to the same horrifying events are psychologically scarred and others fail to develop symptoms of disturbance. Any theory of trauma or traumatic reliving needs to examine the personality and the event. Given the mixture of human variability and commonality, any theory, whether it is about traumatic reliving or the sexual-aggressive drives, cannot be separated from how it is processed in the complex personhood of each individual.

***Kenneth Fuchsman**'s biography is on page 5.*

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Trauma as Horror: Reliving the Unimaginable

James M. Glass—University of Maryland

While in the late 1890s Freud gave up his actual trauma theory for the concept of the infantile original behind all neuroses, including trauma, Binion argues he found himself fitting his clinical analysis into his theory. The infantile original is a theory-driven concept—much more so than an empirically-grounded explanation rooted in the patient's symptoms. Further, Freud confirmed this theory-driven notion of the primary sexual etiology of all neuroses through the psychoanalytic assumptions governing his dream theory. Trauma, then, in all its forms becomes a neurotic reliving of either real or imagined sexualized trauma scenes, depending on the specific psychosexual stage at which they occurred. For Freud, what was critical was not so much the facticity of the trauma itself, but the imagining of trauma, its reality as emotional experience, and the power of its repressed affect in the unconscious. Its empirical reality (as a matter of interpreting symptoms) ceased to matter after Freud turned from the trauma-driven theory of hysteria he developed with Breuer. What is critical is how trauma is experienced in

memory, how it appears somatically, and what symptoms reveal about unconscious origins and the specific stage of sexual development at which the "original" event happened, particularly its imaginary happening. Neuroses, no matter how severe, derive from the infantile original, and even precipitating factors embody or represent variations on the archaic original memory.

Theory drives data: Freud the theorist pushes Freud "the therapist into a corner," leading to a frantic "hunt" in all psychoanalytic investigation "for infantile underpinnings of neuroses." Too much, Binion argues, neat fitting of symptoms into theory. This effort at proving theory led to critical problems in psychoanalysis itself: "it ruled out traumatic reliving, in which an unprecedented shattering experience is reexperienced close to the bone in all its haunting specificity," particularly the therapeutic recognition that the reliving experience itself might be chronic. Freud allows that some traumatic neuroses might not have their origin in the infantile "original," and therefore might elude "detection." But Freud, in Binion's view, never pursues this line of inquiry. An even bigger casualty of his neglect of traumatic reliving is figuring out the relation between trauma, identity, and the history of the self. Episodic reliving from a clinical perspective might reveal a great deal about the self's historical development (a history of pain), rather than looking for symptomatic explanations in a range of inferences about an infantile original that may owe more to theory than to the empiric history of the self's own adaptations over time.

Binion suggests even concepts like "repetition compulsion" and the positing of the death drive possess little therapeutic relevance for understanding the unconscious properties of the reliving process itself. Freud's explanation for reliving trauma is that it demonstrates the self's almost heroic effort to gain control over the trauma, but Binion regards this as a mistake. It is not, he suggests, that reliving

creates more "control" over trauma, but almost the opposite: reliving demonstrates the very real power of trauma as an unconscious power that consistently provokes multiple replays. It is not a matter of gaining control over the traumatic memory; rather, in Binion's view, reliving suggests that the self has given up on "control" or any other move to dominate traumatic resonance. The replay, as the psychic "form" of the trauma itself, remains riveted in the self, an essential dimension of identity.

What is at issue here for Binion is "remembrance in action," and in an odd turn of events it is Freud the historian, social theorist, and anthropologist that allows for such remembrance as the endless replay of primal crimes, particularly in matters of authority and the way authority provokes action and violence. In *Moses and Monotheism*, Freud "fantasized a massive case of [traumatic reliving] extending from the hypothesized murder of a primeval tribal father (itself relived symptomatically meanwhile as totemic ritual) through the supposed murder of Moses to the real crucifixion of Christ."

For Binion this is pseudo-history, but nonetheless a history that—at least theoretically—attempts to uncover the unconscious and hidden workings of real, collective, world-shattering events with special significance regarding limits imposed by law and moral valuation. In Freud's historical narrative, traumatic reliving becomes central to the origins of civilization in murderous rage, but in therapeutic pursuit its etiology consistently reverts to variations on a single theme: the repressed memory of some variation of the infantile prototype. While Binion admires the psychoanalyst Freud, he is highly critical of Freud's fixation on hypothesized, sexual "original" events that might lie behind instances of traumatic reliving.

Binion believes that trauma can indeed be understood

psychoanalytically in terms of deconstructing its symptom formations, but the "reliving" process involves unconscious sources that might be considerably more complex than building on an infantile prototype stored in remembrance as a bundle of pain and anxiety. Take, for example, the death of children. I attend monthly meetings of Compassionate Friends, a local chapter of a national association set up as a safe emotional harbor for parents who have lost children. My son died at home a year and a half ago from a drug overdose. I found him, motionless and not breathing, in bed about eight hours later. At a recent meeting of Compassionate Friends, a woman narrated the death of her daughter. She moved through this story as a monotonic reflection of what she confronted: seeing the accident scene, being at the hospital, standing by her daughter, massaging her shoulders, watching her die, kissing her lips, standing at the edge of the bed while the body bag was wrapped around her, accompanying the gurney to the hospital morgue. She paused for a moment and then continued with the narrative of her daughter's cremation, and how she asked the funeral home if she could be there and witness the burning of the casket, and then if she could operate the controls that regulate how much fire would be turned on.

Her narrative, a reliving, took her back to the accident, the state of her daughter's body, her injuries and disfigurement, her coma, the time spent sitting at her bedside, and the horror of actually watching her child die. In front of a group of complete strangers, this woman vividly brought into her consciousness events of a death that had taken place over ten years earlier. She took us inside her emotional constellation, to the accident site, the hospital, the crematorium, the levers determining the flow of gas, the intensity of the flames.

This was a form of traumatic reliving not only for her, but also for the group. Binion's essay dramatically rep-

resented and made me think about not the narrative line of the story itself—powerful enough—but what lay outside of consciousness, what had no words or gestures: an unconscious story emerging in an empathic setting as an emotionally flat scream, narrative reliving of her daughter's death defined every manifestation of this woman's being, in addition to the being of everyone in that room. Her daughter's death enveloped her "self," at least in that instant. The trauma, as she expressed it, "said" who she "was," just as for everyone in that room who had lost a child, the story unleashed conscious associations and unconscious horror that absorbed identity. Traumatic reliving and self merged; "I am my pain," as one person put it—an unconscious resonance, experienced somatically, shared by persons as diverse as the 22-year-old woman who recently lost her two-year-old child to hospital negligence, the elderly man recalling the anniversary of his son's death 15 years earlier, the father who had lost two of his three children within 18 months, and the mother who had witnessed her daughter's physical disintegration from alcoholism over a two-year period.

It is in this sense that I take Binion's powerful analysis as both a history of Freud's own approach to theory and the empirical reality of symptoms, and a different way of thinking about the history of the self. For whatever infantile prototype remains in these shattered souls who have lost children, it has been totally eclipsed and absorbed by a radically different prototype, as significant an imposition on consciousness as any repressed memory from infancy and childhood—albeit one that will be relived in countless forms in the days to come and that will structure identity for the remainder of their lives. I was particularly attuned to this woman's story, but her utterance of the words—just the very speaking of such words even though spoken in a flat, affectless monotone—vividly recreated my own trauma, and indeed provoked a reliving of trauma for everyone in that

room.

In that Compassionate Friends group, language became numinous, as if by speaking "it," the horror of the event relocates consciousness as a synthesis of what had been and what is now in the present moment. The messiness of what Jean Paul Sartre calls "facticity" drives theory here; and traumatic reliving appears in the tormented words of parents trying to explain, as if through words they could glue together, the fractured pieces of what had been. A 42-year-old woman who sat across from me desperately attempted to describe how she felt, particularly her guilt, after losing her ten-month -old daughter in an accident at home. Words and tears pushed her back into that horrible space; what appeared was a broken-self riveted in memory, who excused herself from the room because she was unable to find her way into the present. She spoke and tried to speak not from the resonance of an infantile prototypical memory, but from the very edge of a madness brought on by the unimaginable.

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We Are All Reliving with Freud

Judith Harris—George Mason University

Professor Binion is convincingly trying to move his paper towards several important conclusions, one being that Freudian terminology tends to mask some overlapping concepts that may offer or infer interpretations that are misleading when one is trying to grasp the development of Freud's traumatic memory theories. If Dr. Binion is correct, Freud