The New Wounded

From Neurosis to Brain Damage

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FORDHAM UNIVERSITY PRESS
NEW YORK 2012
PREAMBLE

She must think I've forgotten her since she died, how alone and abandoned she must feel! Oh! I must run and see her this very minute, I can't wait for my father to come, but where is it? How can I have forgotten the address? If only she still recognizes me! How can I have forgotten her all these months? It's dark, I won't find her, the wind is stopping me from advancing; but here is my father walking in front of me; I cry out to him: “Where's Grandmother? Tell me the address. Is she all right? Is it quite certain she's got all she needs?” “No, no,” my father says to me, “you can rest assured. Her nurse is an orderly person. We send a very small sum from time to time so they can buy her the little she has need of. She sometimes asks what's become of you. She's even been told that you were going to write a book. She seemed pleased. She wiped away a tear.”

—MARCEL PROUST, *Sodom and Gomorrah*

There are two personal experiences at the origin of the present work. In the first place, this book is a belated reaction to the ordeal of depersonalization to which my grandmother was subjected as Alzheimer's disease operated upon her. I say “operated” because it seemed to me that my grandmother, or, at least, the new and ultimate version of her, was the work of the disease, its opus, its own sculpture. Indeed, this was not a diminished person in front of me, the same woman weaker than she used to be, lessened, spoiled. No, this was a stranger who didn't recognize me, who didn't recognize herself because she had undoubtedly never met her before. Behind the familiar halo of hair, the tone of her voice, the blue of her eyes: the absolutely incontestable presence of someone else. This other person, however, was strangely absent. My grandmother no longer cared about anything anymore; she was
indifferent, detached, cool. In the end, she spent whole days creasing and
uncreasing a corner of her blanket.

Why wasn’t I comforted by this turn of events? After all, to desert life
in this way, to die before being dead, isn’t this the most beautiful way to
die? To die to death itself? No longer to know oneself mortal? No longer to
have to die in person? Such thoughts, however, brought me no solace. I was
perfectly aware—along with everyone who must endure the same spectacle
in their own lives—that this absence, this disaffection, this strangeness
to oneself, were, without any possible doubt, the paradoxical signs of pro-
found pain.

Later, I learned that Alzheimer’s disease is a cerebral pathology. Could it
be that the brain suffers? Could it be that this suffering manifests itself in
the form of indifference to suffering? In the form of the inability to experi-
ence suffering as one’s own? Could it be that there is a type of suffering that
creates a new identity, the unknown identity of an unknown person who
suffers? Could it be that cerebral suffering is precisely such suffering?

Another Relation to Philosophy

It took me a long time to understand how the second motive for this book,
which pertains to the evolution of my relation to philosophy, is related to
my grandmother’s illness. For many years, my work has been devoted to the
concept of “plasticity,” which I encountered for the first time in Hegel’s
philosophy. However, the theoretical elaboration of this concept led
me gradually to enlarge the field of my investigations beyond traditional
philosophy into different domains of knowledge where the concept plays
a decisive role—initially psychoanalysis and then cellular biology and
neuroscience.

This is how I became increasingly interested in the study of the brain—its
functioning, its organization, and its pathologies. This expansion of my field
of research had real repercussions upon my thought, to such an extent that
I can now say that there is a distinct “before” and “after” of my incursion
into the domain of neuroscience. Not that I have become a “cognitivist” or
a “reductionist.” On one hand, I remain fundamentally attached to contin-
ental philosophy; on the other, I do not see any danger (what would be
endangered by what?) in the advances of the naturalist philosophy of mind.

I consider it incontestable, from now on, that the structures and opera-
tions of the brain, far from being the glimmerless organic support of our
light, are the only reason for processes of cognition and thought; and that
there is absolutely no justification for separating mind and brain. But I was
less concerned with these cognitive processes than with the affective brain,
the conductors of emotion in the brain, this decisive aspect of cerebral
activity that has been relegated to the shadows for too long, but that con-
temporary neurologists tirelessly help us to discover. There are even a large
number of psychoanalysts today who know nothing or pretend to know
nothing about this affective dimension of the brain. Imagine my surprise
when, after giving a lecture on the relation between the psyche and the
brain at a famous Parisian hospital to a room full of psychoanalysts, I was
sharply chastised for misreading Lacan—who, it was objected, had already
said everything I was saying.

Could it be that psychoanalysis hasn’t said everything on the subject of
psychic suffering? Could it be, precisely, that it ignores the suffering of the
brain and, along with it, the emotive and emotional dimension of the
brain?

Obviously, we can no longer consider the brain as the simple way station
for stimuli without essential relation to psychic life. Alzheimer’s disease, like
many pathologies, is not merely a neurodegenerative disorder but also a
psychic attack, in the sense that it impinges upon the identity of the subject
and overturns his affective economy.

Could it be that this disease finally brings out into the open a type of
lesion that psychoanalysis has never taken into account? Could it be that it
manifests—a posteriori, as it were—new forms of suffering? Could it be that
there are new wounded whom psychopathology has never encountered
before now?

I should mention that during my grandmother’s illness her geriatric care
facility did not offer any psychotherapeutic services. The patients were
certainly not mistreated, but it was clear that they were not considered to
be subjects endowed with psychic life and that no one was prepared
to respond to their despair other than by numbing it with medication. As
for myself and the members of my family, we had no idea how to behave.
We sat in the room, frightened, uncomprehending. We hastened to talk to
my grandmother about “normal” things, as if they would still have meaning
for her.
I understood too late that tenderness would have been the only way to respond; that the incoherence of my grandmother’s behavior and her visible indifference were also reactions to the shock of hospitalization. If I understood more clearly, I would have tried on occasion to take her back home for a few hours. I would have given her the chance to regain her familiar surroundings, her “things.” The point would not have been absurdly to help her to “refresh her memory,” but to allow her calmly and without any expectations to perceive “her own absence.”

I did not know what to do and my books were of no help. Philosophy had even less to say than psychoanalysis. No metaphysical account of flight beyond the world had anything to do the desertion of people with brain disease. Neither the Platonic theory of the soul’s aspiration to leave the body, nor the existential thinking of anxiety, the temptation of suicide, disorientation, or boredom, could shed light on this specific form of dispossession. It must be stated outright: No philosopher has ever approached the immense problem of cerebral suffering.

One must also recognize that neither psychoanalysis nor philosophy has proposed an approach to such suffering that would be at once epistemological, clinical, and metaphysical. We are supposed to be satisfied with the implicit diagnosis of vegetative state. Everyone thinks it without daring to say it aloud: my grandmother, along with all her companions in misfortune, had simply become “vegetables.”

The Time of a Book

For many years, something within me quietly revolted against this type of judgment. Today, it seems that the pain caused by my grandmother’s illness and the transformation of my relation to philosophy were intimately linked. My work on plasticity was perhaps a way of shedding conceptual light upon the type of psychic suffering experienced by a loved one, suffering that I could do nothing about, and that escaped the purview of the analytic categories at my disposal.

Might the new neurobiological orientation of my philosophical research on plasticity—the threefold movement of reception, donation, and annihilation of form—make it possible to recognize the importance of the cerebral psyche that is in the process of claiming its rights? To welcome, on the level of the concept, the “new wounded”? To see these sufferers as something other than figures of the unthinkable?

The unthinkable is the metamorphosis that makes an unrecognizable subject emerge from an ontologically and existentially secret place. The unthinkable is a discontinuous—most often sudden—transformation, through which a diseased identity deserts its former reference points—which it no longer recognizes as its own—and fixes upon the undecipherable touchstones of an “other world.”

Might there be a type of plasticity that, under the effects of a wound, creates a certain form of being by effacing a previously existing identity? Might there be, in the brain, a destructive plasticity—the dark double of the positive and constructive plasticity that moulds neuronal connections? Might such plasticity make form through the annihilation of form?

I decided to begin a book in which philosophy, psychoanalysis, and contemporary neurology would enter into dialogue with one another. The tasks of such a dialogue would be to recognize and identify cerebral suffering as psychic suffering, to undertake a redefinition of the psyche itself on the basis of this recognition, and to raise the question of the brain as the source of the formations and deformations of identity.

The urgency of these tasks belongs to the future of philosophy and psychoanalysis themselves, which can no longer lag behind on questions of the psyche and the mind.

Posing the Problem

I began to write this book at the moment when the dispute between psychoanalysis and its detractors was gaining intensity. _Le livre noir de la psychanalyse_ had just been published, and the media had grabbed hold of its accusations of imposture, inefficiency, fantastical definitions of the psyche, and disregard of neuronal reality.³ The necessary responses, like that of Elisabeth Roudinesco, gave voice to legitimate indignation. But other very interesting books had also appeared that proposed to synthesize the methods of psychoanalysis and neurology, showing that the two fields were perhaps neither heterogeneous nor irreconcilable.⁴ In the meantime, French philosophers remained silent about such matters.

For my part, I soon realized that nothing less would be required today than the complete theoretical reinvention of psychopathology, and that neither
virulent attacks against psychoanalysis—as justified as they might be in
certain respects—not certain psychoanalysts’ vaunted disregard for such
attacks, nor the attempts at a hasty “synthesis” of the unconscious and neu-
rons, are sufficient to accomplish such a task. Such a reinvention of psychi-
pathology would entail both a reorientation of the clinic and the revision of
the very philosophical basis of this reorientation. Before taking sides in dis-
putes about method (analytic cure versus cognitive behavioral therapies),
and before “choosing” between metaphysics and positivism, one must,
humbly and rigorously, **elaborate the problem** posed by the confronta-
tion between psychoanalysis and neurology today.

**The Method: Centering and Delocalization**

A problem is not a question but the elaboration of a question. This elabora-
tion paradoxically implies both a **centering** and a **delocalization of the question**
itself.

At the center of my question lies **causality**. Along the detour of the ques-
tion lies **war**. At the heart of the problem—that is, at the intersection of the
two directions of questioning—lies **trauma**.

**Causality.** It is necessary resolutely to engage with the confrontation
between psychoanalysis and neurology on etiological grounds. Every psy-
chopathology implies the elaboration of a **specific etiology**—albeit multiple
and ramified—of the disturbances that it addresses. Accordingly, in order
for a fruitful dialogue between psychoanalysis and neurology to be possible,
one must examine the different concepts of the **causality of damage** that per-
tains to each science and highlight their respective understandings of the
relation between **event** and **wound**.

**War.** From my work on the relation between neuronal architecture and
social hierarchy within the capitalist enterprise, I know that any approach
to psychopathology constitutes a political gesture. But lengthy justifica-
tions are required to substantiate this claim. For the moment, therefore,
I will limit myself to a single justification, the most pertinent to the present
context. The **determination of psychic disturbances**—their definition, their **clinical
picture, and their therapy**—is always contemporaneous with a certain state or a
certain age of **war**.

Indeed, it is impossible to overestimate how much the present work owes
to the psychiatry of war. Psychoanalysis is, above all, a theory of conflict,
which was largely elaborated in proximity to the front. The role of World
War I within the evolution of Freudian thought is well known. It is also well
known that Freud was called as an expert witness during the Wagner-
Jauregg trial in 1920. Wagner-Jauregg, a military psychiatrist, was accused
of having tortured patients suffering from war neuroses under the pretext
that they were “simulators,” subjecting them to faradization (a type of elec-
tr shock treatment). Freud’s reflections on this supposed “simulation”
brought to light the unconscious signification of war and the specific anx-
ity that accompanies it.

My study of the relation between Freud and the logic and psychology
of armed confrontation led me to read contemporary treatises on military
psychology. It was undoubtedly this reading experience that, in large mea-
sure, allowed me to forge the link that I was looking to establish between
psychoanalysis and neurology.

Taking into consideration changes in weaponry and the very form of
military conflict in the course of the twentieth century, the contemporary
psychiatry of war had been compelled, on its own, to assimilate the evolution
that led from what was called **traumatic neurosis** during Freud’s time to what
has more recently been called PTSD, or **posttraumatic stress disorder**. War
psychiatrists have a more convincing explanation for the inability of psycho-
analysis to think this evolution, I believe, than **Le livre noir de la psychanalyse**.
This explanation can be reduced to a single word: **trauma**. It might be—as
all the conflicts of the twentieth century and the dawning twenty-first cen-
tury have shown—that, for a long time now, psychoanalysis has had little of
relevance to say on this subject. **Trauma thus becomes the core of the question**.

But what is the relation between war trauma and the example I began
with: a patient with Alzheimer’s disease? To answer this question, I have to
extend my digression on war. Bruno Bettelheim’s methods—by which
I mean the type of gaze that he brought to the study of autistic children—
are quite thought provoking. He was struck by similarities in the behavior
of autistics and of “musulmans” in the concentration camps—these men
who, having become indifferent to everything, let themselves die. Instead of
dedicating himself to the study of autism as if it were an isolated pathology,
without relation to any form of social conduct, Bettelheim asked himself
whether autism was somehow a response to the threat or exercise of collec-
tive violence, a form of reaction to oppression.

Bettelheim declares: “For myself it was the German concentration camps
that led me to reflect on the most personal, immediate ways on what kinds
Three Hypotheses

There are three hypotheses deriving from the preceding conclusions that structure this book:

1. From sex to the brain. It is possible to deduce the existence of a psychic regime of events—a cerebral eventuality—whose specific causality is radically different from that which psychoanalysis had elucidated. It is thus important to show—the principal wager of this book—that cerebral eventuality will replace sexual eventuality within the psychopathology to come.

2. Families of traumas. The analysis of this substitution supposes a general theory of trauma that would itself be founded upon the elucidation of the traits that all of the new wounded have in common.

3. Destructive plasticity. The development of the preceding points is supported by the hypothesis of destructive plasticity—until now unknown to psychoanalysis but also insufficiently thematized by neurology—that forms the psyche through the deconstitution of identity.

The goal of this book is neither to lend support to some liquidation of psychoanalysis and thus to declare unconditional devotion to the neurological approach to psychic disturbances, nor, on the contrary, to weigh down the results of neuropathology with a cumbersome theoretical apparatus. Through a sustained dialogue between the two disciplines, I simply intend to think the new faces of suffering.

Many things have changed since the period that I discuss in this book. The psychic suffering of patients with brain disorders is widely recognized today. I would like to express my debts to Dr. Thierry Gallarda (Hôpital Sainte-Anne, Paris), Dr. Laurence Lenfant (geriatric psychiatry, Dijon), and Dr. Olivier Labergère; and to thank the audiences at my lectures at Hôpital Sainte-Anne and the Cité des Sciences, the journal L'Encéphale, and the International Neuropsychoanalytic Society for their help and their confidence.

of experience can dehumanize. I had experienced being at the mercy of forces that seemed beyond one’s ability to influence, and with no knowledge of whether or when the experience would end. It was an experience of living isolated from family and friends, of being severely restricted in the sending and receiving of information. At the same time I felt subject to near total manipulation by an environment that seemed focused on destroying my independent existence, if not my life."

Synthesizing Bettelheim’s experience with the teachings of the treatises on military psychology, it seemed that it would be legitimate to form the hypothesis that patients with Alzheimer’s disease or, more generally, patients with brain lesions, behave as if they are suffering from war trauma.

How would it be possible not to be struck by the incontestable similarity between the behaviors of such patients and those of soldiers suffering from PTSD—Vietnam veterans (for whom the category of PTSD was devised) or, more recently, soldiers who have fought in Iraq. In particular, they all display the same affective coolness, the same desertion, the same indifference associated with a total metamorphosis of identity.

But this comparison works in both directions. Indeed, the behaviors of patients with war trauma, whether or not they suffer from patent head wounds, are comparable in every respect to those of patients with brain lesions. The work of contemporary neurologists helped me to discover the impossibility of separating the effects of political trauma from the effects of organic trauma. All trauma of any kind impacts the cerebral sites that conduct emotion, whether it is a matter of modifying the configuration of such sites or, more seriously, rupturing neuronal connections. Even in the absence of any patent wound, we know today that any shock, any especially strong psychological stress, or any acute anxiety, always impacts the affective brain—this unrecognized part of the psyche.

In order to orient a confrontation between psychoanalysis and neurology today, therefore, the first step would be the redefinition of trauma.

If there is a bridge between the cerebral and the psychic, in fact, it can only be reached by exploring the sensitive zone of the emotional brain, which constitutes a secret economy of affects and the dark core of destructive plasticity. Such an economy must be articulated with and against the traditional concept of the unconscious.
How could it be! An X-ray was made of my head. I, a living being, have seen my cranium—is that not something new? Come on!

—Guillaume Apollinaire, *The New Spirit and the Poets*
Introduction

The distinction between diseases of “brain” and “mind,” between “neurological” problems and “psychological” or “psychiatric ones,” is an unfortunate cultural inheritance that permeates society and medicine. It reflects a basic ignorance of the relation between brain and mind.

— ANTONIO DAMASIO, Descartes’ Error: Emotion, Reason, and the Human Brain

Cerebrality and Sexuality: Cause and Event

I will allow myself to invent one word and only one: cerebrality. My hope is that such a barbarism will come to be accepted as the mark of a concept.

Why introduce this word? It is necessary in order to construct the analogy around which my entire discussion will revolve.

FROM SEX TO SEXUALITY

Freud, as we know, distinguishes between two related ways of understanding “sexuality.” The everyday understanding of sexuality supposes that it consists of a set of sexual practices and behaviors. The concept or scientific understanding of “sexuality,” however, upholds it as a law—that is, a specific form of causality. Such a concept would thus function as a regulative apparatus designed to organize the phenomenal dispersion implied in the everyday understanding of sexuality.
Introduction

For Freud, the ability to elucidate how this apparatus works and to establish the causal value of sexuality within the domain of mental illness—especially the neuroses—constitutes a decisive advance and will become one of the bases of psychoanalysis. To elucidate the “sexual etiology of the neuroses” is not to say that sexual problems, in the first sense, directly impinge upon the psyche—as if the latter were already constituted and incurred such lesions from the outside; it is, on the contrary, to underscore the necessary relation between such problems and the nature of psychic life itself.

Psychoanalysis does not only study “noxae that affect the sexual function itself,” but also elucidates what destines or predestines these disturbances to become the styluses whereby the internal course of psychic life is inscribed. Psychoanalysis, then, is a matter of aligning the sexual etiology of the neuroses with a theory of events.

According to scientific understanding, therefore, sexuality appears as the concept that determines the sense of the event within psychic life.

FROM THE BRAIN TO CEREBRALITY

In the same way that Freud upheld the distinction between “sex” and “sexuality,” it has become necessary today to postulate a distinction between “brain” and “cerebrality.” If the brain designates the set of “cerebral functions,” cerebrality would be the specific word for the causal value of the damage inflicted upon these functions—that is, upon their capacity to determine the course of psychic life. The recognition of cerebrality, then, implies the elucidation of the specific historicity whereby the cerebral event coincides with the psychic event. Such recognition makes possible a cerebral etiology of psychic disturbances.

If it is necessary to elaborate the concept of cerebrality today, it is because, insidiously but unmistakably, cerebrality has usurped the place of sexuality in psychopathological discourse and practice. Accordingly, this substitution is one of the basic reasons for the conflictual relation between psychoanalysis and neurology. The main purpose of my discussion will be to clarify the meaning of this substitution.

LOVE AND THE BRAIN

Although there are numerous signs that cerebrality has replaced sexuality, the relation between them has yet to be clearly articulated. All we have is the vague ideological supposition that the “brain” governs “sex.” This substitution is thus expressed by recourse to the vulgar notion of an “erotic brain” at the root of all our pleasures, emotions, and suffering.

Innumerable articles—published both in specialized journals and popular magazines—posit the brain as the organ behind “sexual chemistry.” Such developments suggest that the hypothesis of a specific sexual drive endowed with its own psychic representation has been ousted by the idea of cerebral sensibility or sensuality. All affects begin as neuronal or hormonal processes that have different effects but derive from the same source. The libido thus gives way to the vaguer notion of “appetite,” of which it would be merely one species. Accordingly, Mark Solms can declare: “Where Freud used the sexual term ‘libido’ to denote the mental function activated by our bodily needs of all kinds, modern neurobiologists speak of ‘appetites.’”

The libido—in weak sense of sexual desire or pleasure—would be merely one manifestation among others of a neuronal dynamic. The idea that the sexual would be autonomous with respect to the cerebral is thereby demoted: sex is located in the brain as one of its phenomena. As Jean-Didier Vincent puts it: “Desire is in the head.”

The brain has also been described as the origin of the phenomena of addiction. Advances in the knowledge of neurotransmission have made it possible to provide a detailed analysis of the processes of dependency. Whether it be drugs, alcohol, or medications—in particular, tranquilizers and antidepressants—the conclusions are the same: The habit-forming effects of these substances are due to the facilitation or inhibition of certain neurotransmitters.

According to research of this type, the brain is the origin of all of our attachments. Such an affirmation does not amount to an “intellectualization” of desire but, on the contrary, proves that cerebral organization presides over a libidinal economy whose laws have just begun to be explored.

Hence, a radical affirmation: Today, obscurely yet certainly, the brain appears as the privileged site of the constitution of affects.

EMOTIONS AND THE BRAIN

Elaborating the concept of “cerebrality” makes it possible to unify the various discourses on the brain that, even if they converge upon the same idea, remain nebulous.
Introduction

What is the source of the prevalent intuition that the brain and affects are inseparable from one another? This intuition undoubtedly constitutes the naive interpretation of what neurologists have recently called “the emotional brain.” The study of emotional processes in the brain has become an increasingly important area of research within neurology that insists upon the indissoluble link between neuronal metabolism and the dynamic of emotion. Accordingly, “dynamic of emotion” does not merely refer to a system that governs a certain type of sensation but rather to a thoroughgoing redefinition of the logic of the drive.

Cerebral activity goes well beyond the mere work of cognition, and even of consciousness, to encompass the affective, sensory, and erotic fabric without which neither cognition nor consciousness would exist. For this reason, brain lesions of any kind always result in both cognitive and emotional disturbances: affective or libidinal deficits, disruption of habits, the tragic loss of life skills. Cognitive and emotional damage: We may now presume that the one never occurs without the other.

How, then, might we forge a consequential and rigorous connection between the “erotization of the brain,” the diffuse notion that haunts popular opinion, and the primordial importance that scientists grant to emotions within cerebral organization? The best way to respond to this question would be to examine the consequences of damage to the emotional centers of the brain. According to the available evidence, however, the type of event that interferes with cerebral affects does not fall under the jurisdiction of sexuality; it cannot be equated with “harm inflicted upon the sexual function.” Brain damage constitutes a psychic event of a different nature than what Freud called a “sexual event.”

The concept of cerebrality would thus make it possible to determine, much like the Freudian concept of “sexuality,” both a cause and a regime of events. Sexuality and cerebrality appear today as concurrent economies of the psyche’s exposure to wounding.

WHAT IS A PSYCHIC EVENT?

But what is the fundamental distinction between a “psychic event,” understood in terms of sexual etiology, and a “psychic event,” understood in terms of cerebral etiology—the distinction that establishes the differend that separates psychoanalysis and neurology? What is the difference between what happens according to the one etiology and what happens according to the other?

For Freud, as we will show at length in the second part of this book, a “psychic event” always has two sides—an “exogenous” side and an “endogenous” side. Every event implies an unexpected occurrence, an element of surprise. This is the exogenous aspect of the event. The endogenous aspect, then, comprises the way in which the psyche elaborates this exteriority in order to integrate it into the history of the subject. Sexuality (in both of its senses, “empirical” and “transcendental,” as it were) thus appears to Freud as the privileged site of an encounter between the exogenous and the endogenous, or, more precisely, as the privileged site of the encounter and connection between an incident and a signification. Paul Ricoeur remarks, quite correctly, that the essence of psychoanalytic discourse lies in the determination of each event as an intersection between the “energetic” and the “hermeneutic,” as the connection between “nonsense” and “sense.”

The course and regime of events governed by cerebrality is completely different. Brain damage is itself an event that, insofar as it affects the psychic identity of the subject, reveals a certain connection between the exogenous and the endogenous. But this connection is distinguished by the fact that no interpretation of it is possible. In the case of a brain lesion, for example, the external character of the accident remains external to the psyche itself. It remains exterior to the interior. It is constitutively inassimilable.

The accidents of cerebrality are wounds that cut the thread of history, place history outside itself, suspend its course, and remain hermeneutically “irrecoverable” even though the psyche remains alive. The cerebral accident thus reveals the ability of the subject to survive the senselessness of its own accidents.

THE FREUDIAN REJECTION OF A CEREBRAL PSYCHE

It is precisely this psychic survival of the cerebral accident that Freud never accepted. One could even say that his elucidation of sexuality became possible only thanks to a neutralization of cerebrality. In his early work, Freud is indeed interested in the inscription of the event within the psyche, which, from Project for a Scientific Psychology onward, he elaborates as the question of “facilitation” (Bahnung). However, the brain will very quickly become for
The "sexual etiology of the neuroses," therefore, is only valid in cases of "traumatic neurosis" that, ultimately, cannot be truly or substantially distinguished from disturbances that result from brain lesions.

The argument is circular. Either brain lesions and other types of shock cannot be reduced to sexual disturbances, which means that patients' suffering is not considered to be psychic suffering and that they are disqualified for psychoanalytic treatment, or the aftereffects of trauma can be translated into the language of endogenous events, which means that trauma victims become common neurotics.

The distinction between "efficient cause" (Veranlassungen) and "determining cause"—or, more precisely, a cause that "possesses the relevant suitability to act as a determinant" (die betreffende determinierende Eignung besitzt)—also functions to ground such an argument. This distinction, which Freud posited quite early ("The Aetiology of Hysteria," dating from 1896), allowed him to show that shocks or external events constitute only secondary factors whose damage does nothing in reality but "trigger" or "activate" the endogenous causes—the true, sexual causes—of a given disturbance.

Freud clearly underscores the need to recognize two types of factors at the origin of neurosis: constitutional factors and accidental factors. Nonetheless, when it comes to evaluating the "part played by sexuality in the etiology of the neuroses," he admits that he "ceased to lay exaggerated stress upon the accidental influencing of sexuality" (akzidentellen Beeinflussung der Sexualität). He also underscores the fact that if damage from outside and trauma do play a role in the etiology of the neuroses, they can only "cause secondary damage" to the psyche. Although Freud was a thinker of the event, could it be that he was not a true thinker of the accident?

We must examine this point as soberly as possible. This, of course, is not to deny that Freud took external peril and threats to life into account, that he drew a distinction between fear, anxiety, and fright—the latter being the affect proper to trauma, "the state a person gets into when he has run into danger without being prepared for it." He gave a perfect definition of trauma as an influx of excitation that overwhelms the metabolic capacity of the psychic apparatus. He acknowledges the status of "severe mechanical concussions . . . railway disasters or other accidents involving risk to life" or "the terrible war which has just ended." In the final analysis, however, sexuality, understood as a specific causality and regime of events, will always
they have always been sick or will be sick forever, this does not change the fact that, in every case, the wound, permanent infirmity, or sudden lesion manifests the same absence of sense.

These patients, each in his or her own way, challenge us to think pure, senseless danger as an unexpected event—incompatible with the possibility of being fantasized. One does not fantasize a brain injury; one cannot even represent it. Cerebrality is thus the causality of a neutral and destructive accident—without reason. We know that it does not take much—a few vascular ruptures, minimal in terms of their size and scope—to alter identity, sometimes irreversibly. We know it, but the psyche cannot stage this knowledge for itself.

The impossibility of such psychic staging has psychic repercussions in itself. The psyche does indeed live, endure, and suffer from the damage caused by the “pure” accident. This damage disturbs the cerebral economy of the affects that hold together body and mind, thought and sensibility, cognition and sensuality.

The destruction of everything that attaches the subject to himself and to others—auto-affection, desire, love, hatred, pleasure—can either take an instant or the longer span of degenerative brain disease, but, in either case, the event is blind to the hermeneutic dimension. Contrary to what Freud affirms, sexuality is always exposed to a more radical regime of events: the shock and the contingency of the ruptures that sever neuronal connections.

**WHO ARE THEY? PROFILES**

The appellation “new wounded,” therefore, designates people who suffer from psychic wounds that traditional psychoanalysis cannot understand—that is to say, understand and thus consider as relevant to its jurisdiction.

The presence of the new wounded constitutes both a return to the past and an emergent phenomenon. The “new wounded” are also the “old” wounded, people whose pathologies have long been identified. Freud the neurologist knew them on sight. At the same time, these pathologies are “new” to the extent that we are beginning today to appreciate not only their organic but also their psychic effects. Herein lies the new phenomenon: From now on, people with brain lesions will form an integral part of the psychopathological landscape.
Introduction

Who are they? They are, as the term indicates, victims of various cerebral lesions or attacks, head trauma, tumors, encephalitis, or meningoencephalitis. Patients with degenerative brain diseases such as Parkinson’s or Alzheimer’s also fall into this category. In addition, we might think of the patients whom psychoanalysis has attempted to cure without success: schizophrenics, autistics, epileptics, victims of Tourette’s syndrome.

The “new wounded” constitute an emergent phenomenon, then, to the extent that this category also refers to subjects who suffer from disturbances that had yet to be identified during Freud’s time. For example, one might adumbrate several recently discovered disorders: obsessive-compulsive disturbances, hyperactivity syndrome with attention deficit disorder, or any of the illnesses identified by the “disabilities movement.”

All such people—victims of accidental lesions or chronic illness—suffer, no matter their disparate clinical profiles, from emotional disturbances that essentially consist in the malfunctioning of affective signals necessary to make decisions. To differing degrees, they all display permanent or temporary behaviors of indifference or disaffection.

TOWARD A GENERAL THEORY OF TRAUMA

The “new wounded,” however, are not merely people with brain lesions. We should recall that cerebrality designates a regime of eventuality that recognizes the psychical weight of accidents stripped of any signification. I thus authorize myself also to extend the category of “new wounded” to cover every patient in a state of shock who, without having suffered brain lesions, has seen his or her neuronal organization and psychic equilibrium permanently changed by trauma. Such patients also suffer, in particular, from an emotional deficit.

The approach of contemporary neuropathology makes it possible to elaborate a legitimate model for understanding the structure of every type of psychic trauma. The “lesion method,” to borrow one of Damasio’s formulations, is thus capable of showing that both subjects with brain lesions and those who have suffered types of trauma not linked to cerebral pathology present identical behaviors. The behavior of subjects who are victims of trauma linked to mistreatment, war, terrorist attacks, captivity, or sexual abuse display striking resemblances with subjects who have suffered brain damage. It is possible to name these traumas “sociopolitical traumas.”

Under this generic term, one should group all damage caused by extreme relational violence. Today, however, the border that separates organic trauma and sociopolitical trauma is increasingly porous.

This affirmation tends to generalize and enlarge the concept of brain damage opening it to types of harm that do not initially pertain to neuropathology. It is thus necessary to show that all trauma impacts neuronal organization, particularly the sites of emotional inductors. This is precisely the point that makes it possible to construct a paradigm for all the “new” wounded. In addition, this affirmation makes it possible to understand neuronal disturbance in other terms than pure and simple physiological lesions.

Of course, in neuropathological cases, neuronal changes are the cause of psychic disorganization, whereas they are the consequence of psychic disorganization in cases of sociopolitical trauma. Nonetheless, in all of these situations, the same impact of the event is at work, the same economy of the accident, the same relation between the psyche and catastrophe.

Not all traumas, lesional or sociopolitical, are always fortuitous, and there is never a simple relation between the “normal” interior of the psyche and the violent eruption of an unpredictable exterior. Sociopolitical trauma never occurs entirely by chance. Every event always derives, in one way or another, from an indivisible intimacy between the outside and the inside. Nonetheless, today, traumatic events appear more and more clearly as events that tend to mask their intentionality, taking two, apparently contradictory, forms: they appear either as perfectly unmotivated accidents or as the necessary blindness of natural laws. In both cases, the intentional orientation of the event is disguised or absent.

The victims of neuropathological trauma thus display a strange phenomenon that constitutes a structural trait of all posttraumatic behavior. Effacing the limits that separate “neurobiology” from “sociopathy,” brain damage tends also to blur the boundaries between history and nature; and, at the same time, it reveals the fact that political oppression, today, itself assumes the guise of a traumatic blow stripped of all justification.

NEUROPSYCHOANALYSIS

Beyond the controversies and discussions about the efficacy or scientificity of psychoanalysis that currently divide the field of psychopathology, we
should, instead, devote our attention to the change in the concepts of event, wound, and trauma.

This gesture does not entail taking sides against Freud. On the contrary, I will undertake a reading of Freud that will turn upon the elaboration of the notion of the psychic event. In order to facilitate a confrontation between Freudian thinking and the contemporary neurological thinking of the event, I will follow the path opened by the disciplinary formation of neuropsychoanalysis.

Born in the United States from the work of neurologist and psychoanalyst Mark Solms, this discipline presents itself as a novel synthesis of the neurological and psychoanalytic approaches to mental disturbances. A relatively recent development, having only emerged at the beginning of the 1990s, neuropsychoanalysis, as its name indicates, is a bridge concept, a hyphen, between neurology and psychoanalysis.

The neuropsychoanalysts belong to the new generation of researchers who have contested the pure and simple rejection of psychoanalysis, which, since the 1950s, has been common currency among theoreticians of the brain. The scientists who work under the banner of neuropsychoanalysis uphold the necessity of returning to Freud without thereby eschewing the principle of the cerebral etiology of mental disturbances. In their view, Freud is no longer a traitor to neurology but, on the contrary, the figure who laid the groundwork for the completion of its work by outlining within the field of psychoanalysis a series of investigations and results that would be confirmed by the neurology of the future. This is the theory of the "moment of transition."

In his book, The Brain and the Inner World, Solms cites the famous passage from Beyond the Pleasure Principle in which Freud declares: "Biology is truly the land of unlimited possibilities. We may expect it to give us the most surprising information and we cannot guess what answers it will return in a few dozen years. . . . They may be of a kind which will blow away the whole of our artificial structure of hypotheses." Solms refers to this passage in order to affirm that "it is not a matter of proving that Freud was right, but of finishing his work," thereby claiming that psychoanalysis took no more than a provisional distance from neurology as it waited for neurologists to accept and respond to the hypothesis of the unconscious.

According to the theory of the "moment of transition," psychoanalysis would only be an episode—a sort of necessary interruption—in the long history of neurology, an episode that would mediate between the classical neurology that Freud the medical student would have learned and practiced it and the present state of the psychobiological science of neurons. "The reason [that Freud abandoned neurology]," Oliver Sacks writes, "was the very inadequate state of neurological (and physiological) understanding at the time, not any turning against neurological explanation in principle." Further: "Freud knew that any attempt to bring together psychoanalysis and neurology would be premature (although he made a last attempt at this in his 1895 'Project,' which he left unpublished in his lifetime)."

If this "moment of transition" is now complete, the project of conjoining psychoanalysis and neurology has yet to be accomplished. To integrate psychoanalysis within the history of neurology is at once to insist on the need to renew, or even reform, certain aspects of psychoanalytic theory in light of neurological findings and, inversely, to recognize what a neurology that has entered the "era of subtlety" owes to Freud.

The concept of neuropsychoanalysis, as Sacks explains once again, initially derived from the encounter between psychoanalysis and neuropsychology—hence the name "depth neuropsychology" that Mark Solms sometimes uses for the discipline. It was the great Soviet psychologist Alexander Luria, who, advancing the work of his master, Lev Vygotsky, founded neuropsychology in the 1930s. Luria proposed to replace the notion of "cerebral function" with the concept of "functional system." While the function is anatomically located in an "air," the "functional systems" suppose dynamic interactions between different neuronal mechanisms. These systems are characterized, in particular, by the ability to reorganize their elements; and this means that a lesion does not merely affect a single place in the neuronal organization but transforms the linkages or interactions between the systems. Brain lesions always have a dynamic localization.

It was in this way, Oliver Sacks declares, that neurology itself had to evolve, from a mechanical science that thought in terms of fixed "functions" and "centers," a sort of successor to phrenology, through much more sophisticated clinical approaches and deeper understandings, to a more dynamic analysis of neurological difficulties in terms of functional systems, often distributed widely through the brain and in continual interaction with each other. Such an approach was pioneered by A. R. Luria in the Soviet Union. But neuropsychology, as this approach came to be called, only got going
power to change the personality of the patient. But psychoanalysis and neurolgy each endow this change with a profoundly different sense.

**Psychoanalysis and Neurology Do Not Entail the Same Idea of Change**

What does this mean? To describe phenomena linked to the transformation of identity, Freud uses the word *Ichveränderungen*—“alterations of the ego” or “modifications of the ego.”40 Profound as they may be, such “alterations” or “modifications” never entail an absolute rupture with the patient’s foregoing personality. Changes caused by brain lesions, however, frequently manifest themselves as an *unprecedented metamorphosis* of the patient’s identity. “Unprecedented,” in such cases, signifies “without any relation to the subject’s past”: the wound gives rise to a *new person*, precisely, to one of the new wounded. A person with Alzheimer’s disease, for example, is not—or not only—one who has “changed” or been “modified,” but rather a *subject who has become someone else*.

All lesions that impact the cerebral mechanisms for producing and regulating emotions (particularly in the prefrontal cortex, the hippocampus and the amygdala) can alter the personality to such a degree that it becomes unrecognizable without necessarily diminishing the higher cognitive functions (language, memory, attention, and so on). This alteration manifests itself especially in the “odd unconcern”41 that seems to come over the new wounded, as if they had been separated from themselves.

This “change in personality” thus designates such a disruption of identity that it, or the wound that causes it, constitutes a bright dividing line between “before” and “after.” Such radical change corresponds to the definition of catastrophe proposed by the psychiatrist and psychoanalyst François Lebégot, a specialist in emergency situations: “Catastrophe defines the event as it asserts itself on the psychic level; that is, it represents a localizable and most often brutal external fact that, for the subject, causes a rupture which introduces a very radical division between before and after.”42

**Phineas Gage**

The paradigmatic example of such change, cited in many neurological studies, is that of Phineas Gage.43 A railroad construction foreman in Vermont...
at the end of the nineteenth century, Phineas Gage was directing a rock-blasting operation when the accident happened. He triggered an explosion as he was compacting a charge in a rock formation with a long iron rod. The force of the blast drove the rod all the way through his skull.

Miraculously, he survived the accident, but his frontal lobe was gravely damaged. Gage became both irritable and indifferent to everything. Having lost any feelings for his friends and family, he seemed utterly dissociated. Damasio writes, “Phineas Gage will be pronounced cured in less than two months. Yet this astonishing outcome pales in comparison with the extraordinary turn that Gage’s personality is about to undergo. Gage’s disposition, his likes and dislikes, his dreams and aspirations are all to change. Gage’s body may be alive and well, but there is a new spirit animating it.” And later: “Gage was no longer Gage.”

Because this metamorphosis was a metamorphosis of being in its entirety rather than a mere loss of aptitude, it is not possible to separate the organic wound from its psychic repercussions. Mark Solms, who claims to have treated “hundreds of Phineas Gages,” affirms: “Today we know, from observing countless similar cases, that damage to that area of tissue almost always produces the very same type of personality change that it did in Gage’s case.” Indeed, “there is a predictable relation between specific brain events and specific aspects of who we are. If any one of us were to suffer the same lesion in that specific area, we would be changed in much the same way that Gage was, and we, too, would no longer be our former selves. This is the basis of our view that anyone with a serious interest in the inner life of the mind should also be interested in the brain, and vice versa.”

THE “AGONIZING QUESTION OF DISAFFECTION” AND THE POSTTRAUMATIC CONDITION

The reason for this “interest” resides in the psychic capacity for metamorphosis at work in cases of brain damage. What is the origin of this capacity? Why does it raise the “agonizing question of disaffection” that accompanies trauma? Why is disaffection the most common posttraumatic symptom? Françoise Davoine and Jean-Max Gaudillière, psychoanalysts who are open to neurological problems, affirm that their “clinical work brings us into contact with many of Phineas Gage’s descendants, as it were—people whose cortex was not necessarily mutilated but whose emotions were nevertheless disrupted and anesthetized, leading to horrific decisions.” Behavioral disaffection responds to the cool indifference of the forces that cause trauma. Destructive metamorphosis is the effect that responds to the implacable and senseless character of the cause.

The new wounded, people with brain lesions, have replaced the possessed or the madmen of ancient medicine and the neurotics of psychoanalysis. The specter of such phenomena hints at the scope of a posttraumatic condition that reigns everywhere today and demands to be thought.

PLASTICITY AND DESTRUCTION

These remarks bring me to my third main idea: the apparition of a new face of plasticity.

To recognize the determining causal value of the wound is to take into account its plastic power upon the psyche. The term “plasticity,” one should recall, has three principal significations. On one hand, it designates the capacity of certain materials, such as clay or plaster, to receive form. On the other hand, it designates the power to give form—the power of a sculptor or a plastic surgeon. But, finally, it also refers to the possibility of the deflation or explosion of every form—as when one speaks of “plastic,” “plastic explosive,” or, in French, plastiquage (which simply means “bombing”). The notion of plasticity is thus situated at both extremes of the creation and destruction of form.

Which of these three senses should one retain to characterize the plastic power of the wound upon the psyche? Certainly, this power is the power to create form, in the sense that it brings about a metamorphosis of identity. And this identity is itself plastic to the extent that it is susceptible to being imprinted by this new form. Nonetheless, it is clear that wounds—traumas or catastrophes—are not “creators of form” in the positive sense of the term. We are quite far from the sculptural paradigm of “beautiful form.” If the wound, as the determining cause of the transformation of the psyche, has a plastic power, it can only be understood in terms of the third sense of plasticity: explosion and annihilation. If brain damage creates a new identity, this creation can be only creation through the destruction of form. The plasticity at stake here is thus destructive plasticity.

Such plasticity—and herein resides its paradox—ultimately remains an adventure of form. What patients with Alzheimer’s disease show us, to take
this example once again, is precisely the plasticity of the wound through which the permanent dislocation of one identity forms another identity—an identity that is neither the sublation nor the compensatory replica of the old form, but rather, literally, a form of destruction. Such patients prove that destruction is a form that forms, that destruction might indeed constitute a form of psychic life. The formative-destructive power of the wound, as we are attempting to think it now, may thus be articulated in this way: *All suffering is formative of the identity that endures it.*

How, then, does the theme of destructive plasticity orient the critical confrontation between psychoanalysis and neurology that I am now undertaking? To begin with, it must be acknowledged that neither Freud nor the neurologists have elaborated the concept. In psychoanalysis and in neurology, plasticity is a powerful operative category, but it is only ever understood in terms of its first two senses: reception and donation of form. The third sense—that of deflagration—is ignored. Neurological reflection upon the determining power of the wound and trauma is certainly a reflection upon the change in identity that destroys this same identity. But this reflection lacks a concept that would make it possible to define the meaning of this change and to grasp the psyche in terms of its capacity to survive after the wound—not as absence of form but as the form of its absence. If the category of plasticity does play a role in both psychoanalysis and neurology, it gives no more than a hint of its own negativity.

*On Freudian Plasticity.* What does this mean? In Freud, “plasticity” mainly designates two essential phenomena: on one hand, *the vitality of the libido*, its capacity to change its object and to resist fixation; and on the other hand, *the indestructible character of psychic life.* Within the psyche, nothing is forgotten; traces have an indestructible character. Imprints can be modified, deformed, and reformed—but they persist. A very beautiful passage from “Thoughts for the Times on War and Death” elaborates this sense of plasticity:

The development of the mind shows a peculiarity which is present in no other developmental process. . . . Here one can describe the state of affairs, which has nothing to compare with it, only by saying that in this case every earlier stage of development persists alongside the later stage which has arisen from it; here succession also involves co-existence, although it is to the same materials that the whole series of transformations has applied. The earlier mental state may not have manifested itself for years, but nonetheless it is so far present that it may at any time again become the mode of expression of the forces in the mind, and indeed the only one, as though all later developments had been annulled or undone. This extraordinary plasticity (dieser außerordentliche Plastizität) of mental developments is not unrestricted as regards direction. . . . But the primitive stages can always be re-established; the primitive mind is, in the fullest meaning of the word, imperishable.49

This “extraordinary plasticity of psychic developments” thus designates the character of what resists destruction and forgetting, albeit at the price of regression.50 Plasticity displaces without annihilating. Indestructibility is the rule in psychic life and the norm of psychopathology. “What are called mental diseases,” Freud writes, “inevitably produce an impression in the layman that intellectual and mental life have been exposed to destruction (Zerstörung). In reality, the destruction only applies to later acquisitions and developments. The essence of mental disease lies in a return to earlier states of affective life and of functioning.”

However, the study of the contemporary neurology of brain wounds and traumas raises fundamental questions: Can we be sure that psychic life resists destruction? Can we be sure that there is something indestructible about the psyche? Can we be sure that the set of “endogenous events” that constitute sexuality, in the scientific sense, resist attacks coming from outside, do not succumb to explosion or annihilation? Can we be sure, finally, that we can still consider “mental illness” as a “return to earlier states”?

The hypothesis of destructive psychic plasticity, therefore, calls into question the idea of the continuity of personality in pathology. It is entirely possible that there will be no relation between the identity that comes before a lesion or trauma and the identity that comes after, that, once again, the new identity will be unprecedented. Coolness, to come back to it, is certainly the most convincing argument in favor of such a metamorphosis. Damasio writes about one of his patients: “[H]is emotional life seemed impoverished. Now and then he might have a short-lived burst of emotion, but for the most part such display was lacking. There is no sign that he felt for others, and no sign of embarrassment, sadness, or anguish at such a tragic turn of events. His overall affect is best captured as ‘shallow.’”54

*On Neurological Plasticity.* Nonetheless, when neurologists speak of a person becoming unrecognizable, even if they invoke the archetypical figure
of the cold-blooded killer, they do not truly theorize this negative plasticity. Between the traumatic effraction and the response of identity to this effraction, there remains a space of psychic elaboration—a space that is never explored as such even though it constitutes the veritable site for a fruitful engagement with psychoanalysis.

The neurological concept of plasticity itself also remains attached to the positive values of neuronal construction and configuration, of the creation of a style of being. The two types of cerebral plasticity, constructive and destructive, are never related to each other. Both cases, however, entail an elaboration of form. How can these two plasticities coexist?

All of these questions are questions that I address in this book. It has often been objected to me, in spite of my reiterated insistence upon the three senses of plasticity—reception, donation, and annihilation of form—that, ultimately, I myself privilege the first two (creative) senses over the final (negative) sense; that I merely evoke destructive plasticity without ever concretely envisaging it; that I only ever deal with it allusively; that I only ever explore the creative dimensions of plasticity: invention, suppleness, resistance, the ability to oppose flexibility. It is true that in the final analysis, I have never made the senselessness of form or the annihilation of sense in form into the thematic focus of my work. Never have I truly confronted the possibility of destructive metamorphosis.

This is the book in which I would like to go “a step farther,” to explore the hypothesis of a truly explosive plasticity and to stop inscribing deformation within the project of sublating form.

Thus it is in this direction, as unknown to me as to psychoanalysis and neurology, that I would like to open a dialogue, developing the idea of a plasticity that would be nothing other than a form of death.

The plastics of death: How should one think this idea? This is perhaps the most difficult problem, the most vulnerable in my work, because it must be situated between the Freudian hypothesis of the death drive—which infinitely complicates the problem of sexuality—and the contemporary neurological hypothesis of a death of the drive.
INTRODUCTION

7. J. William Hudec, "The New Spirit and the Poem: in "Simulation of
10. See Catherine Malgion, "Why Should We Do What Our Brains, Ears
14. "We suddenly find ourselves able to perceive our own absence."
Do with Our Brains (New York: Random House, 2009). For a defense of President's, see in particular my book, What Should We Do with Our Brains? Beyond Human, 50. +4


PART I: THE NEW NEPS OF CAUSALITY