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Between Symbol and Antisymbol – The Meaning of Trauma Reconsidered¹

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Within psychoanalysis, it has usually been assumed that what makes an external event traumatic is the personal meaning of the event for that individual, i.e. how it resonates within his/her internal world and in relation to the infantile conflict. Such an assumption, which implies that a trauma operates as a symbol, is compared with the contrasting view that a trauma rather destroys the capacity of symbolization, and discussed in relation to the psyche-soma issue. It is finally maintained that psychic trauma forces upon the victim a vast and difficult transformation, in relation to which the body can be used as an antisymbolic device to resist mental change.

Key words: antisymbol, partial death, psychogenesis, symbolization, trauma.

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The Psychologization of Trauma

About 120 years ago, it was acknowledged that a physical accident could provoke posttraumatic symptoms through shock and fear: it was the beginning of the so-called “psychologisation of trauma” (1), which promoted not only the rise but also the fall of the category of traumatic neurosis (2). The fall began soon after, when it was noticed that in hospitals patients could quickly and easily learn what the doctors were expecting from them. Consequently, at the turn of the century traumatic neurosis was identified with hysteria and was renamed “pension-neurosis”. This meant that *the neurosis was not caused by the accident, but by an unspoken wish for a pension*. It was the beginning of a progressive dissolution of the cause/effect connection between the traumatic event and the posttraumatic symptoms. As put by Robert Gaupp in 1898, the causality of a “trauma” was a “thought causality” and not a “real” one, since it was mediated by the world of ideas and beliefs (3). This view reflected the progressive divorce between the “*Naturwissenschaften*” and the “*Geistwissenschaften*”, which was taking place precisely in that period.

The divorce between body and soul deeply affected the theory of trauma, leading to false conclusions about the participation of the victim in the onset of the symptoms: since posttraumatic symptoms were psychogenic, i.e. constructed by ideas and wishes, they appeared to be influenced by all sorts of caprices, to the point of conjuring the view that individuals affected by traumatic neurosis would be well if the right to compensation would not exist (4:16). The “shell shock” epidemic of the First World War did not disconfirm such a view; on the contrary it was interpreted as evidence of the hysteric nature of a reaction, which became pathologic only when supported by the desire to flee from war into illness (5:133).

The main consequence of the psychological explanation was that the etiological weight of the accident and of the mental shock was downplayed and the victim was held responsible for his or her morbid condition. The shift of the focus from the precipitating to the predisposing factors also characterized psychoanalysis, where the standpoint which emphasized “the great influence of endopsychic conflicts” became more and more important (6:330). At the onset of the Second World War, the notion of “trauma” was once again rejected. Aggression rooted in unresolved Oedipal conflict became one of the favourite explanations of war neurosis and the post-war understanding of

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the psychoneuroses was just a continuation of this view (7:22; 8:203). The downplaying of the traumatic moment was so systematic that Ernest Rappaport came to the conclusion that "Traumatic neuroses are mentioned in the psychoanalytic literature especially after World War II almost only for the purpose of denying their existence" (9:719).

The Initial Error of The Psychological Explanation

What was wrong with the psychological explanation? In a 1931 paper, James Strachey explained that a precipitating factor was an event which "fitted in some sense with the predisposing factors" so that it was "*possible . . . to draw conclusions as to the nature of the personality affected by it*" (6:330). Abraham Kardiner further explained that when the event acts on a previously established disposition by its "symbolic significance" (10:9), the result is either an activation of an old neurosis or a new ordinary psychoneurosis. However, he also contended that, when the result was a traumatic syndrome, the event *did not act as a symbol*, on the contrary it resisted the work of mental assimilation, both in retrospect and in prospect. In retrospect, because it introduced *a break, a discontinuity*, with the previous personality; and in prospect, because the *psychic elaboration of the traumatic experience was extremely difficult*.

Kardiner rejected the standpoint of a pure psychogenesis suggesting that the nucleus of the traumatic neurosis was a *physioneurosis*, i.e. something which concerned *the body and not the mind*. Kardiner's criticism toward the symbolic understanding of trauma was correct, yet his solution was unacceptable. The point is that we can neither totally accept nor totally reject the symbolic understanding of the psychic trauma.

The Antisymbolic Nature of Trauma

Here we approach an issue which lies at the hearth of psychoanalytic concern. Freud's work started out with the generalization of the discovery that secondary symptoms of hysteria were the symbolic reproduction of some traumatic events. By the abandonment of the seduction theory and the shift

from reality to fantasy, the symbolic reading of the symptoms' content was even further enhanced: thus, independently of much debated oscillations between facts and fantasies, we have a rather strong *continuity in the assumption that the psychic effects of a trauma were the product of symbolic processes*.

Such an assumption was implicitly challenged 30 years ago by Joyce McDougall, when she suggested viewing psychosomatic processes as the consequence of a "breakdown in symbolic functioning" (11:448). Her explanation of psychosomatic formations was "in complete opposition to the theory of hysterical formation: the latter being the result of repressed fantasy elaborations while the former result precisely from the lack of such psychic activity" (11:445). Exposure to traumatic events was recurrent in her clinical stories; therefore her reflection about the breakdown in symbolic functioning can be applied to our subject matter as well. Since she characterized psychosomatic personalities as "antineurotics" or "antipsychotics" (11:448), we could use the term "antisymbolic", meaning that the bodily localization of the processes involved in traumatization is not a primary phenomenon, but depends on the lack of mental activity.

The idea that psychic trauma does not operate symbolically but rather destroys the capacity for symbolization, became more explicit in works dealing with the treatment of Holocaust survivors, like that of Ilse Grubrich-Simitis, who pointed out the impairment of the ego function of metaphorization (12:305). 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" (13:166). The antisymbolic standpoint was especially stressed by Lewis Kirshner who, picking up Lacan's conception of the "real" as "inassimilable", 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" (14:238).

Within psychoanalytic literature two opposed views are therefore to be found regarding the meaning structure of trauma: according to the first, a traumatic event acts as a symbol, whereas according to the second, trauma impairs the symbolic functioning.

Beyond the Symbolic Principle

In recent years the second view has gained importance, but it would be wrong to consider it as a totally new view, since it was promoted by Freud himself when, in *Beyond the Pleasure Principle* (1920), he defined “traumatic” those “excitations from outside which are powerful enough to break through the protective shield (*Reizschutz*)” (15:29), flooding the mental apparatus and impairing its capacity to respond to stimuli. We might say that what is damaged is the capacity to *assimilate and digest* the traumatic experience, although this is not what Freud literally said. In fact, he rejected the psychological solution and tried to give a metapsychological definition of the “breach into the protective shield” (15:31), which, ultimately became more a source of problems than an instrument of resolution.

How should this formula be understood? If we consider that the psychological explanation is based on meanings, this formula represents the traumatic experience as a *break* in relation to the continuity of meaning or as a *gap* in relation to a symbolic structure. The theory later elaborated by Freud did in fact acknowledge such a gap as the core of the human existence, and interpreted it as the product of a *symbolic castration*.

The Question of Mortal Terror

Let me try to clarify this point. Freud shared the common view that “traumatic neurosis” set on after “a risk of life” (15:12). Moreover, he was very close to viewing death as the prototype of every trauma, since death is the veritable gap in the symbolic structure and, at the same time, the deepest source of symbolic constructions. Yet, Freud came to the conclusion that the only way of giving a meaning to death was to represent it as a castration. The unconscious, he said “seems to contain nothing that could give any content to our concept of the annihilation of life . . . nothing resembling death can ever be experienced . . . I am therefore inclined to adhere to the view that the fear of death should be regarded as analogous to the fear of castration” (16:129–30). Not death, but castration became the prototype of trauma in Freud’s last theory.

Ferenczi’s Contribution

Freud’s understanding of “mortal terror” (*Todesangst*) downplayed its role and reintroduced the idea that a traumatic experience had to be viewed as a symbolic operation. The most important attempt at reconsidering this issue was made by Sándor Ferenczi. In a letter of July 20, 1930, Ferenczi 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” (17). A few days later he wrote that when the attempt to resist the traumatic forces is given up, the result “may be described or represented as being partially dead” (18:223). This idea of *partial death* enables a reconsideration of the similarity between trauma and death. In earlier research Ferenczi came close to the phenomenological concern for the *living body* as a symbolic structure, achieving a new perspective, from which the essential feature of trauma was to break such a structure and to disorganize its meaning. When he later began to work on a general theory of trauma, he extended this view from the physical accident to the mental shock. He said that “shock is a destruction of the ability to offer resistance and to think and act in one’s own defence” (18:253; 19:180).

Let me remark that this is a *phenomenological* translation of Freud’s idea of the breach in the protective barrier against stimuli, i.e. a description of what is experienced by the Ego during the shock. The “breach in the barrier” was represented not as a gap but as a *timeless and spaceless dying* (20:32; 18:220, 222, 237, 246), i.e. as becoming ‘unsolid’ by the dissolution of the categories of time and space which maintain the ego-boundaries. Such dissolution was described as a frightening vertigo by which the ego leaves the body, as an endless agony, by which every attempt to resist is given up as hopeless and the inevitability of death has been recognized and finally accepted. As the result the ego becomes totally *insensitive* to the point that it is set in a condition of non-existence, which can be described as being dead. On the other hand, while feelings and emotions are shut off, an “unperturbed intelligence” is liberated, which, “not restricted by any chronological or spatial resistances” (18:246), can wander through the whole

universe. "If I am to believe what my patients report about similar states", Ferenczi writes in his *Clinical Diary*, "They are flying at colossal speed among the stars; they feel so thin that they pass without hindrance through the densest substances; where they are there is no time; past, present, and future are simultaneous for them; in a word, they feel they have overcome time and space" (20:32).

According to Ferenczi, the reverse of the comatose state is a superior knowledge, which "assesses the gravity of the damage", knowing "exactly at what point to stop the self-destruction and to start the reconstruction" (18:220).

Let us consider the following clinical vignette, which illustrates the process which "inhibits the disintegration and drives towards a new consolidation" (18:220). Discussing a posttraumatic symptom – the paralysis of an arm in a patient who had been exposed to the most painful bodily and mental suffering – Ferenczi wrote:

He awoke from a traumatic coma with one hand insensible and pallid like a corpse's; otherwise, except for the amnesia, he was fairly composed and almost at a stroke became fit for work. It was not difficult to catch in the very act, as it were, the displacement of all his suffering and even of death on to a single bodily member: the corpse-like hand represented the whole agonized person and the end of the struggle in insensibility and death (21:139).

Ferenczi was uncertain if the fragmentation was to be considered as a direct consequence of the trauma or a response to it. According to this vignette, the splitting is part of the response, since it put to an end the process of disintegration, deviated the diffuse state of mental agony into a single part of the self, and set the rest of the mind free and efficient.

The splitting in different parts seems therefore to be a symbolic operation. How come that precisely certain parts of the body are chosen to represent the whole agonized person? Should we not search the reason in the world of meanings? More generally, although the trauma itself does not operate symbolically, what we find in any case are "neo-formations", new organizations of the self, which are *symbolically constructed* with the mediation of the body language and the patient's previous history. We find therefore a dialectic tension between discontinuity and continuity: although the trauma has a breaking effect, the discontinuity is never complete, because the reaction introduces

a principle of continuity, in its attempt to insert the trauma in a symbolic order: *what operates symbolically is not the trauma itself, but our attempt to limit and overcome it.*

Conclusion: The Body Between Symbol and Antisymbol

Here we arrive at our last question: why is the overcoming of a trauma so difficult? Contemporary psychotraumatologists try to explain this clinical feature locating the consequences of trauma in special archives, where the bodily experiences are stored: "the body keeps the score" as it is put in the title of a famous paper (22). It is said that the traumatic event does not get processed in symbolic/linguistic forms as most memories are, because it "tends to be organized on a sensorimotor or iconic level – as horrific images, visceral sensations, or fight/flight reactions" (23:193). Storage on the sensorimotor level and not in words is supposed to explain why this type of material does not undergo the usual transforming process (24:174).

This view is correct, yet it lacks a broader perspective, since it does not fully consider that, after a trauma, the world cannot be the same anymore. Traumatic experience shatters the predictability of the world in which we are accustomed to live, and our most unquestioned beliefs, including the beliefs about life and death, the Self and the Others, in ways that prevent a mere reconstruction of what has been destroyed. Trauma forces upon the victim a vast transformation of the mind and a reconsideration of the world. Ferenczi spoke of a sudden maturation and of a "traumatic progression". Tobie Nathan found that trauma is an initiation by trial (25). Françoise Sironi further developed this view in reference to the psychology of the victims of torture, suggesting that trauma brings within itself a new potential knowledge, a sudden revelation about the nature of the world in which we are living (26). Yet, this knowledge is not explicit, does not have an assertive nature, but is inscribed in the scattered fragments of our bodily experience. Therefore, what the body keeps, are not just the memories of the trauma, but rather the germs of a transformation of the self and of a potential new knowledge about the world, which, however, is too devastating to enter the mind, and too difficult to be integrated in it. From this

perspective, the body can become a potent anti-symbolic device, which permits resistance of the otherwise unavoidable transformation.

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Summaries in German and Spanish

Bonomi C. Zwischen Symbol und Antisymbol – Eine Neubetrachtung der Bedeutung des Traumas.

Innerhalb der Psychoanalyse wird gewöhnlich angenommen, dass das, was ein externes Ereignis als traumatisch ausmacht, die persönliche Bedeutung dieses Ereignisses für diesen Menschen ist, d.h. wie es innerhalb seiner/ihrer inneren Welt und in Beziehung zu den infantilen Konflikten Widerhall erfährt. Solch eine Annahme, welche impliziert, dass ein Trauma als ein Symbol wirkt, wird mit der kontrastierenden Ansicht verglichen, dass ein Trauma eher die Fähigkeit zur Symbolisierung zerstört. Außerdem wird diese Annahme in Beziehung zum Psych-Soma Problem erörtert. Schließlich wird behauptet, dass psychische Traumata bei dem Opfer eine gewaltige und schwierige Umwandlung erzwingen und der Körper in Relation dazu als eine antisymbolische Maßnahme verwendet werden kann, um einer geistigen Veränderung zu widerstehen.

Bonomi C. Entre Simbolo y Antisimbolo – Reconsiderando el significado de Trauma.

Desde el psicoanálisis, se ha aceptado normalmente que lo que hace que un evento externo sea traumático es el significado personal del evento para esa individualidad, ej. Como resuena desde su mundo interno y en relación al conflicto infantil. Esta asunción, que implica que un trauma opera como un símbolo, es comparada con el contrastante punto de vista de que un trauma más bien destruye la capacidad de simbolización y se discute en relación al tema de psique-soma. Finalmente se mantiene que el trauma psíquico, fuerza sobre la víctima como una vasta y difícil transformación en relación al cual el cuerpo puede ser usado como dispositivo antisimbólico para resistir el cambio mental.