Whose Drive Is It Anyway? Aristotle and Freud on Tragedy and Trauma

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‘I never thought this would happen to me’ is a common sentiment heard from the recently traumatised. Invoking shock and surprise, the traumatised tirelessly underscore the unexpectedness of the fate that has befallen them, appealing to what is familiar as the language of tragedy: a catastrophe has turned life upside-down. Those suffering from traumatisation – or what has now been ubiquitously rebranded as PTSD – typically arrive in the clinic speaking the language of incomprehensibility, fate, and the inexplicable turnaround of fortune. So as to distinguish this kind of contingent trauma from the necessary ‘structural trauma’ psychoanalysis posits as the mythical origins of the subject in the psychosexual drama of infancy, I will here follow a convention established by Paul Verhaeghe by referring to ‘accidental trauma’.

The aim of my paper this morning is to discuss some of the points of contiguity between tragedy – in a highly delimited aspect of the formal sense developed by Aristotle in his Poetics – and Freudian drive theory. The relationship of Freud and Aristotle on tragedy is a vast topic demanding a fuller treatment than can be undertaken toady. I have, elsewhere (Watt 2012), begun to try and establish the indispensability of Aristotle’s Poetics for grasping the intellectual, socio-cultural and interpersonal circumstances leading to the emergence of psychoanalysis through Freud’s, Breuer’s and Bertha Pappenheim’s relationship to Jakob Bernays, the uncle of Freud’s wife Martha Bernays. A renowned classicist and philologist, Bernays published a groundbreaking study on Aristotle’s account of tragedy that made a significant impact within contemporary artistic and intellectual circles. Bernays’s key innovation was the proposal that, contrary to the received scholarship of the time, one of Aristotle’s famously tricky terms in the Poetics, catharsis, was better understood as belonging to the medical rather than the religious register.

This novel medical reading of catharsis influenced Breuer’s treatment with Bertha, finding expression in the 1895 Studies in Hysteria where it played a central but unacknowledged role in describing Freud and Breuer’s pioneering psychotherapy clinic, bequeathing its name to their new treatment. The ‘cathartic method’, and its assumption that neurosis is born of accidental instead of structural trauma, was underpinned by the so-called ‘seduction theory’. As is well known, Freud quickly jettisoned the seduction theory as both improbable and inadequate to account for his clinical experience, a
significant development in his thinking accompanied by an equally significant development in his clinical technique.

The process of giving up his supposition that the neuroses owe their existence to the accidental traumas described by the seduction theory was crucial in Freud’s movement towards his mature formulations of psychoanalysis, all of which accorded structural trauma pride of place over accidental trauma. Later I will return to the contrasts between accidental and structural trauma. For the moment, however, let me begin by considering in more theoretical and clinical detail how Aristotelian tragedy interrelates with Freudian drive theory.

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When first listening to the stories of the traumatised, we hear a narrative that is often told along similar lines: a terrible event strikes ‘like a bolt from the blue’, imparting a host of symptoms apparently unattributable to or accounted for by anything antecedent to the event itself. The accidentally traumatised generally present with a sure sense of the origins of their suffering: their symptoms are because they were attacked, violated, exposed to something horrific, and so on. This certainty on their behalf frequently leads to a technical challenge: despite everything appearing to be ‘on the surface’, the persistent and destructively repetitious character of trauma symptoms point beyond themselves, towards something the subject can neither divine nor forsake. In working with trauma the analyst can feel that no amount of talking, associating and feeling on behalf of the patient can exhaust the ferocity of their symptoms or the passion with which they are clung to.

But what is it in trauma, then, that can be neither given up nor understood but must be returned to and repeated, seemingly endlessly? Here, a famous aspect of Aristotle’s theory of tragedy provides a helpful initial framework, albeit a quite different framework to the one initially appropriated by Freud and Breuer in their cathartic method. For Aristotle, tragedy involves misrecognition, a mistaking of oneself for something or someone one is not, followed by the reversal of this misrecognition, which Aristotle describes as a ‘change from ignorance to knowledge’. This is well illustrated by the cardinal myth of psychoanalysis, Oedipus, whose tragedy strikes at precisely the point at which he is enlightened about his true identity. That is, Oedipus’s world is shattered by the return, the repetition, of his past. Could there be something of a reversal of recognition at work in trauma, a repetition of something from the subject’s archaic history? Does this revelation of oneself as other, account for the intense pain attaching to
the irresistible compulsion of remembering, returning to and somatically repeating traumatic incidents, which is seen in the clinic?

The patient with the most pronounced symptoms of a traumatic incident I have worked with in my practice was a young man in his early thirties. He was attacked and robbed as he walked home late one evening after carousing with friends. Following the attack he suffered the most acute somatisations. In sessions he was unable to stay still for a moment: twitching and squirming, sweating in buckets. As it was impossible for him to remain seated for any length of time he frequently had to stand or roam about anxiously during our appointments. I heard about how, outside of sessions, he was beset by unbearably intrusive flashbacks, night terrors, agoraphobia and paranoia. Describing his life and previous sense of identity before the attack, he did so without equivocation: he was a super confident cheeky-chappy, the much admired office jester. Although young, and lacking the formal education and qualifications of his colleagues, his determined, outgoing disposition ensured he had already met with considerable career success: colleagues had earmarked him for great things. He explained that, before the attack, he had felt that there was nothing he couldn’t do. After the assault however, his life fell apart; former notions of his self splintered. He was not as omnipotent as he believed. Being unable to continue as who he had been, he was thrown into a frenzied search for a way back to the status quo ante.

This short clinical extract captures characteristics of misrecognition and reversal Aristotle associates with tragedy. However, what it also highlights are facets of trauma that are not adequately described by Aristotle. Whilst illustrating some features of the repetition phenomena so familiar in trauma, it is far from clear how Aristotelian tragedy might account for what happens to psyche and soma in trauma – this something agonisingly not-me that assumes stewardship of the mind and seizes the body in a cruel vice. Whereas Aristotelian misrecognition draws attention to psychoanalytic problems around identification in trauma – exemplified most famously, for instance, in the now near folk-psychological notion of Stockholm Syndrome, derived from Ferenczi’s and Anna Freud’s ‘identification with the aggressor’ – the symptoms of trauma resist exclusive accounting for by identification, given their primitive, somatic, pre-subjective qualities.

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In order to describe this other face of trauma, not well enough detailed by identification, we have to turn to Freud’s drive theory. Here, I will be concerned with the problem of trauma almost exclusively from the ‘economic’ point of view, touching only upon the
dynamic and structural standpoints in passing. Likewise, all important questions pertaining to the nature of remembering, representation and signification in trauma, will also be left unexplored for the purposes of this discussion.

In his 1915 metapsychological paper, ‘Instincts and their Vicissitudes’, Freud described the inherent reversibility of the drives, their plasticity and their propensity to revision. Drives flip into their opposite, turn around against the subject, and are prey to repression and sublimation. It is, however, Freud’s most famous work on the drives, 1920’s *Beyond the Pleasure Principle*, which is also his greatest contribution to theorising trauma and where he introduces what is, surely, the most notorious concept of the Freudian oeuvre, the death drive. With this development, Freud takes the malleability of the drives to its logical conclusion. By 1920, it is no longer merely the expression of the drives that are reversible, it is the *drives themselves* that are subject to inversion, folding inside-out into their opposite. In this new formulation, the drives are characterised as being inherently conflicted, pulling simultaneously towards divergent poles. In one direction, the drives advance toward unity, wholeness, incorporation and growth – this is Eros; in the other direction toward unbinding, fragmentation, separation and atrophy – this is Thanatos.

My thesis is that, in 1915, Freud’s characterisation of the drives can already be regarded as inscribing a thoroughly tragic dimension to human life into psychoanalysis at the level of metapsychology. However, this tragic dimension is significantly amplified in 1920 with the introduction of the death drives as the underpinning to repetition phenomena. In *Beyond the Pleasure Principle* Freud proposes, before elaborating in ‘The Economic Problem of Masochism’, that the fusion of life and death drives in a state of ‘primary masochism’ provides the crucible of libidinal life. Instead of being expelled from the subject outwards towards others, towards the world, in primary masochism atrophying and destructive death drives find routes back toward the subject via their soldering to the life drives. In Thanatos there is, then, for Freud, a force urging the subject toward dissolution and demise, a momentum catapulting them headlong into what is contrary to Eros and against the preservation of life.

This begins to help offer some purchase on the symptoms of trauma, especially in their dramatically repetitive somatic aspects, so contrary to and incomprehensible from the standpoint of the pleasure principle. The Aristotelian framework of misrecognition and reversal and psychoanalytic problems around identification, are deepened by Freud’s thinking on Thanatos, repetition and his postulation of primary masochism. Whereas misrecognition and reversal are descriptive at the level of identity, the drives function
below this threshold at the border between psyche and soma, and in the case of Thanatos as a force of misdirection. This occasions the opportunity, then, to read Freudian drive theory as a contribution to that long tradition of thought, beginning with the Greeks, that portrays human existence as shot through with a tragic propensity. Nonetheless, whilst it might well be that Freudian drive theory can be framed as tragic, in accidental trauma this framing obscures how, at least initially with a traumatic incident, it isn’t the tragic compulsion of the subject’s own drives that generates suffering, but rather the tragic impact of the other’s drives upon the subject through their acts of violence.

This is the point, in trying to understand better the confrontation of the subject’s drives with the other’s drives, to return to the distinction between accidental and structural trauma. In the mythical, structural trauma of individual pre-history, the trauma of infantile sexuality, the infant is born into a world the contours of which they find are already shaped by others. The place ascribed to the infant by their parents, as well as the awakening of their drives has, then, to be reconciled. However, just as the subject’s postpartum place is already delineated for them, it is likewise their parents who initially engender their drives – as per Freud’s famous descriptions of the sexualised nature of the nursing and weaning of infancy. The drives, just like the fate of the tragedians, then, originate outside the subject. In such a picture, it is not at all clear whether it continues to make sense to distinguish individuated drives and identities belonging to particular, separate subjects. Because of the imparting to the infant of their drives from outside them, the distinction between ‘their’ drives and the ‘parents’ is blurred, even though over the course of time the infant will adopt the drives imparted to them as their own. The pre-individualised circuitry of the drives muddles the distinction between subjects, as such necessitating a disposal of notions of the self-differentiated subject of grammar or the holistic inviolable self of humanism for something far more Nietzschean: a heterogeneous field of drives, where the ‘subject’ is only a fiction, a linguistic sheaf artificially arresting the ceaseless circuitry of the drives in static grammatical punctuations: ‘I’, ‘you’, ‘them’, ‘us’.

Trauma is especially privileged for illustrating the dissolution of identity. Within the clinical literature, this is most evocatively rendered by Ferenczi, in his description of childhood sexual abuse as the ‘confusion of tongues between tenderness and passion’. Ferenczi describes how, in such cases, it can often be noted that despite the appalling advantage perpetrators take of victims, the victim’s passive role in the scenario can veil a more organising position that, if it does not so much as solicit continued maltreatment, at least contributes to shaping circumstances that increase the likelihood of future abuse and re-traumatisation by the child’s misrecognition of their place, and the place of their
abusers, within an abusive scenario. Ferenczi’s account might be approached as one of how the drives are warped by an archaic masochism, a warping that fuzzes identity boundaries between subjects. This masochistic response to traumatic situations, where the drives are redirected upon the subject is, as Freud first ponders in ‘The Economic Problem of Masochism’, and Ferenczi later extends, related to unconscious guilt – to a tension, that is, among the ego and the super-ego – which, in turn, is connected to a repressed wish for punishment and a passive sexual stance by the introjection of the figure of the abuser and the assumption of the abuser’s guilt as their own.

The inequality of power relations in accidental trauma will already have been met by the subject, although of course under usual circumstances not in an abusive or exploitative fashion. In the original structural trauma, of which subsequent accidental traumas are echoes, there is an asymmetry of power relations: whilst the drives of both the parents and the infant are mutually engaged with one another and indistinct, it remains the case that the drives of the parents are a stronger current and the infant is, more or less, at their mercy. As psychoanalytic writers like Jessica Benjamin have detailed however, the exchange between infant and parents is malleable and amenable to dialectisation: the positions of active and passive, agent and object are more fluidly revisable; the drives of the other do not merely engage a passive monadic object. The extent of the infant’s ability to mould the nursing situation will depend upon the strength of masochistic potentiality, how this has impacted upon identity formation, as well as the provisions made by the parents to allow the infant to accomplish the task of adopting an agentive stance.

Unlike structural trauma however, accidentally traumatic situations are usually hugely lacking in fluidity, entailing that the subject is the recipient of the other’s drives from a position of helplessness. Considerations of masochistic predisposition are, then, mostly irrelevant at the time of an incident. But this does not entail that masochism is redundant; on the contrary, I would suggest just the opposite. Masochism is, nonetheless, still helpful in explaining why it is not the case that the most traumatised patients readily correspond to those who have been involved in the most excessively horrific or violent incidents. If the subject has reached later life with strong masochistic currents and a concomitant punitive super-ego, the corresponding unconscious guilt attending to an unconscious wish for punishment and passivity might reasonably be expected to exacerbate trauma symptoms. The subject will be disposed to route the destructive death drives back upon themselves, aggravating the agonisingly repetitious nature of symptoms experienced in accidental trauma.
Despite the severity of the symptoms experienced by the patient I described earlier, his attack and robbery was, relatively speaking, moderate: he was ambushed, taken by surprise, given a good hiding and relieved of his personal affects, but this is nothing compared to those victims of sexual torture and exploitation, abduction, physical mutilation, stabbings and shootings I have worked with whose symptoms have often been considerably less pronounced. Commonly, this mismatch is theorised in terms of the utterly inadequate nature/nurture dichotomy: such explanations posit that the individual is either constitutionally endowed in such a way that they are better equipped to deal with or process traumatic incidents, or that environmental circumstances better prepare them for dealing with trauma, or indeed a combination of the both. My own clinical experience suggest this dualism is wanting and that another factor is involved – namely, the guilt ridden, masochistic propensity of the drives to turn back on the subject.

From the perspective I have all too cursorily outlined this morning, what emerges as a deciding factor for the extremity of trauma symptomatology is the extent to which the subject succeeds in dialectising a traumatic situation. The success of this dialectisation echoes the infant’s experience of dialectisation in the original nursing situation. Those traumatised patients I have worked with who seem to have come off best are those who have managed to obtain some sort of agency within a traumatic scenario, rather than feeling trapped as the recipient of another’s excessive aggression or enjoyment. My patient had no opportunity to fight back against his assailants and was fully subordinated to their aggression. Other patients I have worked with who have survived significantly more violent and horrific happenings but have been able to turn the tables in some way, seem often to have survived with less severe symptomatology. Conversely, those patients with the worst psychosomatic symptoms I have seen in my work, are frequently those who carry the most intense self-blame for their 'fate' and whose drives have been channelled inwardly.

Bibliography


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