Toward a Genealogy of the Wounded Subject: Trauma and the Transformation of Subjectivity in Early Industrial Modernity*

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Abstract

The essay reconstructs genealogically the emergence of traumatic subjectivity within the context of industrial modernity, starting from the medico-scientific notion of railway spine. Through an analysis of the nineteenth-century debate between organicist and psychogenetic models, the contribution shows how trauma is transformed from a somatic lesion into a psychic phenomenon characterized by deferred temporality, non-organic symptomatology, and difficulties of empirical verification. The turn introduced by Charcot, and subsequently radicalized by Freud, makes it possible to rethink trauma as an intrapsychic configuration endowed with real effects, thereby challenging the distinction between true and simulated and inaugurating the notion of psychic reality. Within this framework, subjectivity emerges as a non-egological instance, traversed by automatisms and unconscious processes, as highlighted by Janet. Trauma thus functions as a privileged theoretical device for deconstructing the modern paradigm of the sovereign subject and rethinking its limits, toward a definition of modern subjectivity as a "wounded subject".

Keywords: Trauma, Railway Spine, Hysteria, Psychoanalysis, Subjectivity.

Il saggio ricostruisce genealogicamente l'emergere della soggettività traumatica nel contesto della modernità industriale, a partire dalla nozione medico-scientifica di railway spine. Attraverso l'analisi del dibattito ottocentesco tra modelli organicisti e psicogenetici, il contributo mostra come il trauma si trasformi da lesione somatica in fenomeno psichico caratterizzato da temporalità differita, sintomatologia non organica e difficoltà di verificazione empirica. La svolta introdotta da Charcot, e successivamente radicalizzata da Freud, consente di ripensare il trauma come configurazione intrapsichica dotata di effetti reali, mettendo in crisi la distinzione tra

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vero e simulato e inaugurando la nozione di realtà psichica. In questo quadro, la soggettività emerge come istanza non egologica, attraversata da automatismi e processi inconsci, come evidenziato anche dalle analisi di Pierre Janet. Il trauma si configura così come dispositivo teorico privilegiato per decostruire il paradigma moderno del soggetto sovrano e per ripensarne i limiti, verso una definizione di soggettività moderna come "soggetto ferito".

Parole chiave: trauma, colonna vertebrale, isteria, psicoanalisi, soggettività.

1. Industrial Modernity and the Emergence of the Wounded Subject

"Trauma" is not a category that philosophy habitually engages with, nor does it do so with ease – perhaps because, as Aristotle already declared centuries ago, while at the same time setting a clear trajectory for philosophical inquiry: «ὅτι δ'ἐπιστήμη οὐκ ἔστι τοῦ συμβεβηκότος φανερόν· ἐπιστήμη μὲν γὰρ πᾶσα ἢ τοῦ ἀεὶ ἢ τοῦ ὡς ἐπὶ τὸ πολύ – πῶς γὰρ ἢ μαθήσεται ἂν μάθοι ἢ διδάξειεν ἄλλον […] τὸ δὲ παρὰ τοῦτο οὐχ ἕξει λέγειν […] τὸ δὲ συμβεβηκός ἐστι παρὰ ταῦτα»: «it is clear that there is no science of the accidental – because all scientific knowledge is of that which is always or usually so. […] science will not be able to state the exception to the rule […] the accidental is contrary to this».[1] That is to say, there is no science of the accident, since every science concerns either what is necessary or what occurs for the most part; what deviates from this escapes articulation, and the accidental exceeds these domains.

Trauma, relegated to the status of accident, assumes precisely the same profile as that spurious, minor, inessential, residual element – so thoroughly empirical as to appear almost grotesque – thereby occupying a marginal yet persistent position within philosophical discourse. It now seems time to do something with this rough remainder that knocks at the doors of philosophical thought: it is a knocking without pretension, one that does not aspire to systematization (and thus does not seek to contradict the Aristotelian *diktat*). Yet the very fact that it is rejected implies that it returns to "spectralize" philosophical discourse, insofar as the latter perceives it as an unwelcome ghost. If trauma so deeply unsettles philosophy, while it is readily embraced by psychoanalysis, this may be due to a resistance to the monstrous that could undermine the discourse of essences – namely, as the brilliant student of Derrida, Catherine Malabou, observes, their permanence, identity, substantiality, and immutability: the very features through which being has been thought throughout the history of Western metaphysics.[2]

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[1] Aristotele, *The Metaphysics*, Book VI (Epsilon), 1027a20-25, Harvard University Press, Cambridge 1961, p. 305.

[2] Cfr. C. Malabou, *Ontology of the Accident: An Essay on Destructive Plasticity*, Polity Press, Cambridge 2012.

The concept of trauma originally emerges not within philosophical discourse, nor – perhaps surprisingly – within psychoanalytic discourse, but within a scientific-statistical framework concerned with the Industrial Revolution. It is tied to the syndrome of railway spine, that is, damage to the spinal column resulting from railway accidents, and initially denotes a purely anatomical injury entailing a loss of industrial capital. From the outset, one can observe how the myth of progress pursued in the latter half of the nineteenth century – first in Great Britain, then across Europe and the United States – manifests its ambivalence: on the one hand, the promise of a "new humanity", enhanced through the machine; on the other, simultaneously, a humanity defined by the gap between the vulnerability of its machine-body and the technological promise yet to come. Industrial modernity is thus represented not only by the gleaming locomotive in motion, but above all by «the derailed train dragging along its own wreckage»[3] and the railway worker with a broken spine.[4] The more the myth of the enhancement or overcoming of the human is pursued, the more the human reasserts itself in its vulnerability, through physical accidents and pains of every kind. In modern European cities, where «technology has subjected the human sensorium to a complex kind of training»,[5] the body is the first to bear the cost of acceleration; the encounter between the individual and the machine produces genuine industrial traumas. Given these premises, the concept of "trauma" is not only a product of industrial modernity, but above all a somatic response to it. As anticipated, the concept thus precedes psychoanalysis, insofar as it arises from the impacts and derailments of moving trains, from miners' fingers crushed after explosions, and from the amputation of limbs in factories. From the 1870s onward, nineteenth-century dictionaries and medical treatises – particularly those of surgeons and neurologists – confined themselves to documenting this reality, recording it scientifically by incorporating the term «trauma» (from the Greek, meaning «wound») into the discourse of the time, in order to denote an inflicted blow and the physical symptomatology that follows from it. In this regard, the case of Charles Dickens, one of the many victims of railway spine following a railway accident in 1865,[6] is particularly well known; and that of Phineas Gage, a miner who, following an explosion, was pierced through the prefrontal cortex (the region associated with

[3] R. Harrington, *The Railway Accident: Trains, Trauma, and Technological Crises in Nineteenth-Century Britain*, in P. Lerner, M. Micale (eds.), *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, Cambridge University Press, Cambridge 2001, p. 31.

[4] The worker affected by railway spine syndrome.

[5] W. Benjamin, *On Some Motifs in Baudelaire*, in Id., *Selected Writings, Volume 4: 1938–1940*, The Belknap Press of Harvard University Press, Cambridge 2003, p. 328.

[6] I. C. McManus, *Charles Dickens: A Neglected Diagnosis*, «Dickens Quarterly», Vol. 25, n. 2, 2008, pp. 98-106. The writer was involved in a railway disaster that occurred at Staplehurst on 9 June 1865.

emotional regulation) by an iron bar, emerging from the incident completely changed.[7]

The reflections that followed the widespread diffusion of railway spine constitute the first theory of trauma in history. This syndrome, both pervasive and difficult to comprehend, involved a symptomatology at the boundary between the visible and the invisible: it could include not only a visible physical injury, but also a range of more elusive symptoms that could not be organically determined through a clear cause-and-effect relation with the event presumed to have produced them – chronic pain, paralysis, melancholy, and memory loss. These phenomena drew the attention of doctors to such an extent that «it may be argued that the systematic theorization of trauma in modern Western medicine began with Victorian doctors' responses to railway spine».[8]

Compared to the organic diseases previously recorded in the history of medicine, this syndrome displays an ambivalent character: it is indeed caused by an actually occurring railway accident, yet its traumatic consequences are not limited to lesions. Rather, it encompasses a spectrum of almost "aerial" and imponderable phenomena, delayed in their manifestation, which cannot be strictly classified as organic. These phenomena exhibit a temporality that is "displaced" with respect to the original event; it is unclear whether they still maintain a direct relation to it, and, above all, they appear in peculiar forms: they intrude upon everyday life at the most unexpected moments, violently disrupting individuals' concentration on their affairs, and manifest as images hovering between the hallucinatory and the real. In short, with railway spine it becomes evident that surviving an unforeseen event often gives rise to the irruption of a kind of "phantasmagoria" into reality.

2. From Organic Lesion to Psychic Conflict: Trauma and the Transformation of Subjectivity

The issue becomes even more delicate when it takes on a medico-legal dimension: those affected by this everyday phantasmagoria – the traumatized – seek financial compensation on the grounds that they "suffer" from their traumatic fantasies.[9]

It then becomes necessary to determine whether such fantasies are truthful. But can the category of "truth" be fully applied to traumatic fantasy? What is truth in trauma? Is it its empirical verifiability, that is, its strict adherence to a fact? If so, why is it that, given the same experienced event, one witness continues their life calmly "as if nothing had happened", while another sees the terrified faces of fellow passengers

[7] Cfr. A. R. Damasio, *Descartes' Error. Emotion, Reason, and the Human Brain*, G. P. Putnam's Sons, New York 1994, pp. 55-56.

[8] R. Harrington, *The Railway Accident: Trains, Trauma, and Technological Crises in Nineteenth-Century Britain*, cit., p. 32. On the subject, see also H. F. Ellenberger, *The discovery of the unconscious: The history and evolution of dynamic psychiatry*, Basic Books, New York 1970, pp. 505-507.

[9] Cfr. R. Harrington, *On the Tracks of Trauma: Railway Spine Reconsidered*, «The Journal of the Society for the Social History of Medicine», Vol. 16, n. 2, 2003, p. 214.

reappear incessantly, as though the event were repeating itself in a perpetual present? Seeking to resolve this dilemma, the scientific production of the time divided into empiricist strands that aimed at the "verification" of trauma and strands that sought to relate the material accident to psychogenesis. On the former side stands John Eric Erichsen, who – in two volumes devoted to the subject[10] – (the first to provide a nosographic systematization of railway spine and to recognize it as a distinct syndrome) – argues that the violent shocks produced by railway accidents cause concussions of the spinal column, as well as permanent damage such as chronic inflammation of the spinal meninges and subacute myelitis.[11] His theory, strictly mechanistic and causal in orientation, met with considerable success but also attracted criticism from the psychogenetic strand of trauma theory, whose representatives include Herbert Page and Hermann Oppenheim. Page proposes an essentially psychogenic etiopathogenesis of spinal trauma, according to which the terror of the accident acts directly upon the physiology of the nervous system: «The magnitude of the destructive forces, […] the imminent danger to the lives of a great number of human beings, and the absence of any hope of escape give rise to emotions that are in themselves sufficient to produce shock». [12]

Page thus introduces into the scientific literature the category of «nervous shock»[13] thereby presciently anticipating what would later be termed «psychoneuroses» in the emerging Viennese psychoanalysis. Likewise, the German-Jewish psychiatrist Hermann Oppenheim emphasizes the psychogenetic basis of spinal trauma: he was the first to introduce the terms «trauma» and «traumatic neurosis»[14] (*traumatische Neurose*), which he uses interchangeably to refer to a "functional" disorder of the nervous system – thus provisional and curable, rather than organic and structural. However, recognizing the psychogenetic – rather than strictly physiologist – basis of the disorder raises a further problem: if its genesis is almost entirely psychic, how can one be certain that it is "real"? It is at this point that Oppenheim, also out of a form of national pride, rejects any association of his

[10] J. E. Erichsen, *On Concussion of the Spine, Nervous Shock, and Other Obscure Injuries of the Nervous System*, William Wood & Company, New York 1875 and Id., *On Railway and Other Injuries of the Nervous System*, Walton & Waberly, London 1866.

[11] Ivi, p. 157.

[12] H. W. Page, *Injuries of the Spine and Spinal Cord without Apparent Mechanical Lesion, and Nervous Shock in their Surgical and Medico-Legal Aspects* (1883), J & A. Churchill, London 1883, p. 148.

[13] Ivi, p. 203 ff.

[14] H. Oppenheim, *Die traumatischen Neurosen nach den in der Nervenklinik der Charité in den letzten 5 Jahren gesammelten Beobachtungen* (1889), Hirschwald, Berlin 1889, pp. 87 ff; Id., *Der Krieg und die traumatische Neurose,* «Berliner Klinische Wochenschrift», 52, 1915, pp. 257-261.

hypotheses with the contemporary French strand of research on hysteria, led by Charcot.[15]

According to Oppenheim, a distinction must be drawn between traumatic neuroses – such as railway spine – which, while psychogenetic in origin, are nonetheless grounded in a specific external real factor, and hysteria, which, in his view, has an entirely psychogenetic and thus ultimately intrapsychic origin. The aforementioned French strand, whose leading figure is Charcot, director of the historic psychiatric hospital of the Salpêtrière, introduces a minor revolution with respect to the prevailing paradigm of trauma: trauma is not only a physical lesion that produces psychic effects (as the "nervous" hypothesis of Page and Oppenheim would suggest), but also an intrapsychic conflict capable of producing physical effects. Charcot thus reverses the relation between the physical and the psychic, inaugurating the paradigm of the psychologization of trauma that has persisted to the present day. In treating hysterical patients, he observed something striking: these women complained of paralysis in their legs, and yet they had never fallen nor sustained any "local" physical impact.[16] The paradox is that, despite the absence of any organic cause, these conditions cannot be dismissed as fantasies, fictions, or «imaginary paralyses»[17] because «motor paralyses of psychic origin are just as objectively real as those resulting from an organic lesion».[18] Although the cause is different (non-organic), the effect is the same: a paralysis, with all the characteristics that this physical phenomenon typically exhibits.[19]

It thus becomes clear that such cases pose a serious problem for the etiogenesis of trauma and compel a profound rethinking of the paradigm of trauma as it has been formulated thus far. Erichsen's model is inadequate to account for them, as it operates in strictly physicalist terms (a shock produces an acute inflammation), while the "nervous" model of Page and Oppenheim is likewise insufficient, since in these instances nervous trauma is not linked to any "blow" in the empirical sense of the term. What is required, instead, is an intrapsychic paradigm capable of acknowledging that what is constituted within the psyche can have concrete effects on external reality and can alter a previously given state of affairs: as in the case of the functional movement of a healthy limb that, for immaterial reasons, becomes paralyzed. A similar argument applies to cases of «retrograde amnesia»[20] as identified by Charcot:

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[15] Cfr. P. Pignol, A. Hirschelmann-Ambrosi, *La querelle des névroses: les névroses traumatiques de H. Oppenheim contre l'hystéro-traumatisme de J.- M. Charcot*, «L'Information psychiatrique» 90, 2014, pp. 432-433.

[16] Cfr. J.-M. Charcot, *Oeuvres complètes*, vol. III, *Leçons sur les maladies du système nerveux*, Lecrosnier et Babe Editeurs, Paris 1890, pp. 333-335.

[17] Ivi, p. 335, trans. mine.

[18] *Ibidem*.

[19] Cfr. ivi, pp. 43-45.

[20] Ivi, p. 443. Charcot devotes an extensive discussion to the phenomenon of retrograde amnesia in *Clinique des maladies du système nerveux*, vol. 2, Félix Alcan, Paris 1893, pp. 266–283.

without having sustained any damage to the brain regions responsible for memory, certain patients – following an accident or a particularly intense episode – would "spontaneously" forget the event itself, as if creating a gap in memory, as well as entire portions of their previous lives.[21]

Charcot's discovery, as simple as it was disruptive, can be summarized as follows: it is the psyche itself that acts as the provoking agent; it does not merely respond to external forces, but actively generates them. Was Charcot thereby advancing a form of psychic voluntarism, of intentionality – an *ante litteram* notion of "agency"? In fact, he was not. The patient is entirely unaware of this mechanism, which moreover produces nameless suffering, and lacks any means of controlling it; he or she is, so to speak, a victim of a fantasy that he or she has unknowingly produced.

3. Hysteria, War Neurosis, and Psychic Automatism: Toward a Non-Egological Subject

At this point, a new problem emerges: might this be a case of simulation? And if so, for what reasons? It was precisely the suspicion of simulation that led proponents of the "nervous" paradigm (such as Page and Oppenheim) to distance themselves sharply from Charcot's "hysterical" paradigm and to reject any association with it. According to Oppenheim, to endorse a strong form of psychogenesis – that is, to reduce the entire genesis of trauma to the psychic, as had been done in the case of Charcotian hysterical patients – would cause what he himself defined as "traumatic neuroses" to fall within the category of "hysteria," thereby exposing the former to the issue of "simulation" typical of the latter, which we will now examine. According to Charcot – Freud's "master" with regard to the discovery of hysteria, and the figure responsible for Freud's shift from neurology to psychoanalysis during his formative training at the Salpêtrière (1885–1886)[22] – hysteria is the condition most closely associated with simulation; yet, despite this, it remains a neurosis in the full sense of the term, and is therefore no less credible from a pathological standpoint. In hysteria, the mechanism by which each patient amplifies their symptoms in order to attract the attention of those observing or listening to them is present to an exponential – indeed, almost theatrical – degree: one need only think of the celebrated «grande attaque hystérique»,[23] a four-phase convulsive episode, in which, in the first phase, the patient

[21] Cfr. ivi, p. 275.

[22] The apprenticeship lasted from October 1885 to February 1886: although it may appear brief, it was so decisive for Freud that it marked the beginning of psychoanalysis in his life. Cf. M. Moreau-Ricaud, *Le jeune Freud à la Salpêtrière (1885–1886)*, in H. Guilyardi (ed.), *Folies à la Salpêtrière. Charcot, Freud, Lacan*, Édition Diffusion Presse Sciences, Montrouge 2015, pp. 81–103; and M. A. Coutinho Jorge, *Freud avec Charcot: du symptôme hystérique au fantasme*, ivi, p. 159.

[23] P. Richer, *Études cliniques sur l'hystéro-épilepsie ou Grande Hystérie*, preceded by a preface by Jean-Martin Charcot, Delahaye et Lecrosnier Éditeurs, Paris, 1881, p. 12.

imitates epileptic seizures (*état épileptoïde*),[24] in the second phase – referred to as *clownisme*[25] – twists and contorts in a highly spectacular manner, with markedly exaggerated mimicry (*mouvements illogiques*);[26] in the third phase (*attitudes passionnelles*),[27] stages extreme affective states – such as ecstasy, terror, threat, defense, and supplication – through "plastic poses".[28] Finally, the patient abandons herself to a resolving delirium: a final, almost catatonic relaxation that brings the episode to a close like the falling of a curtain; at this point, she begins to speak.

These phases were first systematized, illustrated, and described by one of Charcot's pupils, Paul Richer, author of *Études cliniques sur l'hystéro-épilepsie ou Grande Hystérie*, later revisited by the philosopher and art historian Georges Didi-Huberman in his work on the iconography of the Salpêtrière.[29]

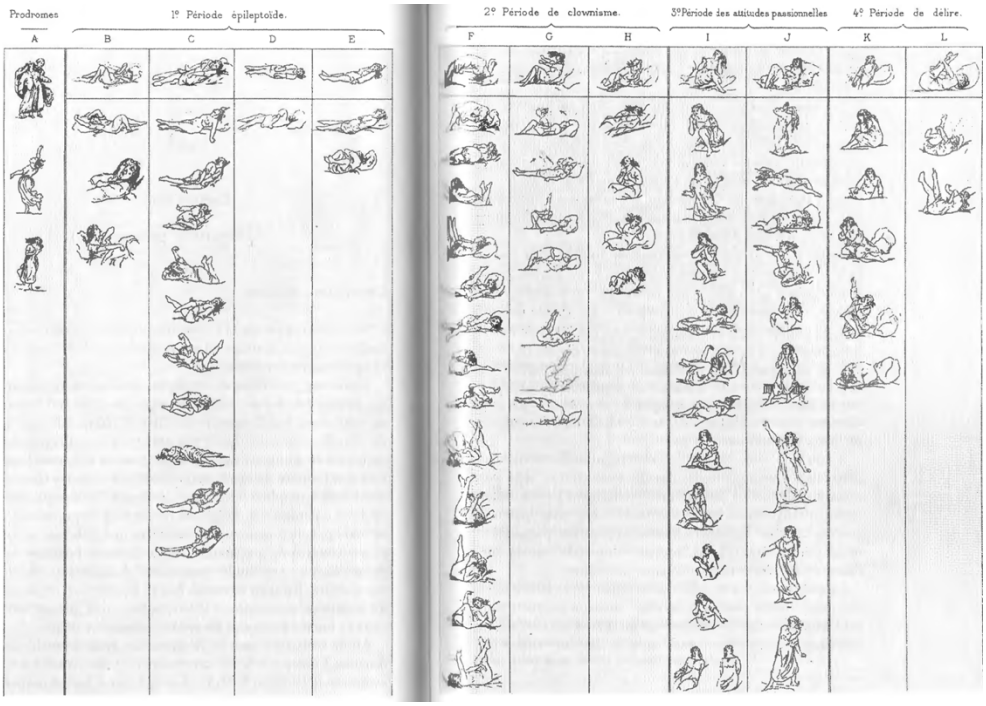

Illustration of the visual phenomenology of the hysterical arch in P. Richer, *Études cliniques sur la grande hystérie ou hystéro-épilepsie*, Delahaye & Lecrosnier, Paris, 1881 (2nd revised and expanded edition), p. 167.

[24] Ivi, p. 41.

[25] Ivi, p. 73

[26] Ivi, p. 79.

[27] Ivi, p. 80.

[28] Ivi, p. 104.

[29] G. Didi-Huberman, *Invention of hysteria: Charcot and the photographic iconography of the Salpêtrière*, MIT Press, Cambridge 2003.

As Didi-Huberman compellingly demonstrates in his philosophical catalogue *The Invention of Hysteria*,[30] it was Charcot who encouraged the almost scenographic disposition of his patients, thereby producing – through the study of hysterical staging – a veritable iconography of suffering. Yet the magniloquence, the excess, of hysterical representation brings to the fore the question of the simulation of trauma: what are the facts? What actually occurred? What, in all this, is real? The answer is: everything.

The significance of Charcot's discovery – later developed with remarkable rigor by Freud – lies precisely here: the hysterical subject does not "simulate" in the strict sense – that is, in a vulgar understanding, she does not lie, distort reality, or invent – but rather represents, through "staging," the psychic conflict experienced at the level of the unconscious. She gives form to the traumatic memory from which she suffers (a memory that is repressed and relegated to the unconscious – unsayable and unlivable), and she does so in action, through her body, with an expressive violence comparable only to that of repression itself. It is for this reason that, according to Charcot, hysteria must be taken seriously and granted full pathological dignity: because it constitutes a form of writing of the symptom in full view; hysterical subjects pay, with their own bodies, for the repression they have strenuously maintained within the unconscious.

The problem of the alleged hysterical "simulation" becomes even more central in the emerging international scientific debate on trauma with the outbreak of the First World War, where it became crucial to determine which soldiers were "simulating" and which were affected by a so-called real trauma. As we shall see, this question is ill-posed, and it is precisely the intervention of Freudian psychoanalysis that demonstrates this.

The issue that dominated the debate can be summarized as follows: if the etiopathogenesis of trauma is psychogenic, how can one distinguish between those who "induce" a trauma in themselves – in order to avoid combat or to obtain compensation for "shell shock" (war neurosis) – and those who genuinely "experience" a trauma? Here returns the question that has guided our analysis of hysteria: is trauma real? How much of it is fictitious? And to what extent is it empirically demonstrable or subject to verification?

In *A Contribution to the Study of Shell Shock*, the Cambridge academic Charles Myers reports the case of a soldier who, during a military operation, became entangled in a stretch of barbed wire while shells exploded all around him without physically striking him. He sustained only minor burns to his clothing and no bodily injury; yet he developed a severe war neurosis, marked by both retrograde amnesia (the erasure

[30] Ivi, pp. 281-283.

of memories predating the traumatic event) and anterograde amnesia (the inability to form new memories), as well as a "spontaneous" loss of sight and smell.[31]

Is he a hysteric, or a war neurotic? We should bear in mind that Charcot had urged us to consider hysteria as a neurosis in the full sense of the term, and not to treat hysterical conditions lightly on the pretext that they lack an evident organic substrate, on pain of delegitimizing human suffering in the name of an inhuman reductionism.

It would be Freud, however, who intervened decisively in this matter. I single out a particularly illuminating – yet comparatively less well-known – moment in his work: his testimony at the Wagner-Jauregg Trial (1920). Two years prior to the trial, the important Budapest Psychoanalytic Congress had taken place, attended by Sándor Ferenczi, Karl Abraham, Ernst Simmel, and Ernest Jones,[32] an occasion on which psychoanalysis had been called upon as a tool for diagnosing the social and political in the aftermath of the trauma of war: Freud delivered a paper on the war neuroses, with the aim of supplanting positivist psychiatry through the new "science of the unconscious" and of promoting the international dissemination of psychoanalysis beyond the Viennese Jewish community. In 1920, Freud once again defended the view that the prevailing understanding of war trauma could be rendered more complex by introducing into the wartime context the question of the unconscious, of intrapsychic conflict, and of the fundamental continuity between peacetime neuroses and war neuroses. The trial in which Freud took part had as its defendant Julius Wagner-Jauregg, professor of psychiatry at the University of Vienna and military physician,[33] who, during the conflict, interpreted his role as a military physician in a markedly improper way: rather than devoting himself to the care, recovery, and rehabilitation of soldiers, he focused on determining who was "genuinely traumatized" and violently "removed" psychological trauma in those he deemed to be malingerers. Wherever Wagner-Jauregg suspected signs of "simulation," he intervened with electroshock and coercive treatments.

Thus, a second trauma was superimposed upon the pre-existing trauma of war – inflicted precisely by those who, on the same front, were meant to care for the soldiers. Some patients fled the hospital; others took their own lives. In 1920, complaints from former soldiers began to emerge, along with critical political articles[34]

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[31] C. Myers, *A contribution to the study of shell shock: being an account of three cases of loss of memory, vision, smell, and taste, admitted into the Duchess of Westminster's War Hospital, Le Touquet*, «The Lancet», February 1915, pp. 4-5.

[32] S. Freud, S. Ferenczi, K. Abraham, E. Simmel, E. Jones, *Psychoanalysis and the War Neuroses* (1919), «The International Psychoanalytical Press», New York 1921.

[33] S. Freud, *Memorandum on the Electrical Treatment of War Neurotics* (1920), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. by J. Strachey, *Volume XVII (1917-1919): An Infantile Neurosis and Other Works*, The Hogarth Press, London 1981, p. 213.

[34] K. R. Eissler, *Wie es zur Untersuchung gegen Wagner-Jauregg kam*, in Id., *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militärischer Pflichtverletzungen*, Löcker Verlag, Wien 2007, pp. 23-29.

which accused Wagner-Jauregg of abuses; this led to an official investigation by a special Austrian commission into breaches of duty in the military context. Sigmund Freud was called to testify at the trial as an expert, presenting a psychodynamic theory of trauma in which the question of its "verification" is not central: many cases initially regarded as simulations were in fact unconscious war neuroses. This is because, in every neurosis, a principle of simulation coexists with a principle of reality.

In a move that surprised many, Freud argued that all neuroses are, in a certain sense, simulations,[35] thereby establishing the impossibility of drawing a clear distinction between the authentic and the fictitious. Trauma, therefore, maintains a dual relation to both reality and phantasy, instituting a peculiar form of realism that may be termed *psychic realism*.

Freud's crucial intervention at the trial thus refuted the brutal "verificationist" theory of trauma, according to which a soldier who has not been empirically wounded cannot be considered traumatized. The Freudian perspective is decisive in unsettling the often harsh dichotomy between reality and the Real, whereby only the former is granted the status of existence and causality. For Freud, the addition of unconscious phantasy to the violence of the war scenario is sufficient to produce a "trauma":

«Fear of losing his own life, opposition to the command to kill other people, rebellion against the ruthless suppression of his own personality by his superiors – these were the most important affective sources on which the inclination to escape from war was nourished».[36]

Accordingly, the doctor must not, under any circumstances, comport himself as an instrument of warfare,[37] applying to trauma the heavy axe not of subjective truth but of empirical or external verification. The position of Freud – and, before him, of Charcot – consists in affirming that, whereas the malingerer possesses a secret that he knows and consciously conceals from his interlocutor, the hysteric lives a secret that

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[35] The Austrian psychoanalyst Eissler reports the transcript of the trial in which Sigmund Freud participated as a witness: "Alle Neurotiker sind Simulanten, sie simulieren, ohne es zu wissen, und das ist ihre Krankheit. Wir müssen daran festhalten, daß zwischen bewußt Nichtkönnen und unbewußt Nichtkönnen ein großer Unterschied besteht. Aber in einem Individuum ist das Bewußte und das Unbewußte immer zusammen und, wenn ich einem Neurotiker, der behauptet und glaubt, daß er organisch krank ist, ins Gesicht sage, daß er es nicht ist, so wird er beleidigt, weil es partiell wahr ist. Beleidigt werden die Leute nur dann, wenn etwas zutrifft", K. R. Eissler, *Die Einvernahme Freuds*, in Id., *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militärischer Pflichtverletzungen*, cit., p. 54. Freud expresses himself in similar terms, albeit in a more measured tone, in *A Seventeenth-Century Demonological Neurosis* (1922), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX: The Ego and the Id and Other Works (1923–1925)*, The Hogarth Press, London 1964, p. 100: «the transitional stages between neurosis and malingering are, as we know, very fluid».

[36] S. Freud, *Memorandum on the Electrical Treatment of War Neurotics*, cit., pp. 212-213.

[37] K. R. Eissler, *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militärischer Pflichtverletzungen*, cit., p. 12: "Der Arzt solle in erster Linie der Anwalt des Kranken sein, nicht der eines anderen, indem er die Rolle von Maschinengewehren hinter der Front einnimmt".

he does not even know and conceals from himself: for this reason, the victim of a war neurosis – whether a "traumatic neurosis" in the strict sense or hysteria – cannot be held excessively responsible or deprived of their status as a suffering and traumatized subject. More specifically, the central discovery of the French tradition on hysteria (Charcot's psychodynamics) and of Viennese psychoanalysis – crucial for a comprehensive contemporary definition of trauma – lies in what is termed "psychic automatism," which disrupts the correspondence between mind, ego, and will. If there is an involuntary component within the psyche, then the onset of trauma cannot be controlled, nor can its course.

Charcot's pupil, Pierre Janet – whose discoveries elicited both admiration and a certain unease in Freud[38] – systematizes these findings in his treatise *L'automatisme psychologique*.[39] Here, he examines the intrapsychic phenomenology of trauma in its relation to the involuntary dimension of the psyche – or, in other words, to its automatism – which he sets in opposition to «human activity, will, resolution, and free will»:[40] terms about which we have spoken extensively across virtually all fields of knowledge, yet which, in the constitution of trauma, have only a relative value. A defining property of trauma – Janet observes – is that it causes an idea to persist within the psyche as "detached," "dissociated," like a parasite or an intruder that installs itself among one's thoughts, obstructing their normal development, without the individual having any real control over it: the four aforementioned pillars (human activity, will, resolution, free will) are not operative within the traumatized psyche.

Janet writes: «If the environment changes, if misfortunes, accidents, or simply changes require an effort of adaptation and a new synthesis, [the psyche] will fall into the most complete disorder»[41] and it will then be a case of «the predominance of archaic automatism over a severely weakened present synthetic activity».[42] In short, Janet understands traumatic splitting[43] as one of the most fundamental characteristics of consciousness – a consciousness whose field is always "restricted," diffracted, and

[38] S. Freud, *An Autobiographical Study*, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, *Volume XX (1925-1926)*: *An Autobiographical Study. Inhibitions, Symptoms and Anxiety. The Question of Lay Analysis and Other Works*, The Hogarth Press, London 1981, p. 21.

[39] P. Janet, *L'automatisme psychologique. Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine*, Baillière et Alcan Éditeur, Paris 1889.

[40] Ivi, p. 1.

[41] Ivi, 487.

[42] *Ibidem*.

[43] Ivi, p. 116. See also S. Freud, *The Neuro-Psychoses of Defence* (1894) in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, *Volume III (1893-1899), Early Psycho-Analytic Publications*, The Hogarth Press, London 1981, pp. 45-46: "Since the fine work done by Pierre Janet, Josef Breuer and others, it may be taken as generally recognized that the syndrome of hysteria, so far as it is as yet intelligible, justifies the assumption of there being a splitting of consciousness, accompanied by the formation of separate psychical groups".

fragmented, and exposed to an «innate weakness of the capacity for synthesis»,[44] as a result of the intervention of a wide range of factors: alterations in the environment, more or less abrupt changes, misfortunes, and accidents.[45] When consciousness is posited as a premise, one must therefore simultaneously posit, within the same founding act, its automatism – that is, its capacity to disaggregate higher synthetic activities through an archaic material that re-emerges, in certain traumatic conjunctures, in the form of dissociations, obsessions, and repetitions.

It thus becomes essential, in order to restore the functioning of these syntheses, to work through the event that produced the rupture and to return to the "site of the trauma"; and from that point onward, to exercise – following Freud – three ethical duties with respect to the unconscious: to remember, to repeat, and to work through.

4. *Conclusion. Beyond the Medical Paradigm: Trauma Between Psychoanalysis, Phenomenology and Contemporary Trauma Studies*

The genealogy reconstructed throughout this essay has sought to demonstrate that trauma is not merely a clinical category emerging from the history of psychiatry, but one of the conceptual operators through which modernity progressively redefined the very structure of subjectivity. From railway spine to Charcot's hysterical paradigm, from Freud's theory of psychic reality to Janet's notion of psychological automatism, the concept of trauma gradually detached itself from the domain of organic lesion to become the privileged site for thinking the instability of the subject. What emerges from this trajectory is the formation of a new anthropological figure: a subject whose identity is no longer grounded in self-transparency, rational mastery or the sovereignty of consciousness, but in vulnerability, temporal disruption and the intrusion of unconscious processes.

At the same time, however, this genealogy should not be understood as a closed historical reconstruction. Rather, it provides the conceptual conditions for understanding why trauma has become one of the central categories of contemporary philosophical, psychological and cultural thought. Over the last three decades, trauma has progressively escaped the confines of clinical psychoanalysis to become a genuinely interdisciplinary field of inquiry. Contemporary *trauma studies* have shown that traumatic experience cannot be adequately described through an exclusively medico-clinical vocabulary, since it simultaneously concerns embodiment, temporality, memory, intersubjectivity, language and cultural representation.

This broadening of perspective has been particularly evident in the dialogue between psychoanalysis and phenomenology. Whereas classical psychoanalysis primarily interpreted trauma in terms of intrapsychic conflict, repression and unconscious fantasy, phenomenological approaches have shifted attention toward the

[44] Ivi, p. 453.

[45] Ivi, pp. 486-487.

structures of lived experience (*Erlebnis*) and toward the way traumatic events alter the very possibility of inhabiting the world. In Robert Stolorow's existential phenomenology of trauma, for example, trauma no longer appears as an internal psychic conflict but as the collapse of the horizon of meaning through which experience becomes intelligible: traumatic experience reveals the constitutive fragility of human existence, exposing the finitude and contingency that ordinary consciousness habitually conceals.[46]

Similarly, Natalie Depraz has argued that trauma cannot be conceived as an exceptional pathological event interrupting an otherwise stable subjectivity. Rather, trauma discloses the intrinsic vulnerability of embodied consciousness itself, showing that affectivity and corporeality constitute the primary dimensions through which subjectivity encounters both itself and the world.[47] From this perspective, trauma is less the destruction of a previously autonomous subject than the manifestation of the relational and fundamentally exposed character of human existence.

Such phenomenological developments do not invalidate the discoveries of Charcot, Janet or Freud. On the contrary, they radicalize one of their deepest intuitions: namely, that the subject is never fully identical with itself. What Freud described as unconscious conflict and Janet as psychic automatism can now be interpreted more broadly as expressions of a constitutive decentering of subjectivity, one that concerns the unconscious as well as the entire structure of embodied existence.

A similar expansion has characterized the dialogue between psychoanalysis and literary studies. Scholars such as Michelle Balaev have criticized what has often been regarded as the classical trauma model, inherited primarily from Freudian and Charcotian paradigms, arguing that trauma should not be understood as a universal psychological mechanism operating identically across different historical and cultural contexts. Instead, traumatic experience assumes multiple narrative configurations that depend upon social memory, historical conditions and cultural forms of representation.[48] Literary narratives therefore do not merely illustrate trauma; they actively participate in its symbolic elaboration, making visible dimensions of experience that remain inaccessible to purely clinical discourse.

This insight has been further developed in recent studies investigating the relationship between psychiatry, psychoanalysis and literature.[49] Literature emerges as a privileged epistemological laboratory in which traumatic temporality, fragmentation

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[46] R. Stolorow, *Trauma and Human Existence. Autobiographical, Psychoanalytic, and Philosophical Reflections*, The Analytic Press, New York 2007, pp. 13-17.

[47] N. Depraz, *Trauma and Phenomenology*, «Eidos. A Journal for Philosophy of Culture», 2, 2018, pp. 54-74.

[48] M. Balaev (ed.), *Contemporary Approaches in Literary Trauma Theory*, Palgrave Macmillan, London 2014.

[49] See, for instance, N. Heidarizadeh, *The Significant Role of Trauma in Literature and Psychoanalysis*, «Procedia – Social and Behavioral Sciences», vol. 192, 2015, pp. 788–795 and A. Bazzoni, *Il presente vivo. Temporalità del divenire e del trauma in Lispector, Ortese e Philip*, Mimesis, Milan 2025.

of identity, repetition and memory can be explored in forms irreducible to diagnostic categories.

These contemporary developments invite a reconsideration of the genealogy reconstructed in the present essay. If nineteenth-century medicine progressively discovered that traumatic suffering exceeded visible bodily lesions, current trauma studies further demonstrate that trauma also exceeds the boundaries of individual psychopathology. Trauma appears today as a phenomenon simultaneously psychological, phenomenological, social, historical and cultural. Rather than replacing psychoanalysis, these approaches extend its insights by situating unconscious processes within broader structures of embodiment, relationality and symbolic mediation.

Seen from this wider perspective, the historical passage from railway spine to psychoanalysis acquires an even broader philosophical significance. What initially emerged as a medico-legal controversy concerning invisible injuries ultimately became the point from which Western thought began questioning the modern ideal of the autonomous subject itself. Trauma progressively undermines every substantialist conception of identity, revealing instead a subject constituted through exposure, passivity and vulnerability. The wounded subject is therefore an injured individual as well as the paradigmatic figure through which modernity discovers the limits of sovereignty.

For this reason, the genealogy proposed here should be understood less as the history of a medical concept than as the history of an epistemological transformation. The emergence of trauma modifies psychiatric knowledge, but also the philosophical understanding of consciousness, agency and reality. Charcot's reversal of the causal relation between psyche and body, Freud's notion of psychic reality, Janet's theory of dissociation and psychological automatism all converge toward the same conclusion: subjectivity is never fully transparent to itself because it is traversed by forces that escape voluntary control.

Contemporary trauma studies, while often moving beyond classical psychoanalysis, ultimately confirm this fundamental intuition. Whether articulated through phenomenological analyses of vulnerability, psychoanalytic theories of unconscious conflict, or literary investigations into narrative memory, trauma continues to designate the irreducible excess through which subjectivity discovers its own constitutive openness to alterity and contingency. The genealogy of trauma therefore remains unfinished. Rather than closing the history of the wounded subject, it opens an ongoing philosophical task: to rethink subjectivity not from the standpoint of autonomy, but from that of exposure, relationality and fragility, recognizing trauma not simply as an exceptional pathological event but as one of the privileged lenses through which modern and contemporary thought understand the human condition.