

## FREUD'S OTHER LEGACY

Elizabeth Rottenberg

What do we hear when we hear the name “Freud”? What do we associate with this venerable name? It just so happens that I have conducted this little experiment with my undergraduate students at DePaul University. In fact, every time I teach a “Topics in Psychoanalysis” class, I ask my students this question. Although most undergraduates have never read a word of Freud, their *associations* to the name “Freud” are remarkable not only for their abundance and diversity but also for their historical-mindedness, which is quite astonishing given their usual fuzziness about history. Thus, in ten minutes the blackboard will be filled with words like: “dream interpretation,” “sexuality” (one time I even got “polymorphously perverse sexuality”), “libido,” “hysteria,” the “unconscious,” the “id,” the “ego,” the “superego” ... but also “cocaine addiction.” In the years immediately following the release of David Cronenberg’s film “A Dangerous Method” and Mark St. Germain’s “Freud’s Last Session,” the words “sado-masochism,” “oral pleasure,” and “jaw cancer” also appeared on the board.

If I begin with an account of this little experiment, it is not only to regale you with my students’ amusing associations. It is also to mark some glaring omissions, namely those features of Freud’s legacy that have been left out of this associative network and that therefore remain to be thought. Indeed, the Freud I will explore in this article is not the Freud of these more familiar associations but another Freud, a Freud associated not with sexuality and wish fulfillment, but with trauma and the peculiar temporality of *Nachträglichkeit* (often translated as “deferred action,” “belatedness,” “afterwardsness,” or *après coup* in French). One might say, of course, as some do say and will continue to say until their dying day, that even when Freud speaks of trauma really what he is speaking of is sexuality; that what Freud calls the “death drive” is in fact nothing but a reiteration of the destructive and self-destructive aspects of sexuality; that the “death drive” is simply the death drive *of* sexuality (a “sexual *death* drive” as opposed to a “sexual *life* drive”).<sup>1</sup>

I would like to inflect the Freudian heritage *otherwise* here and to say—not exactly the opposite (not, that is, that sexuality is trauma or an allegory of trauma)—but rather that sexuality was from the start a privileged place from which to talk about trauma. “The sexual element,” says Freud in *Studies on Hysteria*, is “more liable than

## FREUD'S OTHER LEGACY

---

any other to provide occasion for traumas.”<sup>2</sup> And this language of vulnerability, a vulnerability to trauma, persists: “sexuality remains the weak spot [*der schwache Punkt*]” in the “process of human cultural development” (*Three Essays on the Theory of Sexuality*, SE 7: 149). One might argue therefore, shifting the emphasis from sexuality to trauma, that for 27 years, from the “Preliminary Communication” to *Beyond the Pleasure Principle*, from 1893 to 1920, this “weak spot”—sexuality—served as a kind of *necessary detour* for thinking about trauma. It was necessary for the *Interpretation of Dreams* to establish a theory of dreams as wish fulfillment so Freud could be “astonished” by the dreams occurring in traumatic neuroses. It was necessary for psychoanalytic theory to be founded on repression, unconsciousness, and symbolization so trauma could be recognized as constituting a rupture in the symbolic system. But just as there can be no Freudian legacy of trauma without the legacy of sexuality, no rupture of the symbolic system without the symbolic system, so too there can be no truly *Freudian* heritage, I would argue, without the legacy of trauma, traumatic temporality, and, as I will propose at the very end of this essay, the strange and counter-intuitive notion of an *accidental structure*.

In what follows, I will focus on two moments in Freud’s discussion of trauma: his early emphasis on the traumatic factor in hysteria in *Studies on Hysteria* and other contemporaneous texts; and his notoriously controversial speculation on the death drive in *Beyond the Pleasure Principle*, a text that is written in the wake of World War I and that opens with Freud’s astonishment before the phenomenon of repetition compulsion (or what today we would call PTSD): flashbacks, traumatic dreams, and the constant reliving of battlefield events by shell-shocked soldiers. If I have chosen to privilege these two moments it is because Freud’s discussion of trauma in these texts is magnetized by questions whose particular, theoretical (but also clinical) legacy still requires clarification:

- (1) *The question of spatial unlocatability*: Does the trauma come from the inside or the outside?
- (2) *The question of temporal unlocatability*: What does it mean for an event to be missed?
- (3) *The structural question*: Are we all traumatizable? And if the answer is no, as I think Freud thinks it is, must we not rethink the question of structure through the accident: can a structure (that which makes possible a trauma) simply be an accident?

### I. THE QUESTION OF SPATIAL UNLOCATABILITY<sup>3</sup>

In the “Preliminary Communication,” first published by Freud and Breuer in a Berlin periodical in 1893 and then republished as the introduction to *Studies on Hysteria* in 1895, one finds the famous line: “*Hysterics suffer mainly from reminiscences*” (SE 2: 7). What “reminiscences” are in the context of hysteria and how they lead to functional alterations in human health is the subject of investigation not only in *Studies on Hysteria* but also in many of Freud’s lectures and writings at that time (“On the Psychological Mechanism of Hysterical Phenomena: A Lecture” [1893], “The Neuro-Psychoses of Defense” [1894], “Heredity and the Aetiology of the Neuroses” [1896], “The Aetiology of Hysteria” [1896]). Reminiscences, which translates the German word “*Reminiszenzen*,” comes from the Latin verb *reminiscor*: *to recall to mind, to recollect, to remember*. Hysterics suffer from their memories. But the choice of the word “reminiscences,” as opposed to the more colloquial “memories” or “recollections” (*Erinnerungen*), already tells us that what is at issue in hysteria is a special sort of memory.

As Freud and Breuer explain, two features distinguish “reminiscences” from normal memories. In the first place, reminiscences are memories that hysterical patients cannot remember. This is why the “Preliminary Communication” begins, in its opening paragraph, not with memory but with Freud and Breuer’s observation of their patients’ inability to remember:

In the great majority of cases it is not possible to establish the point of origin by a simple interrogation of the patient ... This is in part because what is in question is often some experience that the patient dislikes discussing; but principally because he is genuinely unable to recollect it and often has no suspicion of the causal connection between the precipitating event and the pathological phenomenon. (SE 2: 3)

Freud and Breuer's patients' *inability* to remember—their inability both to recollect the point of origin of their illness and to establish a causal link between precipitating factors and pathological symptoms—is their illness. In this way, hysterical memories are unremembered in the usual sense.

On the other hand, however, and this is where the irony of unremembered memories leads to paradox: hysterical memories cannot be forgotten. What is so surprising about memories that have become the causative agents of hysterical phenomena is their astonishing clarity and their remarkable sensory force: “one of our patients reproduced ... with *hallucinatory vividness* everything that had excited her on the same day the previous year.” And another patient “re-lived with *hallucinatory clarity* all the events ... which she had passed through ten years earlier and which she had for the most part forgotten till the moment at which [they] re-emerged” (SE 2: 9). Memories from long ago remain “astonishingly intact” and act “with all the affective strength of new experiences” (SE 2: 9-10).

Just as traumatic dreams disrupt the theory of dreams as wish fulfillment in *Beyond the Pleasure Principle*, so too hysterical reminiscences disrupt a theory of normal memory. Hysterical memories persist with such freshness and affective strength because they occupy an exceptional position with regard to the normal wearing-away of memories. Hysterical memories have not been disposed of by “abreaction” or by associative thought-activity (the way normal memories have) and have therefore become pathological. Without even going into Freud and Breuer's theory of repression, strangulated affect, and split-off psychological groups, one thing is clear: what causes hysterics to suffer is a memory, a singularly paradoxical kind of memory: an unremembered and unforgettable memory.<sup>4</sup>

In other words, what causes hysterics to suffer is *a memory* and not an event or an experience: “Hysterics suffer mainly from *reminiscences*.” Indeed, we might be inclined to read this language of “reminiscence” as an adumbration of things to come (e.g., the abandonment of the seduction theory), as a *de-emphasis* of accidental events in favor of internal or fantasied reality. And yet, I would contend, the language of “reminiscence” is what will allow Freud and Breuer not only to provide a new mechanism for hysterical phenomena but also to break with a medical tradition that regards hysteria as a “hereditary nervous taint” (SE 3: 144), a sign of “mental degeneracy” (SE 3: 146), an internal or “innate weakness” (SE 3: 46). I would suggest, that is, that the language of “reminiscence” is fundamentally a rethinking of the structure of trauma, of the causal relation between external and internal events.

And more specifically it is a critique of the etiology put forward by Freud's teacher, Jean-Martin Charcot, according to which the accident, the extrinsic and contingent event, is nothing but a trigger or “agent provocateur” in the determination of a hysteria:

Charcot put forward a simple formula for [the etiology of hysteria]: heredity was to be regarded as the sole cause [“the sole true and indispensable cause of neurotic affections” {SE 3: 143}]. Accordingly, hysteria was a form of degeneracy ... All other etiological factors played the part of incidental causes, of ‘*agents provocateurs*.’ (“Charcot” [1893], SE 3: 23)

As you know, in the view of the influential school of Charcot heredity alone deserves to be recognized as the true cause of hysteria, while all other noxae of the most various nature and intensity only play the part of incidental causes, of ‘*agents provocateurs*.’ (“The Aetiology of Hysteria” [1896], SE 3: 191)

[T]he attention of physicians has remained dazzled [éblouie] by the grandiose prospect of the etiological precondition of heredity. (“Heredity and the Aetiology of the Neuroses” [1896], SE 3: 146)

In spite of his great admiration for Charcot (and Freud did, of course, name his eldest son after Charcot), Freud's criticism here is clear. By so greatly overestimating heredity in the determination of a hysteria, Charcot

## FREUD'S OTHER LEGACY

---

left no room for acquired disorders—disorders whose mechanism was *psychical* and not *hereditary* (cf. SE 3: 23), *acquired* and not *dispositional* (cf. SE 2: 12).

Freud will assert that “heredity could have done nothing” (SE 3: 145) had it not been for accidental factors. To speak of a “disposition” or “proclivity” to acquire hysteria is thus only to speak *ex post facto*: “previously there was no evidence of [the] existence [of this proclivity]” (SE 2: 122).<sup>5</sup> Instead the “Preliminary Communication” singles out the accident:

Accidental factors [*das akzidentelle Moment*] determine the pathology of hysteria to an extent far greater than is known and recognized. It is of course obvious that ... what provokes the symptoms is the accident [*der Unfall*]. (SE 2: 4, modified)

In other words, by establishing a necessary causal connection between, on the one hand, the “accident” and, on the other, the symptoms of hysteria, Freud and Breuer break with a medical tradition that culminates in Charcot. Where Charcot secondarizes the accident in hysteria, Freud makes it a *primary* causative agent.

The language of “reminiscence” is thus neither a retreat to interiority nor a simple positing of exteriority. As I have tried to show, Freud and Breuer’s phrase “hysterics suffer mainly from reminiscences” can be read as a response to a kind of spatial questioning. It is as if they were asking the question: where does the trauma come from? Does the trauma come from the inside, does it come from a place of pure interiority? Is it intrinsic to the sufferer in its origin and its cause? To which the answer would have to be no, as we have seen. Well, then, does the suffering come from the outside, does it come from a place of pure exteriority? Is it extrinsic to the sufferer in its origin and its cause? Again the answer would have to be no. What *Studies on Hysteria* offers us, in other words, is a way of thinking the unlocatability of trauma: the spatial structure of trauma as neither inside nor outside. “Psychical trauma” (SE 2: 6) would come from an “inside-outside” or an “outside-inside.”<sup>6</sup>

This is why Freud and Breuer provide us with a new figure, a spatial figure, for the type of causation that is involved in hysteria: the figure of the foreign body (*Fremdkörper*). This figure comes to replace that of Charcot’s “agent provocateur” in many of the texts in which Freud discusses the etiology of hysteria (and one might say that Charcot’s French locution is already something of a foreign body in Freud’s German texts):

[T]he causal relation between the determining psychical trauma and the hysterical phenomenon is not of a kind implying that the trauma merely acts like an *agent provocateur* in releasing the symptom, which thereafter leads an independent existence. We must presume rather that the psychical trauma—or more precisely the *memory of the trauma* [again what is traumatic, properly speaking, is not the event but the memory]—acts like a *foreign body* which long after its entry must continue to be regarded as an agent that is still at work. (SE 2: 6, my emphasis)

There is another kind of causation ... We can elucidate this from the picture of a foreign body, which continues to operate unceasingly as a stimulating cause of illness until it is gotten rid of. (SE 3: 35)

Because it cannot be appropriated by the inside or assimilated to the outside, the foreign body remains at the boundary of the inside-outside. *It is the figure of psychical trauma as a figure of spatial unlocatability*. What this means is that it cannot be reduced to biology or fantasy, on the one hand (i.e., on the side of the internal), nor can it be reduced to bad external events (no matter how catastrophic), on the other: There is no such thing as an event that would be traumatic in and of itself; there is no such thing as a “traumatic event” if by this we mean that everyone will be traumatized by it.

Let me just conclude this section by jumping to the last mention of the foreign body in *Studies on Hysteria*. In the very last chapter of this book, Freud refigures or rather disfigures this figure:

---

We have said that [the memory of the trauma] behaves like a foreign body, and that the treatment, too, works like the removal of a foreign body from the living tissue. We are now in a position to see where this comparison [this simile] fails. A foreign body does not enter into relation with the layers of tissue that surround it ... Our pathogenic psychical group, on the other hand, does not admit of being cleanly extirpated from the ego. Its external strata *pass over in every direction* into portions of the normal ego; and indeed they belong to the latter just as much as to the pathogenic organization ... The interior layers of the pathogenic organization are increasingly alien to the ego, but once more *without there being any visible boundary* at which the pathogenic material begins. In fact the pathogenic organization does not behave like a foreign body, but far more like an infiltrate [*wie ein Infiltrat*]. (SE 2: 290, my emphasis)

In the end, there can be no clean boundaries between inside and outside; even the foreign body loses its spatial delimitation and becomes an infiltrate. And it is this theoretical insight that will lead Freud to reformulate his conception of the analytic process itself: psychoanalytic treatment will be less about the removal or excision of what is pathological than it will be about the establishment of conditions that enable movement or circulation in areas that have been cut off.

I have used Freud's figure of the "infiltrate" to address the question of spatial unlocatability in trauma. And despite the fact that there can be no clean boundaries between space and time (we speak of "space-time"), I would like to shift, now, to the question of temporal unlocatability in trauma: first by saying a few words about the strange temporality of *Nachträglichkeit* and then by pointing to the particular affect that often accompanies traumatic reminiscences, namely the affect of fright (*Schreckaffekt*).

## II. THE QUESTION OF TEMPORAL UNLOCATABILITY

So far I have emphasized the question of spatial unlocatability in *Studies on Hysteria*. But I have steered clear from the specificity of sexual trauma in favor of the more general "psychical trauma." I have also avoided Freud's early, programmatic statements about the place of precocious sexual experience in hysteria (or what is often referred to as the "seduction theory"). For Freud insists in his early texts on the *sine qua non* of precocious sexual experience in the etiology of hysteria, to the point of turning precocious sexual experience into the new "heredity": "for [*Charcot*] nervous heredity occupied the place which I claim for the precocious sexual experience" (SE 3: 155, my emphasis). If I have done so it is not only because Freud found himself "dazzled" for a time by the grandiose prospect of the seduction theory but also because I wanted to underscore the question of unlocatability that continues to occupy Freud in all of his writing on trauma.

Before we look at *Beyond the Pleasure Principle*, however, let me turn briefly to a term that is used by Freud specifically in the context of sexual trauma. This is the term *nachträglich* or *Nachträglichkeit*, a term that has been discussed at length by the French analyst Jean Laplanche who suggests that we translate it in English as "afterwards" or "afterwardsness."<sup>7</sup> Although the term *Nachträglichkeit* disappears from Freud's major text on trauma, it will be recast and reformulated in *Beyond* as a *temporal* model of trauma that challenges traditional conceptions of temporality. Once again, in other words, hysteria will have been the wellspring of a double legacy in Freud—on the one hand, a legacy that gives rise to the seduction theory, the abandonment of the seduction theory, the theory of infantile sexuality and primal phantasies; on the other, a legacy that leads to a rethinking of trauma, to the concept of repetition compulsion and the death drive.

*Nachträglichkeit* reflects Freud's early understanding of the sexual etiology of hysteria. But it does so by emphasizing the *temporal* dimension or *temporal* complexity of trauma: "a trauma," says Laplanche when discussing Freud's early work, "is situated entirely in the duplicitous play producing a kind of seesaw effect between ... two events."<sup>8</sup> The example par excellence is the case of Emma, a case that is mentioned only in Freud's posthumous "Project for a Scientific Psychology," a text written in 1895 (thus at the same time as *Studies on Hysteria*) but not published until 1950. Here is Freud's description of Emma in the "Project":

## FREUD'S OTHER LEGACY

---

Emma is subject at the present time to a compulsion of not being able to go into shops *alone*. As a reason for this, [she produced] a memory from the time when she was twelve years old (shortly after puberty). She went into a shop to buy something, saw the two shop-assistants ... laughing together, and ran away in some kind of *affect of fright* [Schreckaffekt] ... Further investigation ... revealed a second memory ... On two occasions when she was a child of eight she had gone into a shop to buy some sweets, and the shopkeeper had grabbed at her genitals through her clothes. (SE 1: 353-54).

As Laplanche argues in *Life and Death in Psychoanalysis*, neither of the two events is *in itself* traumatic. The first one triggers nothing: “the child, at the time she is the object of an adult assault, would not yet possess the ideas necessary to comprehend it.”<sup>9</sup> And the second event is, if anything, even less traumatic: “what is involved ... is a nonsexual event, a banal scene out of daily life: going into a shop in which there are two assistants, perhaps convulsed with laughter.”<sup>10</sup> And yet the second scene, a nonsexual scene, awakens the memory of the first.

So how is it, Freud asks in his discussion of the case, that “a memory can arouse an affect that it did not arouse as an experience” (SE 1: 356)? How is it, we might ask, that an affect not experienced at the time of the “experience” is experienced belatedly, *nachträglich*, as the result of a memory? What is the cause of this “interpolated pathological process” (SE 1: 356)? The simple answer, the developmental answer, is “puberty”:

Here we have the case of a memory arousing an affect that it did not arouse as an experience, because in the meantime the change [brought about] by puberty had made possible a different understanding [*ein anderes Verständnis*] of what was remembered. (SE 1: 356).

Only with puberty, in other words, can Emma *understand* what happened; only with puberty can she arrive at a “different understanding of what was remembered,” namely, a full understanding of the sexual nature of the assault. Thus, the first moment (when she enters the store as an eight-year old) is a moment of not understanding, a moment of incomprehension. Emma is confronted, unprepared, with a sexual act that is highly significant but whose signification she cannot understand. Left hanging, isolated, dissociated, split-off, incomprehensible, the memory of the first moment is not in itself pathogenic or traumatizing. It only becomes pathogenic or traumatizing when it is revived by a second moment that enters into association with the first. So: in the second moment, the first moment is remembered, understood (though it is not a conscious understanding) and at the same time repudiated—this is when she runs away in a state of fright and her hysterical symptoms begin. Thus, given the fact of the new possibilities of reaction that have arisen with puberty (“the sexual release,” as Freud calls it), it is the newly revived memory (it’s a new-old or an old-new memory, a *reminiscence*) that serves as the source of traumatic energy: “We invariably find,” writes Freud, “that a memory is repressed which has only become a trauma *nachträglich* [afterwards, belatedly]. The cause of this state of things is the retardation of puberty as compared with the rest of the individual’s development” (SE 1: 356).

As Freud’s use of the term *nachträglich* makes clear here, Emma’s “trauma” is not to be located in either moment (it is not locatable in the first moment when she enters the store at eight nor is it locatable in the second moment when she sees the assistants laughing); it is not locatable in either moment but only in the relation—only in the play or the “seesaw-effect”—between the two. And maybe this is the place to recall that this *nachträglich*-effect (this afterwards or belated-effect) is the effect of the infiltrate (such that spatial and temporal unlocatabilities become expressions or versions of the same structure). I will also return, when we get to *Beyond the Pleasure Principle*, to what appears to be the *nachträglich*-affect (with an A, this time), namely the affect of fright (*Schreckaffekt*).

But what if we extended this temporal understanding of sexual trauma to trauma in general and war trauma in particular? Indeed, what if we did so precisely on the basis of the temporal delay that seemed so clearly linked to the “retardation of puberty,” that is, to the particular features of human sexuality and human sexual understanding? What if, in other words, Emma’s sexual assault were traumatic not because her understanding of sexuality was delayed *by puberty* (though this was certainly the case) but because an immediate or timely un-

derstanding of what was happening to her was, in a sense, impossible? I will argue in what follows that Freud's temporal definition of trauma in *Beyond the Pleasure Principle* provides us with just such an extension of the concept of *Nachträglichkeit*. With his introduction of the temporal model of trauma in *Beyond*, as we will see, Freud transforms what was an *empirical* delay (the "retardation of puberty") into a *structural* delay—namely, a untimeliness that is (or becomes) part and parcel of Freud's definition of "trauma." Perhaps Freud also, belatedly, recognizes that Emma's trauma is not really a "sexual" trauma but that sexuality is, as he himself says, a place that is particularly vulnerable to violence.

*Beyond the Pleasure Principle* opens with Freud's astonishment—*his* incomprehension—before the phenomenon of repetition compulsion. The patients he observes in the wake of World War I are war veterans whose symptoms seem to defy all recuperation by the pleasure principle. Flashbacks, traumatic dreams, and the constant reliving of battlefield events are painful manifestations that can no longer be understood in terms of psychic meaning. When the repetition compulsion acts in opposition to the pleasure principle, says Freud, it gives the appearance of "some 'daemonic' force at work" (SE 18: 35). We see this daemonic force at work in cases where patients are repeatedly brought back to the situation of their accident:

[D]reams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright [*mit neuem Schrecken erwacht*]. This astonishes people far too little ... Anyone who accepts it as something self-evident that their dreams should put them back at night into the situation that caused them to fall ill has misunderstood the nature of dreams. It would be more in harmony with their nature if they showed the patient pictures from his healthy past or of the cure for which he hopes. (SE 18: 13)

Traumatic dreams bring about the return of an unpleasurable event that forces itself upon the psyche again and again. There is something compulsively self-destructive about traumatic dreams that cannot be reconciled with the psychoanalytic theory of dreams as wish fulfillment. Instead traumatic dreams constitute a breach in the theory of wish fulfillment; they challenge the dominance of the pleasure principle. Hence, traumatic dreams are doubly traumatic: they are traumatic for the patient who dreams them, and they are traumatic for the theory that owes its therapeutic power to the dominance of the pleasure principle. "This would seem to be the place," says Freud, "at which to admit for the first time an exception to the proposition that dreams are fulfillments of wishes" (SE 18: 32).

According to Freud, however, this demonic force or compulsion is linked to an attempt to protect the life of the organism. By returning to the event over and over again, consciousness tries, retrospectively, to protect the psyche, to master the stimulus, to grasp the event that was not fully grasped in the first place:

[Traumatic] dreams are endeavoring to master the stimulus retrospectively, by developing the anxiety whose omission was the cause of the traumatic neuroses. They thus afford us a view of a function of the mental apparatus which, though it does not contradict the pleasure principle, is nevertheless independent of it and seems to be more primitive than the purpose of gaining pleasure and avoiding unpleasure. (SE 18: 32)

Traumatic dreams, says Freud, have a more archaic function than wish fulfillment. They repeatedly return the dreamer to the scene of the trauma in an effort to protect him or her belatedly from the accident for which he or she was not prepared.

Here Freud is using dreams as an example of traumatic symptoms (a particularly striking example given his theory of wish fulfillment), but such symptoms are also found in (conscious) waking life (e.g., flashbacks). In all of these examples, ultimately, the failure to protect the psyche, the failure to master the stimulus, reflects a failure of consciousness. And in order to understand this failure, Freud must speculate on the origin of consciousness. Consciousness arises, he conjectures, out of the living organism's need for protection against

## FREUD'S OTHER LEGACY

---

stimulus coming from the outside:

This little fragment of living substance is suspended in the middle of an external world charged with the most powerful energies; and it would be killed by the stimulation emanating from these if it were not provided with a protective shield against stimuli. (SE 18: 27)

Consciousness functions like a stimulus barrier protecting the organism from excessive amounts of stimulation and excluding unsuitable kinds of stimuli. Freud compares consciousness and its use of the sense organs to “feelers” that are always “making tentative advances towards the external world and then drawing back from it” (SE 18: 28). What causes trauma, therefore, is a breach in an otherwise efficacious barrier against stimuli: “We describe as ‘traumatic’ any excitations from outside which are powerful enough to break through the protective shield” (SE 18: 29). Implicit in this breach of the stimulus barrier is a quantitative model of trauma: “the stimulus barrier protects the organism from *too much stimulus* coming from the outside.”<sup>11</sup>

But consciousness is also what perceives, recognizes, comprehends, and interprets on the basis of a horizon of anticipation and knowledge. Hence consciousness is “a barrier of sensation and knowledge that protects the organism by placing stimulation within an ordered experience of time.”<sup>12</sup> According to this model, trauma would be a rupture in the horizon of anticipation and knowledge, a “break in the mind’s experience of time.”<sup>13</sup> Thus, when Freud defines trauma in terms of “the factor of surprise [*das Moment der Überraschung*],” “the element of fright,” the “lack of any preparedness for anxiety,” his model of trauma is no longer quantitative but temporal:

We may, I think, tentatively venture to regard the common traumatic neurosis as a consequence of an extensive breach being made in the protective shield against stimuli. This would seem to reinstate the old, naïve theory of shock ... [It] regards the essence of shock as being the direct damage to the molecular structure ... of the nervous system, whereas what we seek to understand are the effects produced on the organ of the mind ... And we still attribute importance to the element of fright. It is caused by lack of any preparedness for anxiety. (SE 18: 31)

It is the element of fright that distinguishes a breach in the mind from a breach in the molecular structure of the nervous system, a *psychical* trauma from a *physical* trauma. “Fright,” writes Freud, “is the name we give to the state a person gets into when he has run into danger without being prepared for it; it emphasizes the factor of surprise” (SE 18: 12). What produces a traumatic neurosis, in other words, is a fundamental lack of preparedness, a structural immaturity or vulnerability against which there can be no developmental safeguard. What causes trauma, thus, is an event that comes *too soon*, an event that we don’t see coming, an event that surprises us and suspends our comprehension. And it’s not only *what* we do not understand but also *that* we do not understand, i.e., the fact that we do not understand: our incomprehension.<sup>14</sup>

Which is another way of saying that consciousness comes too late: “the threat is recognized as such by the mind *one moment too late*.”<sup>15</sup> Or that what Freud calls “trauma” is an inherent belatedness in relation to the event. Trauma is *nachträglich* or delayed as such; it is not the event but precisely the missing of the event. A *traumatic “event” is a missed event*. Thus, in *Beyond the Pleasure Principle*, *Nachträglichkeit* is what *structures* the traumatic “event.” For this reason *Nachträglichkeit* can no longer be linked to a specific event like the retardation of puberty. *Nachträglichkeit* becomes, rather, *the structure of delay as such*, i.e., the structure that determines a trauma.

And finally it is this structural belatedness, this structure of delay, that leads Freud to his final, most radical, and most controversial hypothesis in *Beyond the Pleasure Principle*: the theory of the death drive. According to Freud’s own avowedly “far-fetched” speculation in *Beyond*, trauma must be linked, ultimately, to an originating force: the drive at the beginning of life to return the organism to an inanimate state. Like repetition compulsion (its most conspicuous expression), the death drive is an attempt to restore an earlier state of things

that was disrupted as a result of “external disturbing and diverting influences” (SE 18: 38). Only in this case the external disturbing and diverting influences are the attributes of life itself: “The attributes of life were at some time evoked in inanimate nature by the action of a force of whose nature we can form no conception . . . The tension which then arose in what had hitherto been an inanimate substance endeavored to cancel itself out” (SE 18: 38). Thus, the *accident* of life would be the *original missed event*, a missing whose universal symptom is the death drive. In this way, the structure of delay seems to become, for Freud, the originating structure of all human experience.

But the question cannot fail to arise: if the structure of delay lies at the origin of life, if it is, as Freud describes it, an originating structure, would this not mean that we are all traumatized or bound to be traumatized? Would it not mean that every accident is a trauma? Would it not mean that everything is potentially traumatic and that each of us is equally traumatizable? And finally, how do we reconcile this notion of originary structure with the specificity of war trauma in *Beyond*?

### III. CONCLUSION: THE STRUCTURAL QUESTION

I would like to conclude briefly with this question about structure. What emerges from *Beyond the Pleasure Principle* is a new and perhaps unresolvable tension: is trauma defined by a *structure* (the structure of delay) or is it defined by an *event* (and Freud gives us very concrete examples of events in *Beyond*: “railway disasters,” “accidents involving a risk to life,” “[t]he terrible war which has just ended” [SE 18: 12])? What is the nature of the accident that becomes a trauma?

And I think we can find an answer in Freud: Freud’s repeated insistence—from the very beginning, from his earliest work on hysteria—his insistence on the accidental quality, the surprise, the ungraspability, indeed the *incomprehensibility* of the event hints at two very different senses of “accident.” For every accident that Freud describes in *Beyond* is two things at once: (1) it is an example of an actual, concrete, life-threatening or integrity-threatening *event*; and (2) it is an example of the *structure* of traumatic accidentality, that is, it is an example of the structure of delay. Only, it would seem, when an accident is both things at once—both event and structure—does it become traumatizing. What this means however is that *no given event* can in advance, with certainty, necessarily, be said to produce a trauma. That is, it’s always an accident *whether or not* any particular “accident” will be traumatizing.

In the end, one might say, Freud is drawing an essential distinction between two kinds of structure: a necessary structure and an accidental structure (between something that must occur [e.g., an accident that must always lead to trauma] and something that may but *may also fail to occur*). Indeed, one might sum up this essential difference by recalling that: (1) an accident may always fail to occur (we are not all the victims of trauma); and (2) even if an accident does occur, it does not occur for everyone. Thus, for Freud, not only are we not all traumatized (though we may all be castrated), but we are also not all traumatizable.

Let me just conclude by saying that to think trauma as an accidental structure is in no way to diminish the emotional wounds of trauma. *On the contrary*—but this is already the beginning of another paper—it is to begin to think the accident, and with it the difficulty and the guilt, of survival.

## FREUD'S OTHER LEGACY

---

### NOTES

1. I am thinking in particular of the work of Jean Laplanche. For Laplanche, the true opposition lies not between life and death but between two principles, both of which pertain to sexuality: the principle of binding that regulates the *sexual* life drives and the principle of unbinding that regulates the *sexual* death drives. See, for example, Jean Laplanche, "La soi-disant pulsion de mort: une pulsion sexuelle," *Entre séduction et inspiration: l'homme* (Paris: Presses Universitaires de France, 1999), 189-218. For Laplanche, and there is a very clear diagram of this relation in the volume *Sexual: La sexualité élargie au sens freudien* (2007), Freud's "second dualism" (life drive versus death drive) should simply be subsumed under the term "sexuality."

2. Sigmund Freud, *Studies on Hysteria* in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. James Strachey in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson, 24 vols. (London: The Hogarth Press, 1953-1974), 2, 103. Hereafter all further references to Freud's works will be abbreviated SE followed by volume and page numbers in these editions. I have silently modified the Strachey translations throughout.

3. I first discussed this question of spatial unlocatability, delocalization, and foreign bodies in the context of neuroscience. See my "Foreign Bodies: Psychoanalysis and Neuroscience" in *Journal of Speculative Philosophy* 28.3 (2014): 134-45.

4. Although hysterical reminiscences may be both "unremembered" and "unforgettable." I would distinguish them from memories that are "unrememberable and unforgettable." In his 1969 article, "The Unrememberable and the Unforgettable: Passive Primal Repression," Alvin Frank explores memories that are subject to a "passive primal repression." These memories are not directly recoverable because of the "immaturity of the mental apparatus at the time when the significant impressions occurred" (74); they are repressed as a result of a "developmental rather than a defensive vicissitude" (51). We could certainly speculate that some hysterical memories are not only "unremembered" but also "unrememberable," but this is not Freud and Breuer's assumption (nor is it their experience with their patients) in *Studies on Hysteria*. See Alvin Frank, "The Unrememberable and the Unforgettable: Passive Primal Repression" in *The Psychoanalytic Study of the Child* 24 (1969): 48-77.

5. Freud does not preclude proclivity (*Eignung*) or disposition (*Disposition*) from the etiology of hysteria, but he certainly does not reduce hysteria to them. See Freud's discussion of these terms in the case of Miss Lucy R. in *Studies on Hysteria*:

It should be understood that I do not mean by this a hysteria that is independent of *any* pre-existing disposition. It is probable that no such hysteria exists. *But we do not recognize a disposition of this sort in a subject until he has actually become a hysteric; for previously there was no evidence of its existence.* (SE 2: 122, my emphasis)

One might speak here, along with Freud's resistance to the language of "disposition" and "degeneracy," of something like an "accidental structure": a structure that would not precede the accident but would emerge with it as a kind of supplement. Thus, there is no accident without structure but also no structure without accident; that is to say, one must speak of the necessity of the accident but also of the accident of structure, indeed of the co-originary of proclivity and accident.

6. I am indebted here to Jacques Derrida's analysis of suffering in his forthcoming *The Death Penalty II* (2000-2001), trans. Elizabeth Rottenberg (Chicago: University of Chicago Press, forthcoming), session 13.

7. Jean Laplanche, "Notes on Afterwardsness," *Seduction, Translation and the Drives*, trans. Martin Stanton (London: Institute of Contemporary Arts Editions: 1993), 212-223.

8. Jean Laplanche, *Life and Death in Psychoanalysis*, trans. Jeffrey Mehlman (Baltimore: Johns Hopkins University Press, 1985), 41 (modified).

9. *Ibid.*, 41.

10. *Ibid.*, 42.

11. Cathy Caruth, *Unclaimed Experience* (Baltimore: The Johns Hopkins University Press, 1996), n7, 132, my emphasis.

12. *Ibid.*, 61.

13. *Ibid.*, 61.

14. I am paraphrasing here Jacques Derrida's definition of the "event": "The event is what comes and, in coming, comes to surprise me, to surprise and to suspend comprehension: the event is first of all *that which* I do not first of all comprehend. Better, the event is first of all *that* I do not comprehend. It consists in *that, that* I do not comprehend: *that which* I do not comprehend and first of all *that* I do not comprehend, the fact that I do not comprehend: my incomprehension." Jacques Derrida, "Autoimmunity: Real and Symbolic Suicides," trans. Pascale-Anne Brault and Michael Naas, in *Philosophy in a Time of Terror*, ed. Giovanna Borradori (Chicago: University of Chicago Press, 2003), 90. Although I can do no more than mention it here, it is striking to note that Derrida moves from a language of "incomprehension" to a language of "temporality" or "temporalization" when he begins to speak of the "traumatic event" six pages later.

15. Caruth, *Unclaimed Experience*, 62.