

## Disturbance and Destruction: The Aetiology of Trauma

In this article, I examine Catherine Malabou's concept of trauma to argue that her replacement of the Freudian unconscious with the cerebral unconscious might fit more adequately into a different framework from the one she proposes. By comparing her view of pathology to that of Georges Canguilhem, I propose a more dimensional reading of pathology. Building on this, I ask whether one can explain 'mechanisation' – which characterises Malabou's category of *the new wounded* – mechanistically, by juxtaposing her concept of plasticity with the concept of metaplasticity. I then look at the exchange with Slavoj Žižek to get at her understanding of psychoanalysis. Malabou seeks to realign Freud and neuroscience to resolve issues with both. As part of this shift, she introduces the term 'the Material' – linked to the cerebral unconscious – as an alternative to the Lacanian triad of Real, Symbolic, and Imaginary. She does, however, leave it underdeveloped, and I argue that this points to tensions in her theory. While her concept of plasticity entails that there is never an isolated transcendental subject exempt from the outside, Malabou nevertheless seems to literalise (or 'corporealise') trauma. If this is true, how radical is her concept of trauma, and are there other ways of describing trauma that are equally compatible with her concept of plasticity?

Keywords: the new wounded; destructive plasticity, trauma; Malabou; Žižek; Canguilhem; Damasio; Freud; Lacan; the Real; the Material

### Introduction

In what follows, I will examine Catherine Malabou's concept of trauma, to show that her replacement of the Freudian unconscious with a cerebral unconscious is deficient in certain respects. First, I compare her view of pathology to that of Georges Canguilhem, to hint at a more dimensional reading of pathology. I develop this further by reference to 'metaplasticity'. I then look at what is meant by 'cerebral unconscious' and consider some of the criticisms she has met – focussing mostly on her exchange with Slavoj Žižek. Here, the main question is: is 'the Material' really beyond the Lacanian triad (of Imaginary, Symbolic, and Real)? By these means, I try to tease out unresolved tensions in Malabou's theory, especially when it comes to the relation between external and internal events. I conclude by questioning how radical her notion of trauma really is, and whether the heuristic primacy she affords the brain weakens the strength of her argument.

Malabou's concept of plasticity involves a rethinking of the relationship between the brain and the psyche, where no clear separation is possible (Malabou 2008). Also, plasticity means that the brain reflects the environment it occupies (be it internal or external), although imperfectly, since the brain is also an agent of disobedience. The psyche may resist the demands coming from the outside, even if there is no ahistorical transcendental subject closed off from the outside world. In *The New Wounded*, Malabou focusses on the destructive side of plasticity, on how destruction may reach a threshold where the formative aspect of destructive plasticity is undermined. In other words, while regeneration and degeneration are two sides of the same coin, the balance may be tipped in the direction of degeneration without compensation. Destructive plasticity – 'creation

through the destruction of form' – produces a 'form of destruction' (Malabou 2012c), completely detached from the former identity.

The new wounded are cases of plasticity destroying itself. Because there is no link between the pre- and post-traumatic psyche, the new wounded are beyond analytic interpretation. A radically new personality emerges without knowledge of its former self. Its suffering is paradoxical, as it evinces an 'indifference to suffering' (Malabou 2012c: xii). Moreover, it is not the temporality of such ruptures that is decisive – both abrupt lesions and longitudinal degeneration are devoid of meaning to the individual struck by them. The new wounded are new because they are outside the jurisdiction of psychoanalysis. While they herald another regime of causality, a detectable brain lesion is not required to be categorised as a new wounded: It covers 'every patient in a state of shock who, without having suffered brain lesions, has seen his or her neuronal organisation and psychic equilibrium permanently changed by trauma' (Malabou 2012c: 10). As irreversible impairment of emotional response is the main criteria, the new wounded are the permanently wounded.

### **Normality and Pathology**

It is unclear whether we can categorically distinguish the new wounded from other trauma victims. Simultaneously narrow and broad, it 'applies literally to brain injured people' and 'figuratively to contemporary subjectivity in general' (Proctor and Runyan 2014), even if some cases, like Alzheimer's, are paradigmatic. The new wounded are characterised by a reorganisation that goes further than in normal cases, yet it is uncertain why some changes are disease-based and not others. Even if there are analogies between lesional and neurodegenerative cases, what eventually joins them is the permanent failure of reorganisation. But changes in neuronal functioning cannot sufficiently explain pathology; similar changes in brain structure may elicit different responses (Rottenberg 2014). This invalidates linear causal explanations.

We realise why this is the case through Georges Canguilhem's notion of normality as the capacity to withstand perturbations and produce new norms in the face of accidents. He invites a dimensional reading of trauma, accentuating why the creative and destructive plasticity should not be hypostasised as distinct but understood as co-constitutive. To Canguilhem, 'the silence of the organs' is not enough to define normalcy, as imperceptible lesions might ensue. Pathology is not merely the process through which one becomes aware of the lost silence. Rather, pathology reveals physiological possibilities (unarticulated norms) and makes possible new ways of life (Canguilhem 1989). The demand to establish new norms during stressful conditions reveals that disease is what produces normality – as normativity – in the first place. Consequently, there is no original healthy state.

Lacking an absolute definition of normality, it is defined in relation to the environment (Canguilhem 1989). Pathology is about relations going awry, and a new state of normality is not reversing a pathological trend but about establishing new relations. This fits well with Malabou's emphasis on the irreversibility and limits of plastic change. In addition to norm-establishing normativity, Canguilhem proposes a subordinate form of

normativity which does not concern establishing but following norms dictated by others. The importance of the organism's creative capacities suggests niche construction – i.e. how any organism constructs a niche for itself, which has feedback effects on its development (Odling-Smee et al. 2003). In this view, the milieu (*Umwelt*) is the significant part of one's geographical environment or surroundings (*Umgebung*) (Canguilhem 2008). There may be surroundings without a related organism, but no milieu exists where there are no organisms (Lewontin 2000). In contrast to the niche-constructing organism, the niche of the new wounded is effectively destroyed, rendered irrelevant. They cannot construct it, nor decide which aspects of their niche to respond to.

This loss of adaptivity characterises the subordinate form of normativity, in which only the geographical environment persists. Canguilhem's conception of normality and pathology is a critique of mechanistic biology, where the organism lacks improvisational ability. The capacity to shape one's environment defines normality, not the opposition between man and environment seen as independent causal series. Pathology not compensated for leads to mechanisation of the organism; importantly, mechanisation is the effect, not the cause of pathology. This overlaps with Malabou's model.

### **Auto-affection and Representation**

In line with affect theory, Malabou concentrates on identity rather than meaning and replaces the psychoanalytic notion of causality with a cerebral one: *cerebrality* is the 'word for the causal value of the damage inflicted upon these [brain] functions – that is, upon their capacity to determine the course of psychic life' (Malabou 2012c: 2). It denotes the causal weight of accidents upon the psyche and poses a hermeneutical problem because the post-traumatic subject is detached from its former identity. Traumas are thus outside cognition, i.e. related mainly to physiological processes of the body.

Even if neuronal changes does not necessarily cause psychic disorganisation, all traumatic event leave material traces: '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' (Malabou 2012c: 11). In Malabou's perspective, Freud does not allow for anything radically new because he renders the brain without 'aetiological autonomy'. He does not theorise a purely external enemy, as shocks only gain significance by triggering a pre-existing conflict:

For him, traumas and wounds do not seem capable of creating ex nihilo a posttraumatic identity. There is always a certain psychic continuity between what comes before and what comes after the wound; the subject remains what he is within his very alienation. However, this very continuity is what will be called into question within contemporary neurological debate (Malabou 2012c: 152).

Therefore, traumas are always already inscribed into the 'anticipatory structure of the psyche' (Malabou 2012c: 133). This structure must be destructible to account for destructive plasticity.

Freud's model of latency surfacing in cases of mental pathologies is one where a dialectics between two events – a childhood experience and a later event – produces a

traumatic effect, even if neither event was inherently traumatic (Leys 2000: 20). This is what he calls *Nachträglichkeit* (deferred action or retroactivity), which means that accidents gain their traumatic status in retrospect.<sup>1</sup> Against linear determinism, psychic causality determines what is traumatic after the event took place, a process which is tied up with the valence (or meaning) given to the original event at a later stage. By contrast, Malabou's focus is identity: destructive plasticity produces an 'identity without childhood' (Malabou 2008: 60) and involves a collapse of all meaning and representation.<sup>2</sup>

By blurring the distinction between organic and political trauma, Malabou nonetheless comes close to Freud's idea that something might attain traumatic status through summation, i.e. that trauma does not necessarily entail a major event. In her view, there is dynamical interaction between neuronal systems: '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' (Malabou 2012c: 13), affecting the organisation and functioning of brain systems by changing the connections between them. Emotions, even if principally related to specific loci, cannot be formed except by the concerted effort of several sites. Following Antonio Damasio, she argues that 'the emotional brain' affects itself (Damasio 1999), and that trauma arrests this interplay.

Damasio distinguishes between emotions and feelings, where the former is evolutionary older and non-representational – i.e. caused by changes in the body alone without 'cognitive input' (Hacking 2004). 'Mental experiences of body states' are a consequence of cascades of changes throughout the body – the 'internal milieu' – reaching newer parts of the brain where they give rise to emotions (Damasio and Carvalho 2013). Consciousness is the perception of these feelings, which invites some conceptual confusion, as feelings are themselves perceptions of emotions (see Rosa 2018). I cannot go delve into this, as my aim is not to critique Damasio, but to suggest that such vagueness could have spilled over into Malabou's model.

Even if one grant that the brain regulates bodily states ('somatic markers') in an ongoing feedback loop, is this enough to claim that newer parts of the brain monitor older ones? Does this not imply a division both between the brain processes and the organism and between the organism and the environment?

If it does, it runs against what Malabou says about how the internal structure of synaptic connections reflects its environment. She acknowledges that it is paradoxical that the brain must both adapt to itself and the outside world, and that the self-touching produces a difference (otherness) of the self from itself. Because the brain never appears to itself, cerebral and subjective identity do not overlap. She also argues against any homunculus inside the brain. But while maintaining that homeostatic processes are produced through an interplay of the brain, body, and environment, Malabou nevertheless holds that these processes are represented cerebrally, which implies that the core emotional functions of the brain form a system apart from its surroundings (Anderson 2014). If this is the normal state, and trauma largely concerns damage to this core, it follows that the new wounded are beyond representation and intentionality.

While the interplay of feelings and emotions distributed (not homuncular), Damasio's model is predominantly internalistic. Even if the autobiographical self cannot be understood without reference to its milieu and life story, the core self is from which it emerges is evolutionarily constrained to further the survival of the organism without input from its environment. Bodily mediation is largely constituted prior to interactions with the world and the homeostatic integration of the mind is sufficiently explained by the workings of the brain. On this premise, the aetiology of trauma is externalised. Malabou's framework is more complex than this, but by leaning on Damasio she invites this interpretation – against theories that maintain that only the circular interactions between brain, organism, and environment can produce ‘fully fledged phenomenon of emotional experience which therefore cannot be located “in the brain”’ (Fuchs 2017: 125). The influence of Damasio also explains why the brain is said to have core founded upon the ongoing representation – and simultaneous regulation – of the brain-body nexus, and the cerebral unconscious is ‘*the auto-affectation of the brain in its entirety*’ (Malabou 2012c: 41, emphasis original).

The ambiguity lies in the fact that these processes are in a close loop but that there is still enough distance between them for the brain to represent the body and environment as if separate (Fuchs 2017). Even if there is no dualism between mind and body in Damasio's model, the core features of mind are made up of brain representations of the body; certain sites of the brain at a higher level integrate the lower ones – implying a hierarchy of functions (see Rowlands 2010). But the distinction between the emotional and the cognitive parts of the brain is contentious and threatens to restrain the plasticity of the brain, as it postulates sites that are exclusively concerned with emotional processing (see Pessoa 2008). In a sense, this articulates why plasticity is not limitless to Malabou, but there are other ways of accounting for this.

Trauma is outside meaning only if intentions and affects are separate, which explains why ‘*the psychic detour imposed upon nervous excitation is no longer necessary*’ (Malabou 2012c: 39, emphasis original). Damasio and Malabou's division of cognition and emotion – wherein the proto-self is produced without the involvement of cognitive processes – ultimately confuses differentiation with specialisation. While the brain is highly differentiated, this does not warrant the claim that the cognition and affect are separate or that different parts are specialised for ‘higher’ and ‘lower’ functions (Anderson 2014).

### **The Material Unconscious**

Canguilhem underscores the problem with the internalistic approach: it gives the impression that the organism lives apart from its surroundings and merely represents its internal and external milieu. It lacks consideration of how these milieus interpenetrate, i.e. how the organism is always in norm-producing interaction with its milieu. While it is a simplification to call Malabou's theory internalistic, in *The New Wounded* she does discard the need for anything extra-neural to regulate the core activity of the brain, by explaining the unconscious as the maintenance of homeostasis that makes up Damasio's proto-self. This material unconscious is ‘not the “ego”’; it is not an agency but rather a sequence, a

constellation' (Malabou 2012c: 44); its status as unconscious is temporal and founded in the fact that the self-representation of the brain to itself never reaches the threshold where it presents itself to the subject – except negatively, through 'the suffering that follows its damage or interruption' (Malabou 2012c: 45).

Malabou gives a 'depth-hermeneutic rendition of the [Freudian] unconscious' (Johnston 2007: 8) in which what is at stake in Freudian analysis is re-integrating ex-communicated meaning, i.e. *content*, back into the fold of the Symbolic. In other words, she sets up her argument by portraying the Freudian unconscious as a meaningful, continuous, reservoir lying *underneath* conscious processes, instead of viewing it as a discontinuous and emergent structure productive of meaning without itself being meaningful. This take allows her to distinguish her theory from psychoanalysis and propose her neuronal unconscious, whose affects are not mediated by symbolic structures but thoroughly material.

According to Malabou, Freud subsumes brain lesions under sexual *disturbances* – a trigger that is secondary to sexual causes – and does not account for anything wholly unexpected and senseless. She extends this critique to Lacan, seeking beyond his triad of the Imaginary, Symbolic, and Real. Since there is no process of recognition for the new wounded, she introduces the term the 'Material' as 'an affective economy that solicits itself without seeing itself' (Malabou 2012c: 140).

The Lacanian Real splits the register of perception (Imaginary) and language (Symbolic) from within; it is irreducible to both, attesting to how they never fully overlap. This means that language is material, not meaningful (Johnston 2014). But to Malabou, this does not give credence to the Material: Lacan is trapped within the transcendental frame of destruction, without grasping how this horizon itself can explode. Even if the Symbolic would be where trauma is encountered in most cases, the Material opens the possibility of incidents where the trauma overpowers the Symbolic, i.e. where the Symbolic *is* reducible to the Material, as the former is cancelled out. This would be an instance of one process overpowering the rest of the system – i.e. of mechanisation, and insofar as the Real is always entangled with the Symbolic (i.e. meaning), the Material is the outside the Real as well.

Malabou's charge against Lacan is that even contingency is within a horizon of anticipation, and thus related to symbolic meaning. Only by going beyond the 'paradigm of separation' may one explain a psyche that 'cannot [...] encounter itself, even by missing itself' (Malabou 2012c: 139-140). In other words, even if the Real is characterised as a 'missed encounter', this encounter must be registered as missing, i.e. inscribed within the Symbolic. Even if this process is never exhausted, Lacan cannot imagine an encounter that *misses being missed*, since 'the symbolic is at work within the real' (Malabou 2012c: 193). This critique builds on the etymological meaning of *tuché* and *automaton*, which turns out to have the same origin. Malabou claims that accidental shocks (*tuché*) have no autonomy in Lacan's theory. Neurological events are always mediated by the unconscious structure of meaning. Since Lacan disregards the brain, any shock is a precondition for the automaton, and not itself traumatic:

*Tuché* is, like destructive plasticity or Freud's *Schreck*, a violent, unanticipatable catastrophe that *disrupts* the subject; what Malabou theorises [...] is thus a type of *tuché* that doesn't simply *disturb automaton* but irrevocably damages (or destroys) it. (Tyrer 2017: 30, emphases original.)

Though this shock goes beyond mere disturbance, Malabou simply tweaks the Lacanian framework, as the Real disturbs any structure of meaning. Johnston makes the same point: the new wounded are not radically distinct but an extreme version of the meaninglessness that is always encountered in analysis (Johnston and Malabou 2013). Nonetheless, by linking the Real to the automaton, Malabou ends up saying that Lacan reduces the shock to a secondary causality, a precondition for the Real to occur instead of regarding the shock *as the Real itself* (Tyrer 2017). By contrast, Johnston says the automaton of the Symbolic is *emergent* upon accidental happenings and thus it represents nothing more than 'fictitious pseudo-laws superimposed upon the lawless successions of isolated *tuché*-like events with no real connection between them' (Johnston 2014: 289).

The idea that the Material is beyond desire, whereas the Real is always bound up with the Symbolic is based on the claim that materiality and meaning is incompatible. This claim is, however, disputable. The unconscious does not necessarily concern repressed meaning. It is thus unclear why the Material should be considered outside the Real and not instead signify a stratum of the other registers that is always implied. As Žižek writes:

the Real [...] internal/inherent to the Symbolic, not its external limit, but for that very reason, it cannot be symbolized. In other words, the paradox is that the Real as external, excluded from the Symbolic, is in fact a symbolic determination – what eludes symbolization is precisely the Real as the inherent point of failure of symbolization (Butler and others 2011: 121).

Is this not much like the brain that cannot represent itself to itself? The ambiguity he gets at in this quote is underplayed by Malabou, and what thus gets obfuscated is that the subject is founded upon a relation to otherness. It is produced through a conflict-ridden relation to the Symbolic Other and its affects are dependent on this failed rapport, not isolated from it.

In Malabou's version of trauma, it is not the case that the self perceives the otherness that is always at play in it; rather, trauma exposes how the psyche's otherness *is* its material base. Otherness is thus located inside: auto-affection is located in the unconscious maintenance of homeostasis making up the proto-self (Johnston and Malabou 2013). As the brain is never self-present there is no possibility of reflection – no mirror stage (Malabou 2012c); which is why the Material is outside the Lacanian triad. Trauma is not the confirmation of an anticipated separation between self and other, i.e. heteroaffection, but more radical – constituting what she calls *hetero-heteroaffection* (Johnston and Malabou 2013), external to the subject's identity, yet efficacious only through the inner workings of the brain. In cases of disaffection not only is the brain 'completely severed [...] from its external environment but from its own internal symbolic identity' (Proctor 2011: 7).

## Interlude: A Question of Metaplasticity

As we have seen, the idea that the cognitive brain represents the emotional one is contestable. Malabou regards accidents as external because they are not present to the psyche, even if they are constitutive of it. Traumas are defined by the *internal* experience (or lack thereof) of the identity of the person struck by accidents, not by the relation of the organism to its milieu. This makes her notion of trauma, as the shattering of the cerebral processes, vulnerable to Leys critique of the strict distinction between the autonomous subject and the external event, ‘such that violence is imagined as coming to the subject entirely from the outside’ (Leys 2000),<sup>3</sup> acting on it in a mechanistic fashion.

At the same time, while criticising of the causal regime of sexuality, Malabou regards psychoanalysis as a valuable theory, since it helps ‘grasp the aetiological complexity that actually underlies psychic disturbance (Malabou 2012c: 105). Stressing the impact of neuronal events, she still reaffirms the tension between the neuronal and the mental (Malabou 2008), as she does not simply depict neural wounds as mechanistically inflicting the psyche. All wounds have neuronal effect but not equally (or predictably) so. The fact that the line between ‘organic trauma and sociopolitical trauma [is] increasingly porous’ (Malabou 2012c: 11), does not mean that direct neuronal lesions should be privileged over other traumas. This is the gist of her reproach against neuroscience: any aetiological regime must account for the complexity of trauma in non-mechanistic fashion. Building on this, I now propose an alternative interpretation.

Destructive plasticity can be part of the constructive plasticity of healing and re-functionalising, but it can also break the principle of plasticity and become properly destructive. Yet, even when destructive it retains a degree of positivity; it is still formative at the level of relations between plasticities. In the same vein, positive plasticity can also be destructive in the sense that it – over time – can be detrimental to the organism, even if constructive in the short-term. Lambros Malafouris’s concept *metaplasticity* – the overall plasticity resulting from the interplay of plastic systems – explains the possibly harmful interplay of plasticities. If any negation is also a construction, and if the negation of form produces the form of this negation, then a weighting of constructive and destructive plasticity is viable. Destructive plasticity can challenge constructive plasticity indirectly, undermining metaplasticity – as too much rigidity restricts relations to other forms of plasticity. This is another way of grasping retroactivity: not as the retroactive inscription of meaning to accidents but as a feedback loop in which the effects of accidents are decided by its effect on the overall metaplastic network (Malafouris 2013).

There are normally plastic relations between different plasticities. What Malabou calls ‘efficient causes’ are defined by the ‘capacity to condition relations between phenomena’ (Malabou 2012c: 23), so when cerebrality becomes an efficient cause, it presides over the order of events. But if these relations are undermined by trauma, does not Malabou beg the question if she explains the causes of trauma as processes that are distinct from the interplay of plasticities? Would not, as for Canguilhem, mechanisation be the effect and not the cause? If so, then the causal regime of cerebrality does not work as a

causal *mechanism* until after the trauma has taken hold. In other words, accidents must work constitutively to renders its causality effective. Their externality to other plasticities is not given.<sup>4</sup>

This echoes Leys critique of the radical externality implied in Malabou's model (Leys 2016) but possibly counteracts it by offering another perspective on plasticity. Becoming mechanical cannot be the result of a mechanism; postlesional plasticity remains, even if limited. There are still constitutive relations, even if the metaplastic balance is tipped in the direction of linear causality, by one process overriding the overall plasticity. The brain can overrun other processes in the system and these disturbances might impact the extended metaplastic network, but the effects of the impact is modulated by the network. Only if these disturbances reaches a threshold, at which they affect the constitutive relations between processes, is the whole system debilitated and one becomes a new wounded.

### **Incommensurability and Meaning**

Auto-affection is only accessible when it fails. But accessible to *whom*? What are the criteria for judging suffering if no transference is possible and if there is no subject present to experience its own suffering? How can the subject experience its strangeness if utterly disaffected? This points to a 'Kuhnian' problem of incommensurability, of trauma without a subject (Tyrer 2014). Žižek:

if there is no transference whatsoever, the question is then not only how does this collecting/assembling affect the patient him/herself (does it do any good whatsoever to him?), but, even more radically, how can we be sure at all that is really the patient's suffering we are assembling? What if it is the therapist who imagines how the patient must suffer, because he [...] has to imagine how the patient's deprivations must affect someone who still has, say, full memory and thus imagines what it would be to be deprived of it? What if the therapist thus misreads blessed ignorance as unbearable suffering? (Žižek 2008: 131).

If they are beyond meaning, outside transference, even saying that they are suffering is saying too much, as suffering is only perceptible within a horizon of meaning. They could be in a 'blessed state of indifference', a state beyond suffering exactly because language is suspended (cf. Bistoien 2016). According to Žižek, Malabou repeats the mistake of interpretation that she accuses psychoanalysis of, as she does not abstain from interpreting the new wounded as suffering.

This argument builds on the possibility that suffering might itself be pleasurable. While Žižek admits that the new wounded go beyond any simple reversal of pleasure, he states that 'the intrusion of numbing *jouissance* is definitely relevant here' (Žižek 2008: 129). The latter concerns a mixture of pleasure and pain – pleasure impossible to experience as such. While the flipside of pleasure, suffering, is always related to the unattainable object, *jouissance* is the surplus-pleasure derived from the movement itself, maintained precisely by missing the object of desire.<sup>5</sup> Žižek claims that because Malabou misses the distinction between pleasure and enjoyment (*jouissance*) she is misled by Freud's formulations regarding the death drive: It is not the case that death drive is the opposite of the

life drive or libido. Rather, the death drive is the curving of the libido; it is a ‘transcendental principle while desire is only psychological’ (Žižek 2017: 138), and the gap between them cannot be bridged.

Trauma is therefore not outside language; language is itself traumatic, in that it produces an uncontrollable excess at the heart of the subject. Of course, one could claim that Žižek repeats Freud mistake – that all trauma repeats an arche-trauma – but this is where Malabou’s selective reading makes its impact: As she reads the Freudian unconscious as being about repressed content, she obfuscates that what is repeated in trauma is

not some ancient content, but the very gesture of erasing all substantial content. This is why, when one submits a human subject to a traumatic intrusion, the outcome is the empty form of the “living-dead” subject, but when one does the same to an animal, the result is simply total devastation: what remains after the violent traumatic intrusion onto a human subject which erases all its substantial content is the pure form of subjectivity, the form which already must have been there (Žižek 2008: 144).

In other words, since trauma is structural, the subject is always post-traumatic. To Malabou we are all susceptible to become new wounded, while to Žižek trauma has already happened, even if that does not imply that traumas are saturated by psychic meaning. He is still within the ‘always already’ if this frame is not itself indestructible, says Malabou. But in his view, the frame is a meaningful totality only to the degree that it is framed by part of its content, which overdetermines its functioning (Žižek 1989). Even if destruction concerns unconsciously represented content, no neat separation of content and form is possible. Repression does not concern the hidden content stored in memories but the relation between these (Johnston and Malabou 2013). Hence, a new form cannot eradicate the content completely even if connections are severed.

This explains why Žižek says that the subject’s past cannot literally be erased but is shattered and must be reconstructed within a new frame. *Pace* Canguilhem, this means that only the geographical surroundings remain. Traces of the old subject’s life-narrative survive, but they are totally restructured, torn out of their previous horizon of meaning and inscribed into a new context (Žižek 2008: 139). This gesture is, however, characteristic of subjectivity itself: the subject is always born out of trauma – the trauma of language, through which the subject emerges through losing its substance, which comes very close to Malabou’s own formulation: ‘formation of identity with loss as its premise’ (Malabou 2012c: 48). Lacan’s name for this is symbolic castration: ‘not only a threat-horizon, a not-yet/always-to-come, but, simultaneously, something which always-already happens: the subject is not only under a threat of separation, it is the effect of separation (from substance)’ (Žižek 2008: 25). Castration thus threatens the ‘*imaginary integrity of the body*’ (Kellogg 2015: 122, emphasis original), and trauma exposes the zero-level of the subject not as a substantial core but as negativity – bereft of any positive content – ‘altered [...] down to its bare bones and raw flesh by [...] the sociosymbolic matrices of the Big Other’ (Johnston and Malabou 2013: 174).

To Žižek, a plastic inscription is never finished, as that would undermine the (transcendental) process of inscription. The aim of desire is never to fulfil itself but to maintain

its movement. Completely fulfilling desire would destroy it, and, since desire is dependent on the Symbolic, destroying desire means stepping outside language. This is like psychotic over-proximity to the lost object – revealing it to be phantasmatic (Žižek 2008). Trauma confirms how this object is constructive of reality itself: when it is lost, we lose reality too – which is what happens when the protective shield of fantasy is penetrated. Malabou hints at something similar: The new wounded lack nothing because nothing is desirable for them. They do not even lack lack (Malabou 2012a), since desire is dependent on the Symbolic. Immediate possession of the desired object is possible on the condition that the Symbolic is rendered irrelevant, and a private language is produced through the dissolution of the subject. The victimhood is thus displaced, as their trauma makes them unable to experience trauma as such. It is deferred onto others, for whom they are strangers: ‘only strangers to themselves in a metaphorical way; the new wounded are more literally strangers to those around them’ (Tyrer 2017: 32).<sup>6</sup>

Brain imaging offers the ‘only mirror that can objectify cerebral auto-affection’ (Malabou 2012c: 140), yet these pictures cannot be internalised by the subject. Cerebrality displays how any ‘specularity’ between the self and the other is impossible – regardless of whether this other is considered internal or external. The deadlock between sexuality and cerebrality could thus be mapped onto the deadlock between Lacan’s registers. Catherine Kellogg points out something similar when she states that Malabou’s idea of the death of drive ‘is extraordinary close to Lacan’s own account of living “between the two deaths”’ (Kellogg 2015: 124), which is when the former identity is dead while the subject survives.

In summary, Malabou and Žižek share a broad view of trauma, which does not only refer to momentary intrusions. They also agree that the analytic and the cerebral unconscious are incompatible but draw opposite conclusions from this. Žižek takes this to ‘affirm the autonomy of the former [analytic unconscious] vis-à-vis the latter [cerebral unconscious]’ (Johnston 2012: 328), whereas Malabou argues that sexuality lacks autonomy and should be reconceived by integrating the findings of neuroscience. Johnston is somewhere in-between; he states that the ‘relative autonomy’ of these regimes is itself plastic and that their interplay cannot be decided a priori. This means that there is a difference-in-degree rather than a difference-in-kind between the regimes of sexuality and cerebrality (Johnston 2014).

### **Overstated Radicality?**

Contra Malabou, Žižek does not regard the unconscious as a meaningful totality of hidden content. It is rather the structure giving the Symbolic the appearance of wholeness by filling in the gaps of non-meaning. Since the body is internally divided, self-representation is always distorted, and there cannot be any neuronal self. Whereas Malabou focusses on the accessible and represented body, she ignores the flipside of this, the Real body, which is not internally constituted but caught up with and stabilised by the other’s desire – even if it always eludes it (Bistoën 2016). The notion of completeness suggested by the idea of a core self is reminiscent of the misrecognition at the mirror stage: It is an *imago*

of completeness, oblivious to the fact that our ‘innermost selves’ is decentred by the symbolic Other (Bistoën 2016).

External events can break the transcendental frame (fantasy), but ‘the impact of an external event similarly depends on the manners in which it interacts with this pre-existing matrix’ (Bistoën 2016: 77). If we grant that trauma is a ‘crisis of representation’, it is only an exacerbation of the inherent crisis of language. While Malabou says that the unconscious self-representation cannot become present to the psyche except when it breaks down, Lacan would say that this self-representation is itself deceptive, which means that endogenous self-representation does not define the functioning of the unconscious.

We have seen that trauma obliterates the subject so that it cannot witness it. The new wounded are faces of the death drive, mechanical qua overdetermined by one form of causality. Integration across levels is inoperative and the ability to improvise is lost. Again, this means that some processes tip the balance in their direction, to the point of undermining plastic relations between processes. A restrained form of metaplasticity remains but the entangled processes repeat themselves mechanically. In other words, destructive plasticity initiates a repetition without a surplus, a difference that does *not* make a difference.

While cerebral and symbolic structures form a tensional continuity, describing the auto-affectation of the brain as a process of internal self-representation does not fit well with their non-separability. Even if they are intertwined, external events seem to be privileged over internal ones. The new arises from material events supposedly unacknowledged by Freud and Lacan (see Žižek 2017: 40-41). Malabou opts for a materialism which refuses ‘to envisage the least separation, not only between the brain and thought but also between the brain and the unconscious’ (Malabou 2012c: 211-212). Within this materialism

cerebrality as an axiological principle [is] entirely articulated in terms of the formation and deformation of neuronal connections. [...] [T]he elementary form of the brain is the emotional and logical core where the processes of autoaffectation constitute all identity and all history (Malabou 2012c: 21).

Malabou warns against viewing the brain as a centralising instance and is opposed to localising mental functions (Malabou 2008). Yet, from this quote, it appears that while operating in the intersection between the neuronal and the social, she gives the brain heuristic primacy in the last instance. History and identity are ultimately dependent on the brain, even if it is not a command centre. Albeit not the cause, the brain is ‘the source of the formations and deformations of identity’ (Malabou 2012c: xv). While traumatic accidents are outside the psyche, they are ‘registered’ inside the brain; even if their loci are dynamical, they follow cerebral laws. There is tension here: While the new wounded incorporate an ignored dimension of plasticity, it is not evident why only a literal (or non-intentional) reading of trauma – based on the failure of representation and located in the neural unconscious – explains its workings. The idea of a solid, material kernel outside the Symbolic gives way to the idea that an external event ‘has somehow imprinted itself literally [...] on or into the subject’s mind or brain in such a way as to make it inherently

unsymbolizable and unrepresentable' (Leys 2000: 304). Of course, traumas leave material traces in the brain, but it is not clear why intentionality must be discarded to account for this.

This uncertainty is reinforced by Elizabeth Rottenberg, who argues that the psychoanalytic treatment of trauma is more radical than the neurological, since it concerns the 'essential unlocatability at the heart of any trauma' (Rottenberg 2014: 350). This undermines terms like 'superlocalization', or – Malabou's term for it – 'dynamic localization' (Rottenberg 2014: 350). Rottenberg says that instead of grasping the ambiguous loci of every trauma in Freud's theory, he is often equated with Charcot, for whom trauma is an *agent provocateur* triggering an endogenous conflict directly, and not a foreign body (*Fremdkörper*) at the border between inside and outside. It is therefore misleading to describe the causal regime of sexuality as endogenous, since to Freud trauma is not decidable by biological facts or external events, but by the relation between them or lack thereof: '*There is no such thing as an event that would be traumatic in and of itself; there is no such thing as a "traumatic event" if by this we mean that everyone will be traumatized by it*' (Rottenberg 2014: 353, emphasis original). Malabou highlights a similar tension between the neuronal and the mental, yet in cases of severe brain lesions this plastic relation is overridden, and the brain operates as if it was always non-plastically related to other processes.

Anosognosia, a pathology in which the patient cannot recognise that one of their hands is paralysed, is illustrative. According to Malabou, there is no meaning to speak of denial in the Freudian sense in these cases:

The denegation that accompanies anosognosia – brain pathology whereby patients are unable to recognize themselves as ill – is not denegation in the Freudian sense. When the patient does not see that his left side is paralyzed, when he feels neither pain nor anxiety after a major brain injury, he is not responding to an affective imperative of unconsciously calculated blindness. He does not see because he cannot see, that's all (Malabou 2012c: 89).

She seems to overlook that this neglect is often accompanied by depression, connected to events that the subject denies ever happened. Hence, we cannot understand such cases without a psychoanalytic concept of unconscious knowledge and denial (Rottenberg 2014). Even if the patient could not mourn the loss of spatial recognition consciously, the unconscious affects breaks through, exposing different psychological responses to the same neurological event. Therefore, it 'always remains something accidental – beyond the accident of the neurological event – about the emotional state to which the organic lesion gives rise' (Rottenberg 2014: 356). Malabou's accidents are thus not accidental enough – insofar as she maintains some sort of cerebral lawfulness, in which material events cannot prompt Freudian processes.

Ceasing to be normative marks the shift from differentiation to specialisation in the sense that brain parts are less capable of being reused, rigidly stuck in certain paths (Anderson 2014). The pathology produces no variation which could provide a bulwark against this specialisation, and this lack of variation explains why the process is more

irreversible than in normal cases (Canguilhem 1989). A dimensional or relational approach to trauma, in which traumas are simultaneously caused by exogenously and endogenously factors – but only in limiting cases decidedly one or the other – accounts for this circumstance. It also underlines why we cannot understand the new wounded without reference to the structure of desire, even while traumas can render this structure irrelevant.

In the end, it comes down to ‘relative autonomy’: While Malabou accuses Freud of not allowing the brain any aetiological autonomy outside the psychic system, she restrains the autonomy of psychic life. I agree that the causal force of the psyche is not exempt from the brain, but the regimes of cerebrality and sexuality are not mutually exclusive, as both Malabou and Žižek seem to hold. We could instead consider these regimes ‘metaplastically’ – as interacting ‘nodes’ in a dynamical system (see Thelen and Smith 1996). Either might undermine the plasticity of the system but neither can do so mechanistically. Accordingly, trauma is more accidental than Malabou envisions. As she gravitates towards a literal reading of trauma – i.e. a linear causal relationship between cause and effect – she partly undermines the radicality of her own concept.

#### Notes:

1. It is not that traumatic events are only signified as such in retrospect and that they are always already traumatic even if not grasped as such; rather, events become traumatic by the retroactive inscription. There is no dormant wound prior to that, waiting to be properly signified.
2. This is in line with Cathy Caruth’s anti-mimetic model, in which traumatic events are ‘literalised’ – coming from the outside, without any mediation by the subject. Leys criticises Malabou for sharing the anti-mimetic focus on identity and difference instead of emotion and intention (cf. Leys 2016).
3. Malabou mentions Leys on two occasions, without considering this.
4. This might be what Malabou means by juxtaposing the *mechanics of repetition* and *formal creation* at the heart of psychic trauma – exceeding while confirming mechanism (see Malabou 2008; 169), but I cannot pursue this further.
5. I simplify due to lack of space, but the impossible object – *objet petit a* – is impossible exactly because it is not an object; rather, it is the object-cause of desire, an attractor that takes on the form of specific desirable objects, while never itself appearing. It is the mirror picture of the subject, its ‘objectal counterpart’, that cannot be attained because it never had the status of an object in the first place. Therefore, the loss of this object is illusory: it is the loss of something one never had.
6. Here is another similarity with Caruth: how traumas are shared by both victims and nonvictims. See Leys 2000.

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