

An event in the subject's life defined by its intensity, by the subject's incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychical organisation.

In economic terms, the trauma is characterised by an influx of excitations that is excessive by the standard of the subject's tolerance and capacity to master such excitations and work them out psychically.

‘Trauma’ is a term that has long been used in medicine and surgery. It comes from the Greek τϱαᡠμα, meaning wound, which in turn derives from τιτϱπσχω, to pierce. It generally means any injury where the skin is broken as a consequence of external violence, and the effects of such an injury upon the organism as a whole; the implication of the skin being broken is not always present, however—we may speak, for example, of ‘closed head and brain traumas’.

In adopting the term, psycho-analysis carries the three ideas implicit in it over on to the psychical level: the idea of a violent shock, the idea of a wound and the idea of consequences affecting the whole organisation.

The notion of the trauma fits primarily—as Freud points out himself—into an economic perspective: ‘We apply it 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’ 1a. The influx of excitations is excessive in relation to the tolerance of the psychical apparatus, whether it is a case of a single very violent event (strong emotion) or of an accumulation of excitations each of which would be tolerable by itself; at first, the operation of the principle of constancy* is held in check, since the apparatus is incapable of discharging the excitation.

Freud suggested a figurative conceptualisation of this state of affairs in Beyond the Pleasure Principle (1920g), envisaging it in terms of an elementary relationship between an organism and its surroundings: the ‘living vesicle’ is sheltered from external stimuli by a protective shield* or layer which allows only tolerable quantities of excitation through. Should this barrier suffer any breach, we have a trauma: the task of the apparatus at this juncture is to muster all its available forces so as to establish anticathexes, to immobilise the inflowing quantities of excitation and thus to permit the restoration of the necessary conditions for the functioning of the pleasure principle*.

A classic description of the beginnings of psycho-analysis (from 1890 to 1897) runs as follows: theoretically, the aetiology of neurosis is related to past traumatic experiences whose occurrence is assigned to a constantly receding date according as the analytic investigation penetrates more deeply, proceeding step by step from adulthood back to infancy; technically, effective cure is
sought by means of an abreaction* and a psychical working out* of the traumatic experiences. This traditional account adds that such an approach has gradually receded into the background.

In this period, the founding period of psycho-analysis, the term ‘trauma’ is applied in the first place to an event in the subject's personal history that can be dated and that has subjective importance owing to the unpleasurable affects it can trigger off. No complete view of traumatic events is possible without taking into account the subject's particular ‘predisposition’ (Empfänglichkeit). For there to be a trauma in the strict sense of the word—that is, non-abreaction of the experience, which remains in the psyche as a ‘foreign body’—certain objective conditions have to be met. Granted, the ‘very nature’ of the event may preclude the possibility of a complete abreaction (e.g. ‘the apparently irreparable loss of a loved person’), but aside from this extreme instance the event in question derives its traumatic force from specific circumstances: the particular psychological state of the subject at the time of the occurrence (Breuer's ‘hypnoid state’*); the concrete situation—social circumstances, demands of the task in hand, etc.—which prohibits or hinders an adequate reaction (‘retention’*); lastly—and most importantly in Freud's view—psychical conflict preventing the subject from integrating the experience into his conscious personality (defence*). Breuer and Freud note further that a series of events, none of which on its own would have a traumatic effect, may, in concert, produce just such a consequence (‘summation’) 2a.

It will be observed that the factor common to the various conditions enumerated in the Studies on Hysteria (1895d) is the economic one; the outcome of the trauma is always the incapacity of the psychical apparatus to eliminate the excitations in accordance with the principle of constancy. It is also easy to see that a gamut of traumatic events might be described, ranging from the type which derives its pathogenic force from its violence and unexpectedness (e.g. accidents), to the type which owes its importance merely to its intervention in a psychical organisation already characterised by its own specific points of rupture.

Freud's highlighting of the defensive conflict in the genesis of hysteria and, more generally, in that of the ‘neuro-psychoses of defence’, does not imply that the function of the trauma is weakened, but it does complicate the theory of the trauma. We may note first of all that the thesis of the trauma's essentially sexual nature matures in the years 1895-97, and that the same period sees the discovery of the original trauma in prepubertal life.

There can be no question of our giving any systematic presentation here of Freud's approach of that time to the relations between the notion of trauma and that of defence, since his views on the aetiology of the psychoneuroses were in constant evolution. All the same, several texts of the period 3 expose or presuppose a well-defined thesis tending to explain how the traumatic event triggers the setting up by the ego of a ‘pathological defence’ (of which repression constituted the model for Freud at this point) operating in accordance with the primary process, instead of the normal defences generally used against an unpleasurable event (e.g. diversion of attention).

The trauma's action is broken down into several elements, while it now presupposes at least two events. In a first scene—the so-called scene of seduction—the child is the object of sexual advances from the adult which fail to arouse any sexual excitement in him. A second scene, occurring after
puberty, often of a seemingly innocent nature, evokes the first one through some association. It is the memory of the first scene that occasions an influx of sexual stimuli which overwhelm the ego's defences. Although Freud calls the first scene traumatic, it is plain that, from the strict economic point of view, this quality is only ascribed to it after the fact (nachträglich*); or to put it another way: it is only as a memory that the first scene becomes pathogenic by deferred action, in so far as it sparks off an influx of internal excitation. Such a theory brings out the full meaning of the celebrated formulation of the Studies on Hysteria according to which ‘hysteric sufferers mainly from reminiscences’ (‘der Hysterische leide[т] grösstenteils an Reminisczenzen’) 2b.

At the same time we see a change of emphasis in the evaluation of the part played by the external event. The idea of the psychical trauma modelled on that of the physical one fades, for the second scene does not have its effect by virtue

of its own energy but only in so far as it arouses an excitation of endogenous origin. In this sense the Freudian view that we are describing here already clears the way for the idea that external events derive their effectiveness from the phantasies they activate and from the influx of instinctual excitation they provoke. It is also clear, however, that Freud is not satisfied at this period with a description of the trauma as the arousal of an internal excitation by an external event that is thus nothing more than a trigger mechanism: he feels the need to relate this event in its turn to a previous one, which he places at the source of the whole process (see ‘Scene of Seduction’).

In later years the aetiological significance of traumas tends to give way in Freud's work to that of phantasy-life and fixations at the various libidinal stages. The ‘traumatic line of approach’, though it is not ‘abandoned’ (as Freud suggests 1b, is integrated with a conception bringing in other factors such as constitution and childhood history. In conjunction with disposition, the trauma which precipitates neurosis in the adult constitutes a complemetal series*, while disposition itself comprises two complemetal factors—endogenous and exogenous:

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\text{Causation of Neurosis} = \text{Disposition due to Fixation of Libido} + \text{Accidental Experience (Traumatic)}
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Sexual Constitution (Prehistoric Experience)               Infantile Experience

It will be noted that in this schema—given by Freud in his Introductory Lectures on Psycho-Analysis (1916-17) 1c—the term ‘trauma’ denotes an event occurring during a second period, not the childhood experience that is found at the origin of a fixation. The trauma's import is reduced and at the same time its singularity diminishes—in fact it tends to become synonymous, in the context of the causation of neurosis, with what Freud elsewhere calls Versagung, frustration*.

But while the traumatic theory of neurosis is thus scaled down, the existence of accident neuroses, especially war neuroses, brings the problem of traumas—in the clinical form of the traumatic neuroses*—back to the forefront of Freud's concerns.
From a theoretical point of view, Beyond the Pleasure Principle (1920g) attests to this interest of Freud's. He readopts the economic definition of the trauma as a breach, and this even leads him to frame the hypothesis that an excessive influx of excitation immediately halts the operation of the pleasure principle, obliging the psychical apparatus to carry out a more urgent task 'beyond the pleasure principle' which consists in binding the excitations in such a way as to allow for their subsequent discharge. The repetition of dreams in which the subject relives the accident intensely, placing himself once more in the traumatic situation as if attempting to dominate it, is attributed to a repetition compulsion*. More generally, the whole group of clinical phenomena in which Freud sees this compulsion at work displays the fact that the pleasure principle, if it is to function, requires that certain conditions be met; these conditions are destroyed by the occurrence of the trauma inasmuch as this is not just a disturbance of the libidinal economy but constitutes a more radical threat to the integrity of the subject (see 'Binding').

Finally, in the revised theory of anxiety as expounded in Inhibitions, Symptoms and Anxiety (1926d), and in a more general way in the second topography, the notion of the trauma assumes renewed significance aside from any reference to traumatic neurosis proper. The ego, by releasing the signal of anxiety*, seeks to avoid being overwhelmed by the surge of automatic anxiety* which defines that traumatic situation where the ego is defenceless (see ‘Helplessness’). This account in effect postulates a kind of diametrical opposition between the external danger and the internal one: the ego is attacked from within—that is to say, by instinctual excitations—just as it is from without. The simplified model of the vesicle as Freud had presented it in Beyond the Pleasure Principle (see above) no longer holds good.

It may be noted, lastly, that when Freud looks for the kernel of the danger, he finds it in an intolerable increase in tension resulting from an influx of internal excitations that have to be eliminated. According to Freud, it is this which accounts, in the last analysis, for the ‘birth trauma’.


(3) 3 Cf. especially Freud, S., Anf., 156-66 and 432-36; S.E., I, 220-29 and 352-57.


EGO; PSYCHIC APPARATUS; STIMULUS BARRIER; TRAUMATIC NEUROSIS

The disruption or breakdown that occurs when the psychic apparatus is suddenly presented with stimuli, either from within or from without, that are too powerful to be dealt with or assimilated in the usual way. A postulated stimulus barrier or protective shield is breached, and the ego is overwhelmed and loses its mediating capacity. A state of helplessness results, ranging from total
apathy and withdrawal to an emotional storm accompanied by disorganized behavior bordering on panic. Signs of autonomic dysfunction are frequently present. The traumatic state varies both in intensity and duration from one individual to another. Its consequences can be negligible or can include an incapacitating traumatic neurosis.

The concept of trauma played an integral part in Freud's early theory of neurosis. Although he first thought of affective reactions (such as fright, anxiety, shame, or physical pain) as determining a trauma, later studies delineated factors that constitute the preconditions for trauma or determine its outcome. In traumatic neuroses the intensity of the stimulus in relation to the preparedness of the stimulus barrier seemed paramount, but in these neuroses as well as those derived from intrapsychic conflict, constitution and past experience determined how well the ego dealt with the traumatic stimulus. Trauma is ubiquitous in development, but some trauma experiences affect development adversely and increase the ego's vulnerability to trauma. Constitutional factors and fixations and regressions in ego and superego development, growing from problems in the early relation to the mother, affect the ego's vulnerability. Repeated minor failure to meet the infant's needs may add up to a cumulative trauma that seriously affects the child's structural development and adaptation and predisposes him or her to further trauma. Correlation between a traumatic stimulus and the libidinal phase in which it occurs (known as phase specificity) determines whether a trauma will occur and what its effect will be. The environmental and psychic circumstances prevailing at the time of the trauma, the individual's reaction to the event rather than the event itself, the archaic pathological attempts to master it, and the support given by self-esteem and by objects all help determine the outcome. Well-defined, acute trauma symptoms are sometimes followed by strengthening of the ego, improved adaptation, and accelerated development.

References


Furst, S. S. Trauma. PMC. Forthcoming.


- See more at: http://www.pep-web.org/document.php?id=zbk.069.0001t#yn0015395997200