially, he considers these fantasies as a hindrance, something that stands in the way, because he wants to uncover the real memories of the real thing. Soon enough, he discovers their defensive function: fantasies are attempts of the child to understand what it could not grasp, they are defensive coping constructions. To quote Freud: 'Such fantasies regularly, as it seems to me, go back to things heard by children at an early age and only understood later'. This quote comes from a letter to Fliess, dated April 6, 1897. On the second of May, he writes: 'The fantasies are derived from things that have been heard but understood subsequently and all their material is, of course, genuine. They are protective structures (...)'.

From these quotes, it becomes clear that at the time, Freud does not think in terms of 'either-or', either real or just imaginary. Even more so: the two of them, the real and the imaginary, stand in a very peculiar relationship. It is the discovery of this relationship that will get lost in the later, rather naive discussion in terms of 'either-or': the fantasy is an attempt to give meaning to a part of the Real that resists to the Symbolic. At that time, that part of the Real is understood by Freud as a seduction scene, and

---

[8] S. Freud. '*Heredity and the aetiology of the neuroses*'. S.E., III, p. 152. See also his letters to Fliess, dating from 15.10.95 and 16.10.95.

it is precisely this interpretation he will doubt later on. Nevertheless, he will never be in doubt about the said relationship. The only thing he will change his opinion about is the way in which he understands the original scene.

In other words, if one argues that Freud has abandoned his theory on trauma, this is not only wrong, it is also a forgery of the history, which gave the discussion in these matters a completely different direction. Indeed, this false interpretation obliterated Freud's interest in the relationship between fantasy on the one hand and a certain reality on the other. It is much more interesting to ask oneself the question why Freud, at a given moment, starts to have doubts about the content of this reality. I use the word 'doubt' explicitly, because he will never abandon the trauma theory as such. On the contrary, his struggle with it will continue through his whole work; at the end and as a result of this struggle, he will reformulate the problem on another level. One of the reasons why he stays in doubt, has to do with his changed views on the functioning of the psyche and the associations produced by the patient. To be more specific: he discovers the fact that it is impossible to make a differentiation between reality and fantasy in the story of the patient. This discovery will have its effects on his theory on memory. For example, as early as 1899, he questions the idea of whether we are ever able to really remember something, because, he says, memories of childhood are always constructed at a later date, when other things have become more important in comparison to the things important at that early age.[9] A second reason for his doubts has to do with his discovery of the infantile sexuality and the possibility of sexual pleasure for the child itself. There must be some link with the trauma and or the fantasy, but for the time being, he can't grasp it. He returns to this question in his *Three Essays on the Theory of Sexuality*. When he elaborates the way in which the drive operates in children, he produces a very interesting definition of the drive: 'a drive is to be regarded as a measure of the demand made upon the mind to work'.[10] Freud interprets the effect of the drive as a rise in excitation and

---

[9] S. Freud. '*Screen memories*'. S.E., III, p. 303.

[10] S. Freud. '*Three Essays on the Theory of Sexuality*'. S.E., VII, p.168.

pressure which threatens to overwhelm the ego if this psychological elaboration does not take place. Now, this description is not new and tallies perfectly with another description, namely the one Freud formulated in 1916 on the very idea of trauma. I quote:

> We apply the term 'traumatic' 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 must result in permanent disturbances of the manner in which the energy operates.[11]

If we compare these two definitions, we find a remarkable analogy between the drive and the Freudian concept of trauma. That is, between the effects on the psyche of an internal agency, the trauma, and a supposedly external one, the trauma. Moreover, in his correspondence with Flies, more particularly in *Draft K*, Freud had already described the onset of hysteria in terms of overwhelment, albeit that in that case, the source of overwhelment was considered to be only external, that is, again the trauma. In both cases, trauma and drive, there is a so-called *Erregungszuwachs*, an increase in energetical tension, which has to be discharged. The therapeutical manner of discharge is the verbalisation, being the most apt psychological way of discharge. The lack of such a verbalisation gives rise to anxiety in particular and psychopathology in general. In both cases, one finds a situation of conflict.

It is within this conflict that one can discern two different kinds, with a possible interaction afterwards. The first one is general and thus structural, the second one is particular and thus accidental. The accidental concerns the trauma in the normal sense of the word, by which the subject comes into conflict with something or rather, someone, from the external world. This trauma and the ensuing conflict is accidental, because it did not

---

[11] S. Freud. '*General Theory of the Neuroses - Fixation to Traumas - the Unconscious*'. S.E., XVI, p. 275.

have to happen. The general one concerns the drive, by which an internal conflict takes place, which is in itself inescapable, because it has everything to do with the essence of human nature and culture. This brings us to a very important idea, namely the idea that human sexuality contains potentially the same effect for the subject as an external trauma, and this even in the absence of any external element whatsoever. It is this that Freud formulates in one of his drafts addressed to Fliess, where he states that, I quote 'In my opinion there must be an independent source for the release of unpleasure in sexual life: once that source is present, it can activate sensations of disgust, lend force to morality, and so on'.[12] Later on, he will return to this idea in his essay on *Civilisation and its Discontents.*

Even today, this is a rather surprising statement which has never been understood by the advocates of total sexual freedom. Freud himself also struggles with this idea, and it will take him some twenty years before he will be able to study this independent source of unpleasure. And it is no coincidence that this study leads him back to the very idea of trauma and traumatic neurosis. The title of the ensuing paper speaks for itself: *Beyond the Pleasure Principle.*

The effect of this study is that the trauma-fantasy controversy will be reconsidered on a different level. I'd like to summarise it as follows. Drive in itself, independent of any externally determined trauma, has a potentially traumatising effect, to which the psyche has to come up with an answer, that is, with a psychological elaboration. This elaboration takes place in and through the fantasy, which receives in this way a very important function. In this sense, there exists a perfect analogy between the night dream and the day dream, not so much because both of them contain a wish-fulfilment, but because both of them try to provide a representational elaboration of something that is very difficult to represent. In *The Interpretation of Dreams,* Freud had already concluded that the nucleus of the dream contains something that can never be adequately represented, and he considers this

---

[12] S. Freud. '*Extracts from the Fliess Papers - The Neuroses of Defence - Draft K*'., S.E., I, p. 222.

nucleus as the very core of our being. This is the explanation of the hysterical neurosis.

Besides this structurally determined trauma, which goes for every human being, there is the accidental real trauma, caused by an external agency. This trauma will inevitably come into interaction with the structural trauma caused by the subject's own drive. Here, hysteria turns into traumatic neurosis, but the function of the fantasy remains the same, namely elaborating in the Imaginary what could not find an adequate answer in the Symbolic. In case of the accidental trauma, this elaboration is not enough, the real aetiology of the traumatic neurosis also causes symptoms in the real, psychosomatic phenomena and automutilation being the two most well-known.

The intervention of a real trauma on top of the structural trauma caused by the subject's own drive, opens the possibility of a particular line of defence, namely: that the originally internal conflict is at least partly exteriorised, projected. This can be generalised: every subject will try to project this internal conflict, even where there is no external trauma. Indeed, one cannot flee from an internal conflict situation, and that is the reason for its projection. This is the mechanism that lies at the base of a phobia for example. This explains our initial ideas about the underlying value judgement and the difficulties of recognising one's own implication in matters of psychopathology. Guilt and anxiety have to be avoided.[13]

Anyhow, from here onwards, we are confronted with a double question. First of all, how does this defensive function of the fantasy operate? Secondly, how is it that the drive, which has everything to do with pleasure and satisfaction, implies an intrinsic traumatic factor? In his elaboration of these two questions, Freud's attention to the externally determined trauma will become smaller and smaller, and, inversely, his focus on the internal conflict will become more and more important.

The way in which he develops this theory, will imply a new conception of the end and goal of the treatment. In the previous period, the

---

[13] S. Freud. '*Studies on Hysteria - The Psychotherapy of Hysteria*', S.E., II, p. 290.

goal was relatively simple: the patient had to put his traumatic history into words, especially those parts that were forgotten, that is, repressed due to the operation of defensive mechanisms. This process of remembering had to be as complete as possible, the last word being the final goal. Nevertheless, after Freud's discovery of infantile sexuality and the accompanying fantasies, this conception is no longer tenable. The change in relation to the goal of the treatment becomes obvious in a famous paper of 1914, entitled: *Remembering, Repeating and Working-through.*

This paper undermines the psychoanalytic importance of the process of forgetting almost completely, with the result that the idea of remembering as an important therapeutic goal, disappears at the same time. Instead of that, the analytic cure aims at the consciousness-raising of matters which have always been unconscious, and thus which could never have been forgotten in the first place. In this paper, Freud denominates this factor as the unconscious fantasies which determine obviously the kernel of someone's neurosis. Moreover, he adds that this consciousness-raising is not enough as a therapeutic goal, it has to be followed by a process of so-called *Durcharbeiten*, working-through, which provides the treatment with a completely different goal. Half a century later, Lacan will reformulate the same ideas with his 'traversing of the fantasy', as the basic goal of the analytic treatment. It is no coincidence that Freud discovers in the very same paper the idea of the compulsion to repeat, the *Wiederholungszwang*, which differs from 'normal' repetition. The elaboration will follow some six years later.

From this point onwards, fantasy becomes the core of the treatment. The initial question - whether the aetiology was real or not - has disappeared, and instead of that, the idea of fantasy has to be understood as the most characteristic feature of the subject. Indeed, it determines the way in which the subject models, represents and thus copes with the drive. In the meantime, fantasy has become a concept, denoting a typical complex of representational constructs that determine the psychological reality of the subject. From a Lacanian point of view, the fantasy is not so much the counterpart of reality, on the contrary, it is precisely what models the Real.

This theory can already be read in Freud, although it is only with Lacan that it finds its final form. Summarised, this Lacanian theory runs as follows: the drive is traumatic-Real at those points where the subject does not dispose of the adequate signifiers to treat the impulses. From a structural point of view, this is the case for every subject, because the Symbolic Order, being a system based on the phallic signifier, lacks the signifiers for three aspects of the Real. These three aspects concern femininity, fatherhood, and the sexual rapport. Traditionally, these are expressed by a number of winged words, for example, *Das ewig Weibliche*, the eternal feminine; *Pater semper incertuus est*, fatherhood is never certain, and *Post coïtum omne animal tristum est*, after mating every animal is depressed. In these matters, the symbolic order does not provide us with adequate answers, which means that every subject has to tinker with them in the Imaginary Order. These imaginary answers will determine the way in which the subject copes with the ever problematic questions concerning sexual identity and the sexual rapport.

To put it differently: the fantasies of the subject, being those imaginary answers - will determine the way in which someone enters, even constructs his intersubjective world.

This structural Lacanian theory has conquered the analytic world with a number of slogans. The three aspects of the Real to which the Symbolic Order does not provide an adequate answer, were promoted by catchwords or catchphrases, like: *La Femme n'existe pas*, The woman does not exist, *L'Autre de l'Autre n'existe pas*, The Other of the Other does not exist, *Il n'y a pas de rapport sexuel*, The sexual rapport does not exist. The ensuing hype or hysteria - there was, for example, an Italian newspaper announcing that women did not exist for Lacan - obliterated both the structural context and the fact that the same reasoning can be studied in Freud's theory. For example, Freud writes that every child, driven by its own sexual development, becomes confronted with three inescapable questions: the gender of its mother and thus of women in general, the role of the father and the sexual rapport between his parents. Every child will construct answers of his own, which give rise to very particular

constructions, the so-called infantile sexual theories, in which time and again imaginary, pre-genital contents are produced, focusing on the phallic or the castrated mother, the primal father and the primal scene. These so-called 'theories' are considered by Freud as the fore-runners of something else, something that comes more and more into Freud's focus, both from a conceptual and a therapeutic point of view. These are the primal fantasies, being necessary constructions for every subject as an answer to those three mysterious aspects of the real. For Freud, these constructions determine the particular form of someone's neurosis.

Until this moment, I have stressed the resemblances between Freudian and Lacanian theory in these matters, the Lacanian roots in Freudian theory. The major difference lies in the fact that, as long as one sticks to Freud, one can have the idea, the illusion rather, that there exists one correct answer, one correct construction. The therapeutic goal then is to analyse the wrong answer and replace it by the correct ones. With Lacan, there is no such answer, the confrontation with gender, drive and sexuality is considered by him as *une rencontre toujours manquée*, an always missed encounter. This has everything to do with the very difficult question of the drive and the experience of satisfaction, and it is to these subjects that we turn our attention now.

Roughly speaking, until 1915 Freud conceives a pleasure principle which is very one-dimensional. Pleasure and satisfaction which can be obtained from a drive, are caused by a process of discharge. In order to make this possible, there is a typical condition: the sexual energy has to be linked to representational complexes, that is, to signifiers. This connection to words is very important for Freud, because it provides the pathway along which psychological elaboration becomes possible. In the case where this connection is lacking and the psychological elaboration fails, the patient develops a so-called 'actual neurosis', with anxiety as the central symptom. Psychopathology in general and hysteria in particular have to do with a wrong connection, what Freud denominates as a *falsche Verknüpfung* - just think of a phobia - caused by the conflict between desire and prohibition. Due to this false connection, both the discharge and the experience of

satisfaction become impossible, and the patient develops a psychoneurosis, following the initial actual neurosis. Treatment has to repair the right connection, by making use of the free association and the process of interpretation, through which verbalisation and discharge become possible again.

This theory and the ensuing treatment are quite coherent; there is only one flaw to it: it doesn't work. The final verbalisation, the last word remains lacking with his hysterical patients, as if they have to go on producing signifiers circling around a nucleus that can never be fully expressed in words. Hence, the pleasure principle always fails in the end. Moreover, in his clinical practice, Freud has to acknowledge the fact that a number of patients tend to repeat things which provide them with a lot of displeasure. After twenty years, he is again confronted with the traumatic neurosis, and then especially, with war neuroses.

The main question, in the light of the pleasure principle, runs as follows: why is it that victims of traumatic neurosis have to repeat time and again their original trauma, albeit always in a fragmentary way? In *Beyond the Pleasure Principle*, Freud comes up with an explanation by making use of an older idea, the *Wiederholungszwang*, the compulsion to repeat. This compulsion has to be understood as a persistent attempt by the psychological apparatus to bind the traumata to signifiers. This process of binding is necessary for the discharge and the ensuing catharsis. The particular feature of a trauma resides precisely in the absence of this connection to signifiers, which implies at the same time that its psychological elaboration remains impossible.

At this point, we regain our operational definition of trauma from a Freudian point of view. A trauma is an element of the Real that cannot be put into words, thus causing the impossibility of a normal discharge. During his study of war neuroses, Freud adds another peculiarity: a trauma has less impact on someone who gets physically injured as well. It seems as though the injury functions as a physical analogy to the verbal discharge. The same mechanism can be found in a tragic way with patients who have a

traumatic history. Indeed, a number of them injure themselves, and their automutilation can be considered as an attempt at discharge of tension.

If we accept this definition of trauma, we are confronted with the question where this impossibility of verbalisation comes from. From a therapeutical point of view, this is probably the most important question, because the answers to this question determine the way in which the treatment has to be conducted. There are several hypotheses possible, for example, the stimulus intensity of the trauma, its unexpected character that took the patient by surprise and thus unprepared. Or, in the case of children, the fact that the psychological apparatus is as yet underdeveloped, etc ... As I have already pointed out, Lacan will explain this from a structural point of view: something stays beyond the symbolic order, beyond the pleasure principle, because it is different, even alien. One of its most bizarre characteristics, besides its impossible verbalisation, resides in the fact that it produces a strange form of pleasure, strange because it differs from the phallic pleasure provided by the pleasure principle and the symbolic Order.

At this point, Freud is obliged to rethink his one-dimensional pleasure principle and the accompanying theory on the drive.[14] An intuitive flash from twenty-five years ago pops up again: there is a source of unpleasure within sexuality itself, there is an internal antinomy at work. It is here that we find Freud's difficult and never fully accepted theory on the death-drive, *Thanatos*, in opposition to *Eros*, the life drive. One drive follows the pleasure-principle, is connected to signifiers which means that it can be discharged; the other is situated in a non-verbal beyond, non-phallic, not dischargeable, literally operating in silence. It contains another form of pleasure - 'pleasure' is probably not the correct word - belonging to the order of the Real. In Freud's opinion, normally both drives operate together in what he calls the *Triebmischung*, the fusion of the drives. He considers

---

[14] S. Freud. '*Beyond the Pleasure Principle*'. S.E., XVIII, p.7.

this double drive to be an ontological fact which cannot be explained in itself, but which can be used as an explanatory axiom for clinical data.[15]

This theory will be taken up by Lacan in his seminar on *Encore*, in which he elaborates the contradiction between the phallic-symbolic pleasure principle and the accompanying pleasure on the one hand versus the non-phallic, other *jouissance* that lies beyond the scope of the signifier on the other hand.[16] Just like Freud, he will situate the first one on the masculine side. Indeed, for Freud, there is only masculine libido. The other, more mysterious one, is situated on the feminine side. In the meantime, masculinity and femininity can no longer be reduced to their biological interpretation. They must be understood as a position chosen by the subject towards the structurally determined lack.

Needless to say this is a highly abstract theory. Nevertheless, there are some very important clinical repercussions, which I would like to end with. Both hysteria and traumatic neurosis are caused by a sudden, non-dischargeable accumulation of tension. In hysteria, this accumulation comes from within, and is caused by the subject's own drive. In traumatic neurosis, the source is an external one, added to the previous, internal one. This implies that hysteria and traumatic neurosis stand in a certain relationship towards each other. Hysteria starts at a structurally determined lack of the psychological apparatus, because a certain *jouissance* (Lacan) coming from a certain drive (Freud) cannot be linked to signifiers and remains outside the symbolic, phallic order. Traumatic neurosis comes on top of that, and entails a strange interaction with the internal conflict; just think of phenomena like automutilation and repetition compulsion. This strangeness has everything to do with the fact that something within the patient enjoys it, and this against the conscious desire of the patient. This

---

[15] I think that this theory on Eros and Thanatos is very important, especially within the actual gender discussion. I have elaborated this in the third essay of a forthcoming book: Paul Verhaeghe. *Love in Times of Solitude, Three Essays on Drive and Desire*. London, Rebuss press, spring 1999.

[16] J. Lacan. *Encore*. Le Séminaire, Livre XX, 1972-73, texte établi par J.A.Miller. Paris, Seuil, 1973.

enjoyment is situated beyond the pleasure principle and thus literally incomprehensible. The naive benevolent counsellor who wants to liberate his 'survivors' from their trauma, will meet this factor soon enough, and he will not know what to do with it. Generally speaking, nobody knows what to do with it, because even today, most theories are based on the pleasure principle, that is, on the idea that every human being functions in that way. Trauma demonstrates in a painful way that this is not the case, that there is a beyond.

This is indeed the most uncanny thing about trauma, and probably also the most traumatising aspect of a trauma, namely the experience that something in the body enjoys the situation, a kind of enjoyment from which the subject shrinks back in horror. Moreover, by way of a mirroring effect, this enjoyment has some strange effects on the therapist also; just think of the relationship in Coppola's *Apocalypse now* (or Conrad's *The Heart of Darkness*, if you prefer reading) between Kurt and his 'liberator'.

The treatment, every treatment has the same aim as the repetition compulsion, and that is: to get hold of this inexpressible experience by putting words to it. There is one big difference with the repetition compulsion: during the treatment, this process of symbolisation takes place within the transference relationship. It is precisely this aspect that will decide the therapeutic effects.

At the end of the day, we have to admit that we meet here with something which we do not understand. Instead of producing answers too fast - *Gardez-vous de comprendre*, beware of understanding -, I think it is much more interesting to formulate a number of questions.

How is the fact that a discharge of tension through speaking and a discharge through an injury, result more or less in the same effect, to be understood? Clinical practice with war neuroses shows us that the injured soldier is less apt to develop a traumatic neurosis than his non-injured colleague. Clinical practice with post-traumatic stress disorders demonstrates that patients make use of this discharge method, by automutilating. Moreover, in both cases, the injury has to be a bleeding one, pain in itself is not enough.

How is the remarkable effect of scansion, which can be found in a number of self-protective reactions in patients, for example, the typical rocking, the rhythmical movements, to be understood? The combination between these physical phenomena and the symbolic order, which is essentially a rhythmic, scanned order, can be found in a very remarkable fact. I mean the RAP-movement, whose roots go back to the black veterans of the Vietnam war, who elaborated their traumatic experiences in group sessions. It was this elaboration that gave rise to the birth of RAP, which comes down, for me, to a very special attempt at regulating *jouissance*; very special precisely because of the combination between the physical rhythm and the Symbolic order as such.

How is the efficiency of groups in the treatment of traumatic neuroses, especially the efficiency of self-aid groups to be understood? Is this merely an effect of mutual recognition, or does it go further than that? Could it be that a group is needed in order to develop a symbolisation, because every language symbolisation needs the convention of a group?

These questions are far more interesting than the naive discussion on trauma and fantasy of my introduction ...

Address for correspondence:

University of Ghent
Vakgroep voor psychoanalyse
H.Dunantlaan 2
B9000 Ghent
Belgium