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TRAUMA AND THE SYMBOLIC FUNCTION OF THE MIND

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The relationship between trauma and the symbolic function of the mind is discussed in three parts. First, a short outline is given of the long-lasting split within the field of trauma: it consists in a dichotomy between the symbolic and anti-symbolic reading of the traumatic experience - as I have called it in a previous paper. In the second part, it is maintained that the work of Ferenczi represents an attempt at overcoming this split. In the third and last part, the notion of symbolic adaptation is introduced. The process of adaptation has to ensure the survival of the individual along lines capable to foster the hope that the lost equilibrium between the individual and his environment will one day be restored. This function is performed by symbols: by linking together the lost satisfaction and the hoped-for wish-fulfillment, by creating bridges between past and future, symbols enable us to adjust to the new environment without renouncing hope. Symbols are mediators between the pleasure principle and the reality principle. When a person is struck by trauma it is precisely this unifying function which is broken. A typical consequence of this situation is described by Ferenczi as a rupture between feeling and intelligence.

The Two Split Narratives on Trauma

In this article I will develop further the reflection about the dichotomy between the symbolic and antisymbolic reading of the traumatic experience, which I have presented in a previous paper (1). The starting point of my research is a paradox which inhabits the psychological explanation of the neurosis and which becomes visible when we consider the paradigmatic shift from “somatogenesis” to “psychogenesis”. By this shift hysteria became a condition that had to be explained by psychological motives instead of physical causes. Yet, the attribution of causality to the body or the mind have vastly different implications. If we attribute causality to the body, we exclude it from the subject's will and responsibility, whereas if we explain hysteria through motives, we need to find connections that allow us to link a symptom to reasons, plans and goals.

The psychological explanation was initially promoted by the notion of psychic trauma, by which it was acknowledged that a physical accident could provoke symptoms through shock and fear. However, ultimately, the “psychologisation of trauma” promoted not only the rise but also the fall of the category

of traumatic neurosis (2). As Esther Fisher-Homberger showed in her excellent reconstruction of the debate on psychic trauma among German neurologists and psychiatrists at the end of the 19th century (3), the psychological explanation of posttraumatic symptoms resulted in the dissolution of the cause/effect connection between the trauma and the symptoms, because if a symptom was constructed through the mediation of the mind, it also appeared to be accessible to all sorts of influences, suggestions and caprices.

The shift from the body to the mind - from physical causes to psychological motives - deeply affected the theory of trauma, leading to false conclusions about the participation of the victim in the onset of the symptoms. Traumatic neurosis was identified with hysteria and was renamed “pension-neurosis” - meaning that the neurosis was not caused by the accident, but by an unspoken wish for a pension. Moreover, the view was expressed that the individuals affected by traumatic neurosis would be well, if the right to compensation did not exist. In short, the etiological weight of the accident and of the mental shock was downplayed, and factors such

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as the medical theory, the social care and the personality of the victim, were held responsible for his or her morbid condition.

A similar shift also characterized psychoanalysis, where the standpoint which emphasized “the great influence of endopsychic conflicts” became more and more important (4:330). Since the very beginning, Freud embraced the idea that the symptoms of psycho-neurosis were psychologically constructed and motivated. Later, with the abandonment of the seduction theory, the symbolic reading of the content of the symptoms was even further enhanced: thus, despite the oscillations between “facts and fantasies,” we have a rather strong continuity in the assumption that the effects of a psychic trauma were the product of symbolic processes. This approach led to downplaying of the relevance of the traumatic moment, to the idea that what was traumatic was the meaning of the event for the individual, and to the assumption that the personality of the victim selected its own trauma. The notion of trauma, therefore, tended to fade away.

As a matter of fact, the notion of trauma was repeatedly “rescued” by the proponents of the anti-psychological view - mainly a neuro-biological view. Initially, it was Hermann Oppenheim's “shock theory” (5), and later, during World War II, Abraham Kardiner's attempt to preserve the concept of the “traumatic neurosis”, by describing it as a physio-neurosis, instead of a psychoneurosis (6). Even the

recent renaissance of psychotraumatology has been strongly supported by research on the abnormal neurophysiological responses which are assumed to be at the core of posttraumatic stress disorder (7, 8). Let us try to understand the reasons why this is so.

Kardiner contended that, when the result is a traumatic syndrome, the event does not act as a symbol, but on the contrary, it resists the work of mental assimilation, both in retrospect and in prospect. In retrospect, because it introduces a break, a discontinuity, with the previous personality; and in prospect, because the psychic elaboration of the traumatic experience is extremely difficult. That is why Kardiner rejected the standpoint of a pure ideogenesis, suggesting that the nucleus of the traumatic neurosis was something which concerned the body and not the mind.

Kardiner considered his own theory as a translation of the provocative ideas formulated by Freud in *Beyond the Pleasure Principle*, where “traumatic” was defined as those “excitations from outside which are powerful enough to break through the protective shield [Reizschutz]” (9:29), flooding the mental apparatus and impairing its capacity to respond to stimuli. Indeed, according to this formulation, trauma does not operate symbolically but rather destroys the capacity of mentalization.

Within psychoanalysis, this view began to reemerge about thirty years ago. Initially it was suggested by Joyce McDougall, who traced back psychosomatic processes to a post-traumatic “breakdown in symbolic functioning” (10:448). It became even more explicit in authors dealing with the treatment of Holocaust survivors. Later, referring to Vietnam, Sydney Phillips critically rejected the idea that “what made an event traumatic was determined primarily by the meaning of that event for the individual” (11:166); and Lewis Kirshner, picking up Lacan's conception of the “real” as “unassimilable”, and of the traumatic encounter as something which “resists signification”, suggested a definition of extreme traumas as “experiences producing a tearing of the network of signification which supports symbolic relationships” (12: 238).

Such a view fits with the contention of contemporary psychotraumatologists who claim that, instead of being processed in symbolic/linguistic forms as most memories are, the traumatic event “tends to be organized on a sensorimotor or iconic level - as horrific images, visceral sensations, or fight/flight reactions” (13:193). “The body keeps the score”, as expressed in the title of a famous paper (8). Even among psychoanalysts, storage on the sensorimotoric level and not in words is supposed to explain why this type of material does not undergo the usual transformation (14:174).

Two opposite narratives are therefore to be found regarding trauma and its meaning structure: according to the first, the construction of the posttraumatic symptoms is mediated by the mind; according to the second, it is mediated by the body. Each of these views has its pros and cons. The first one acknowledges the relevance of symbolism, but assumes the traumatic event to be non-influential. The second acknowledges the relevance of the traumatic event, but by focusing on the deficit of symbolization, denies the participation of symbolic processes in the symptom-formation.

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Ferenczi's Theory of Trauma

The dichotomy reflects a split between mind and body which is found also in the work of Freud (1). My contention is that Sándor Ferenczi's theory of trauma represents an attempt at working through and overcoming this split, recombining the two antithetic narratives into a single theory in which both the breaking effect of trauma and its symbolic significance are acknowledged.

Since the beginning, Ferenczi rejected the ideogenic theory viewing trauma as a damage to the meaning of the living body. Later, challenging the psychoanalytic mainstream, he came to reevaluate the traumatic moment, yet without renouncing a symbolic reading.

In a letter of July 1930, he confided to Freud that he became especially interested in the “processes ... which operate in the moments of real or supposed mortal danger”, and that this was the way through which he “came to renovate the apparently old ... theory of trauma”. A few days later he wrote that when the attempt to resist the traumatic forces is given up, the result for the individual “may be described or represented as [him] being partially dead” (15:223). In the Clinical Diary also, trauma will be described as “a process of dissolution that moves toward death” (16:130).

It was precisely the idea of “partial death” which enabled Ferenczi to reframe the issue of psychic trauma along lines which permit a conjunction of the breaking effect and the symbolic operation, discontinuity and continuity. He described the experience of being struck by trauma in terms of fragmentation, attributing to symbolism an important role in the process of inhibiting the destruction and initiating the reconstruction towards a new consolidation. In a previous work I have summarized his standpoint by saying that what operates symbolically is not the trauma itself, but our attempt to limit and overcome it (1).

Trauma as a Broken Symbol

Let us now try to further clarify the relationship between trauma and symbol. We could try to approach the issue by considering Kardiner's suggestion to call traumatic only those events “which create conditions to which the organism cannot adapt” (6:172; emphasis added). In this way, we restrict the notion of trauma to a failure of our adaptability. We find this view also in the work of Ferenczi when, for instance, he defines trauma as a reaction to an “unbearable” situation (16:181). What defines trauma is indeed our inability to adapt to the new situation: it goes beyond our capacities and we give up. Ferenczi wrote that the attempt to resist the traumatic force “is given up as hopeless, and the function of self-preservation declares itself bankrupt” (15:222-23); on another occasion he described the traumatic moment as so painful, threatening and exhausting, that “one gives oneself up” (16:197).

As is well known, Kardiner presented the unbearable situation only in physical terms: in fact he gave a physical explanation of the breaking point, which was based on the reduction of the organism's resources, due to stress and fatigue. But such a definition is too narrow: we know that the ability of the body to resist and survive is far superior to that of the mind. We should therefore question which is the breaking point of the mind, and what are the mental resources that are weakened and threatened by the inability to adapt. My contention is that these resources are basically symbols: what is broken when a person is struck by trauma is a symbol.

Here we have to make a step backwards and introduce the notion of symbolic adaptation in order to understand the role played by symbols in the process of human adaptation. This notion was coined by Otto Rank who, contrary to Freud, came to view the human adaptation as an essentially creative enterprise. In the *Trauma of birth* (17), Rank said that the primitive man created huts, houses, and so on, in order to replace the lost maternal body according to the same symbolic pattern which is further repeated in the construction of civilization. Symbol formation, according to him, was the most fruitful way to adapt to reality and the peculiar human way to do it: in order to adjust to the external world, the man modifies it according to the pattern of his unconscious desires. A consequence of this view is that we never totally accept reality; on the contrary, we cannot avoid to transcend it and to continuously remold it.

Rank derived the idea of symbolic adaptation from Ferenczi's practical understanding of symbols as mediators between the pleasure and the reality principle. Already in his 1913 work, *Stages in the development of the sense of reality*, Ferenczi assumed that the pleasure principle was realized in

the period of human life passed in the womb (18:218), and that the development of the reality-sense was forced in the moment the baby was cruelly “turned out into the world”. The process of renunciation of satisfaction and accommodation to the outer world was made possible by the creation of a network of symbolic connections between the instinctual life and the outer world that passed through the animistic apprehension of reality.

Although Ferenczi was not aware of it, his view implied a major change in the Freudian metapsychology: according to Freud, the pleasure principle was seeking a stable equilibrium within the mental apparatus, whereas Ferenczi was primarily concerned with the equilibrium between the individual and his changing environment. Such a shift had consequences in the way of interpreting the fundamental trend of life. Paraphrasing Fairbairn, who replaced the Freudian understanding of libido as pleasure-seeking, with the formula that the libido is object-seeking (19, 20), we might epitomize Ferenczi's standpoint by saying that the libido is symbol-seeking. He was indeed convinced that the aim of the process of adaptation was the restoration of the lost equilibrium and that this aim was achieved by means of symbols. This could be done along different patterns: either by a modification of the outer world, or by a modification of the individual's own body, as occurs in the hysterical production of symptoms (21:97, 22: 92 note 1). In both cases, we have to do with artistic performances and creative enterprises.

A further task of symbols is the blending of renunciation and hope. Ferenczi realized that the renunciation of pleasure was always “provisional” (23: 376). “What looks like adaptation”, he wrote, discussing the question of the acceptance of unpleasant ideas, “would thus be only an attitude of interminable waiting and hoping for the return of the ‘good old times’” (23: 376).

According to this view, the process of adaptation has to ensure the survival of the individual along lines capable to foster the hope that the lost equilibrium between the individual and his environment will be restored one day. This function is performed by symbols: by linking together the lost satisfaction and the hoped-for wish-fulfilment, by creating bridges between past and future, symbols enable us to adjust to the new environment without renouncing hope.

We can now draw some conclusions from the idea that symbols are mediators between the pleasure principle and the reality principle, following Ferenczi's patterns of thought.

Symbols have a very important unifying function: they link together the body and the outer world, emotions and representations, the past and the future, and many other elements. When a person is struck by trauma it is precisely this unifying function which is broken. The result is the falling to pieces of that

which was previously linked and blended together. A typical consequence of this situation is described by Ferenczi as a rupture between feeling and intelligence: the emotional life, being severed from representations, regresses to pure body-sensations, getting hidden away in the corporeal unconscious, while the intelligence, detached from all emotions, makes a progression in the sense of an adaptation-performance (16:203).

Painful physical sensations and hyper-vigilance are today listed among the most common PTSD symptoms; Ferenczi's ideas help us to understand better where they originate. Hyper-vigilance seems to represent the accomplishment of a reality-principle which has made itself totally independent from the pleasure-principle, after having been severed from hope. Ferenczi speaks here of “an adaptation-performance by means of identification with the objects of terror” (16:203). On the other side, we find painful physical sensations completely separated from the objective world and the associated fright. Also here the emotional life seeks refuge in regression, becoming embryonic, after having been severed from hope.

Finally we are driven to ask what occurred to hope. In the Clinical Diary, hope is presented as a sort of glue which keeps the other elements unified (16:170) and which is dissolved by the shock. Yet, an important teaching of Ferenczi is that hope cannot be completely annihilated; even in cases of extreme traumatization, fragments of hope are preserved and displaced at infinite distance where they produce “dream images and fantasies of happiness” (16:207), escaping from reality and creating alternative worlds (15:237). The recovery of these fragments of hope is necessary if we want to foster reintegration (15:207; on hope cfr. also 24).

This is a way of describing the breaking of symbols, following the patterns of thought developed by Ferenczi, but it is not the only possible approach. There are also other patterns which are concerned with what we might call the trauma of

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the everyday life, and which would require the opening of a further window: that of the processes of introjection and mechanism of incorporation - but this issue would require another paper.

References

[1] Bonomi C. Between Symbol and antisymbol - the meaning of trauma reconsidered. Int. Forum Psychoanal. 2003: 17-21.

- [2] Lerner P. From traumatic neurosis to male hysteria: The decline and fall of Hermann Oppenheim, 1889-1919. In: Lerner P, Micale M, eds. Trauma, psychiatry and history: a conceptual and historiographical introduction. New York: Cambridge University Press; 2001.
- [3] Fisher-Homberger E. Die Traumatische Neurose. Vom somatischen zum sozialen Leiden. Bern: Hans Huber; 1975.
- [4] Strachey J. The function of the precipitating factor in the ætiology of the neuroses: a historical note. *Int. J. Psycho-Anal.* 1931; 12: 326-30.
- [5] Oppenheim H. Die traumatischen Neurosen nach den in der Nervenlinik der Charité in den letzten 5 Jahren gesammelten Beobachtungen. Berlin: Hirschwald; 1889.
- [6] Kardiner A. War stress and neurotic illness (with the collaboration of Herbert Spiegel). New York and London: Paul B Hoeber; 1947.
- [7] Kolb LC. Neurophysiological hypothesis explaining posttraumatic stress disorder. *Am. J. Psychiatry* 1987; 144: 989-95.
- [8] van der Kolk BA. The body keeps the score: memory and the evolving psychobiology of posttraumatic stress. *Harvard Review Psychiatry*, 1994; 1: 253-65.
- [9] Freud S. Beyond the pleasure principle (1920). London: Hogarth Press; 1955; SE 18: 7-61.
- [10] McDougall J. The psychosoma and the psychoanalytic process. *Int. Rev. Psycho-Anal.* 1974; 1: 437-59.
- [11] Phillips SH. Trauma and war - a fragment of an analysis with a Vietnam veteran. *Psychoanal. St. Child* 1991; 46: 147-80.
- [12] Kirshner LA. Trauma, the good object, and the symbolic: a theoretical integration. *Int. J. Psycho-Anal.* 1994; 75: 235-42.
- [13] Greenberg MS, van der Kolk BA. Retrieval and integration of traumatic memories with the "painting cure". In: van der Kolk BA, ed. *Psychological trauma*. Washington, DC: American Psychiatric Press; 1987.

- [14] Stern D. Acting versus remembering and transference love and infantile love. In: Person E, Hagelin A, Fonagy P, eds. On Freud's "Observations on transference-love". New Haven, Ct: Yale Univ. Press; 1993.
- [15] Ferenczi S. Notes and fragments, 1920 and 1930-33. Final contributions to the problems and methods of psychoanalysis. London: Karnac Books; 1994 (1955), pp. 216-79.
- [16] Ferenczi S. The clinical diary of Sándor Ferenczi. Dupont J, ed. Cambridge, MA: Harvard University Press; 1988 (1985).
- [17] Rank O. The trauma of birth (1924). New York: Harcourt Brace; 1929.
- [18] Ferenczi S. Stages in the development of the sense of reality (1913). First contributions to psychoanalysis. London: Karnac Books; 1994 (1952), pp. 213-39.
- [19] Fairbairn WRD. Endopsychic structure considered in terms of object-relationships. *Int. J. Psychoanal.* 1944; 25: 70-92.
- [20] Fairbairn WRD. A Revised psychopathology of the psychoses and psychoneuroses. *Int. J. Psychoanal.* 1941; 22: 250-79.
- [21] Ferenczi S. The phenomena of hysterical materialization (1919). In: Further contributions to the theory and technique of psychoanalysis. London: Karnac Books; 1994 (1926).
- [22] Ferenczi S. Thalassa - a theory of genitality (1924). London: Karnac Books; 1989 (1938).
- [23] Ferenczi S. The problem of acceptance of unpleasant ideas - advances in knowledge of the sense of reality (1926). In: Further Contributions to the theory and technique of psycho-analysis, London: Karnac Books; 1994. pp. 366-79.
- [24] Borgogno F. Psicoanalisi come percorso. Torino: Bollati Boringhieri; 1999.