

Trauma and Literature
Prof. Avishek Parui
Department of Humanities and Social Sciences
Indian Institute of Technology - Madras

Lecture – 16
Malabou's The New Wounded – Part 1

(Refer Slide Time: 00:16)

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

PLASTICITY AND DESTRUCTION

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

To recognize the determining causal value of the wound is to take into account its *plastic* power upon the psyche. The term "plasticity," one should recall, has three principal significations. On one hand, it designates the capacity of certain materials, such as clay or plaster, to receive form. On the other hand, it designates the power to give form—the power of a sculptor or a plastic surgeon. But, finally, it also refers to the possibility of the deflagration or explosion of every form—as when one speaks of "plastique," "plastic explosive," or, in French, *plastiquage* (which simply means "bombing"). The notion of plasticity is thus situated at both extremes of the creation and destruction of form.⁵⁰

Which of these three senses should one retain to characterize the plastic power of the wound upon the psyche? Certainly, this power is the power to create form, in the sense that it brings about a metamorphosis of identity. And this identity is itself plastic to the extent that it is susceptible to being imprinted by this new form. Nonetheless, it is clear that wounds—traumas

This is an NPTEL course entitled "Trauma and Literature". The particular book which we will cover today is theoretical. It is a book of philosophy actually on trauma. It is by a philosopher called Catherine Malabou.

It will be discussed how some of the theoretical components she talks about can be connected and mapped onto a course like this. The name of the book is "The New Wounded" by Catherine Malabou. It is a French book. It has been translated into English and we will use a pdf which is a translation of the original book. This is a very big philosophical book.

We'll have to read it selectively, especially in relation to "Mrs. Dalloway". We mentioned PTSD or post-traumatic stress disorder which is essentially something that happens to soldiers and also to civilians as well, in "Mrs. Dalloway".

The novel by Virginia Woolf has Septimus Smith as a protagonist. He suffers from PTSD traumatized subject, but then the irony and the tragedy of his is no one seems to understand

him or the medical discourse around him. The contemporary medical discourse around him has no idea, no knowledge in terms of how to kill him and they resort to the older matters of coercion and confinement which makes it worse for him.

At the end of the novel, we see him committing suicide by jumping from a window and that becomes a very tragic human scene. We see how the medical and existential and political they meet together in “Mrs. Dalloway”. We have the biomedical regime sort of trying to confine the man, trying to confine and control the human subject. And the entire novel can be seen as a novel about helpless resistance against that kind of biomedical cohesion.

In the book of philosophy “The New Wounded” by Catherine Malabou, the name of the book we find that how she defines certain terms that are very useful in terms of locating the traumatized subject, in terms of looking at the entire ontology of the wound. The reason why she calls it a “New Wounded” is because she offers a new definition of mental wound.

She offers a new definition of mental trauma or mental injury so which is a bit opposed Freudian way, opposed Lacan and opposed Freudian way to look at trauma and injury, a mental injury. Now before we begin with the text per se Malabou’s location needs to be just highlighted a little bit before we can connect to this particular text. Malabou is a very interesting philosopher because she is someone who seems to connect poststructuralism with trauma theory.

It has a very interesting take on trauma. It is a very post-classical, post-Freudian take on trauma and she offers a more distributive poststructuralist understanding of trauma. In this particular book and also elsewhere in Malabou, there is a lot of emphasis done on plasticity and she talks about different kinds of plasticity in terms of how that connects to mental states of the subjects.

Plasticity can be destructive plasticity or plasticity as a reconstructive phenomenon. There is a very neural component of plasticity. She will mention several neuroscientists during her thesis where she talks about someone like Joseph LeDoux for example who talks about

synaptic plasticity and how the neural system in our brain in our entire system is very plastic in quality.

That plasticity makes us creative, makes us regenerative, makes us resistant to injury, etc. Plasticity is a very important phenomenon neurally and medically speaking. Now what Malabou does interestingly is she takes this medical theory of plasticity and extends it into a more philosophical poststructuralist understanding of that condition in terms of how it becomes a marker of the human condition or human existential condition.

It is precisely this bridge between the medical and existential and the political which makes Malabou a very significant philosopher for us today, especially in a course like “Trauma and Literature” because as looking at “Mrs. Dalloway”, Woolf’s novel we find that it is not just a medical novel, it is not just about a person who is mistreated medically.

It is also about how that mistreatment, how that mishandling of the situation becomes extensive and existential crisis of sorts and how that aggravates the condition of the human subject. This bridge between the medical, existential and political is very important. Malabou is a philosopher, and it offers that connection very robustly in a very creative and innovative way.

Her notion of plasticity, her notion of the wound, the reontologization of the wound per se is something which needs to be taken very seriously especially in a course like this. She talks about new wounded, its definition of new wounded and why it is the title of the book as mentioned.

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

It is how she say that in ancient medieval times people with head injury, people with trauma, people with mental injury were considered to be possessed and there was a different kind of

treatment given to those people; some of them included physical cohesion, some of them included physical torture of sorts so being possessed and then that was redefined as madmen in ancient medicine.

Madmen as read in Foucault, for example, madness was very quickly connected to power and how the entire idea of controlling the madman became a project of power and later on psychoanalysis redefined that as neurotics. In Freud, for example, he has two kinds of definitions; so head injury, neurotic and psychotic right. Freud's idea of trauma is something which Malabou mentions and draws on.

At the same time, she deconstructs it in a very literal Derridan way. She is a very interesting bridge between the Derridan poststructuralism and Freudian psychoanalysis in a way that she deconstructs psychoanalysis and she says that what was considered to be madmen or possess or neurotics are now to be the same new wounded. The new definition of wounded or head injury or brain injury or mental wound is something just she offers over here in a philosophical framework.

She talks about the specter which is a Derrida metaphor. DThe entire idea of the spectrality that talks about. The specter of such phenomenon hints at the scope of the post-traumatic condition that reigns everywhere today and demands to be thought. The spectrality of that wounded condition is something that she sort of takes very seriously.

The idea of spectrality brings in Derrida in a very direct way because Derrida as he talks about spectrality a lot. A large part of the Derridan deconstruction is about spectrality and he has a book called "Specters of Marx", etc. We can see how Malabou's vocabulary is very poststructuralist, and very Derridan in a very direct way okay. This is a section in the book where she talks about plasticity and she defines three different kinds of plasticity.

The title of the section is "Plasticity and Destruction". These remarks bring me to my third main idea the apparition of a new phase of plasticity. To recognize the determining causal value of the wound is to take into account its plastic power upon the psyche. The term plasticity one should recall has three principal significations.

On one hand, it designates the capacity of certain materials such as clay or plaster to receive a form. On the other hand, it designates the power to give form, the power of a sculptor or a plastic surgeon. But finally, it also refers to the possibility of deflagration or explosion of every form as when one speaks about plastique or plastic explosive or in the French plastic gauge which simply means bombing.

The notion of plasticity is thus situated at both extremes of the creation and destruction of form. This is very Derridan and very poststructuralist because she is offering a very ambivalent idea of plasticity. Plasticity is something which can be sculpted, can be created as a constructive generative quality. Plasticity is something which talks about the capacity to receive forms or the reception to creativity, the reception to generation or generative ability.

The third bit is about destruction, about explosion, the explosive quality, the potentially explosive quality of plasticity. And what she does in the process is she defines, she locates the notion of plasticity as situated somewhere between the extremes of creation and disruption of form. We can see this is a very philosophical framework, the notion of plasticity, the concept of plasticity, the ontology of plasticity.

Now what she does essentially is she takes this philosophical framework and then she sort of tries to locate it or map it onto brain injury or head injury and she tries to connect this philosophy of plasticity with the neural understanding of cognition, the neuroscientific understanding of cognition through neurons. She talks about synaptic plasticity and she mentions Joseph LeDoux over and over again.

LeDoux is a very important neuroscientist, a philosopher is interested in literature and neuroscience and philosophy and neuroscience, phenomenology and neuroscience. LeDoux is a very important figure because he talks about the idea of plasticity from a neuroscientific perspective. There is wonderful book called "The Synaptic Self" where he talks about plasticity as a very key component of cognition.

Now the reason why LeDoux is important for Malabou is Malabou draws and reduce philosophy of plasticity or medical theory of plasticity and gives a philosophical framework in order to understand cognition and also the subject position which is very important.

(Refer Slide Time: 11:06)

To recognize the determining causal value of the wound is to take into account its *plastic* power upon the psyche. The term “plasticity,” one should recall, has three principal significations. On one hand, it designates the capacity of certain materials, such as clay or plaster, to receive form. On the other hand, it designates the power to give form—the power of a sculptor or a plastic surgeon. But, finally, it also refers to the possibility of the deflagration or explosion of every form—as when one speaks of “plastique,” “plastic explosive,” or, in French, *plastiquage* (which simply means “bombing”). The notion of plasticity is thus situated at both extremes of the creation and destruction of form.⁵⁰

Which of these three senses should one retain to characterize the plastic power of the wound upon the psyche? Certainly, this power is the power to create form, in the sense that it brings about a metamorphosis of identity. And this identity is itself plastic to the extent that it is susceptible to being imprinted by this new form. Nonetheless, it is clear that wounds—traumas or catastrophes—are not “creators of form” in the positive sense of the term. We are quite far from the sculptural paradigm of “beautiful form.” If the wound, as the determining cause of the transformation of the psyche, has a plastic power, it can only be understood in terms of the third sense of plasticity: explosion and annihilation. If brain damage creates a new identity, this creation can be only *creation through the destruction of form*. The plasticity at stake here is thus destructive plasticity. ⁵¹

Such plasticity—and herein resides its paradox—ultimately remains an adventure of form. What patients with Alzheimer’s disease show us, to take

“Which of these three senses should one retain to characterize the plastic power of the wound upon the psyche?” She talks about trauma as a reformation of the psyche. Whenever a traumatic experience happens, the psyched subject is reformed, deformed as this reforms. Trauma as something which essentially changes the structure of the subject.

That is a very definition of trauma, something which changes the structure of the subject. The ontology or subject, so the human subject is re-ontologized in a certain sense post-trauma. She's talking about how the idea of plasticity can be seen as something which is a wound upon the psyche. “Certainly, this power is the power to create form, in the sense that it brings upon a metamorphosis of identity.”

The word metamorphosis is very important. Metamorphosis means an essential change, a complete change, a different ontology is formed metamorphosis right. There is a certain Kafka’s quality by the word as well, a man becoming a spider, for example, if one has read the Kafka novel. The metamorphosis of identity. The vocabulary is so philosophical, identity, specter.

She talks about plasticity as a double metaphor as well, a medical metaphor as well as a philosophical metaphor. There is constant connection between philosophy and medical science, something which makes Malabou a very robust and interesting figure for us especially in a course like this “Trauma and Literature”. The vocabulary is constantly struggling; the medical and the philosophical realms, a metamorphosis of identity, spectra.

All these are Derridan things. And this identity is itself plastic to the extent that it is susceptible to being imprinted by this new form. The very notion of identity is a performative plastic thing. The poststructuralist understanding of the subjects is also looked at. The subject is always changing, the being as we know is always changing and when a trauma happens to the being it completely changes the subject.

It completely makes a subject in a different kind of subject in a very literal medical way because the neural framing, the neural structure in the head changes. It essentially becomes a different person post trauma. Trauma has the potential to reform the subject and sometimes destructively or sometimes in a more creative way. We will talk about how this constant shift and destruction and creation is something which defines plasticity as Malabou studies it.

Nonetheless, wounds, traumas or catastrophes are not creators of form in a positive sense of the term. We are quite far from the sculptural paradigm of beautiful form. If the wound as the determining cause of the transformation of the psyche, has a plastic power, it can only be understood in terms of the third sense of plasticity, explosion and annihilation. If brain damage creates a new identity, this creation can only be created to a destruction of form.

The plasticity at stake here is thus destructive. At the outset she defines three kinds of plasticity; generative, receptive and destructive, the three different kinds of plasticity. Something which can create the new form, something which is receptive to a new form and a third bit is something which explodes into a new form and she says that in a case of trauma the third definition of plasticity is the most commonplace definition is a destruction or form.

It is not a creation or sculpting of a new subject, it is a destruction of a subject and in the process it creates a new subject not in creative way, not in a beautiful way but in a destructive

way. She is talking about destructive plasticity over here destruction of form that is the defining quality of the plasticity associated with trauma and head injury.

Such plasticity and herein recites its paradox, ultimately remains an adventure or form as a very interesting definition an adventure of form. It ultimately remains an adventure of form as to what patients with Alzheimer's disease show us.

(Refer Slide Time: 15:14)

18 Introduction

this example once again, is precisely the plasticity of the wound through which the permanent dislocation of one identity forms another identity—an identity that is neither the sublation nor the compensatory replica of the old form, but rather, literally, a form of destruction. Such patients prove that destruction is a form that forms, that destruction might indeed constitute a form of psychic life. The formative-destructive power of the wound, as we are attempting to think it now, may thus be articulated in this way: *All suffering is formative of the identity that endures it.*

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

To take this example once again, is precisely, this is page 18 the plasticity of the wound through which the permanent dislocation of one identity forms another identity, an identity that is neither the sublation nor the compensatory replica of the old form but rather literally a form of destruction. Such patients prove that destruction is a form that forms, that destruction might indeed constitute a form of psychic life.

The formative-destructive power of the wound as we are attempting to think of it now, may thus be articulated in this way; all suffering is formative of the identity that endures it. At the beginning of the paragraph on page 18, it is a profoundly a philosophical paragraph but then it talks about Alzheimer's disease which is a real medical disease.

The connection between the medical and the philosophical Malabou is offering constantly and she talks about how plasticity in a destructive sense or explosive sense is rampant, is

spectacularly visible in the case of Alzheimer's disease the people or patients become a different subject altogether because the memory loss that happens due to that tragic condition.

It becomes a form of destruction, it is not a sublation or a compensation from the old form, but a destruction of the old form altogether. Such patients prove that destruction is a form that forms, so disruption becomes a form in a certain sense and that form becomes another form, a new form a destructive form. The destruction might indeed constitute a form of psychic life.

This is a paradox that Malabou is trying to highlight the destruction also offers a new form of psychic life, it is a tragic destruction, it destroys the subject's continuity in terms of history and memory but then that destruction also offers a new form of psychic life, new structure of psychic life in a certain sense. The formative-destructive power of the wound as we are attempting to think of it now may thus be articulated in this way; all suffering is formative of the identity that endures it.

It is a very simple thing. It says that suffering, the identity that is enduring the suffering is being formed through the process of suffering. The suffering; the experience of suffering forms a new structure which endures the suffering. There is a spatial temporal quality about plasticity over here. When trauma happens or a head injury happens, when Alzheimer's happens it changes the subject.

And the change in the subject is the same subject which is enduring the trauma. The same subject is changed by the trauma is the one which endures the trauma. It is all suffering is formative of the identity that endures it. Identity which endures the suffering is caused by the suffering. There is a performative quality about plasticity at play over here.

In other words, the damage done to the human subject and the new subject which comes out of the damage is a subject which endures entire suffering. We are looking at a process of destruction slash construction not in a positive sense but in a tragic medical sense. The old subject is destroyed, there is a new subject is made due to suffering and the same subject is made due to suffering is what endures the suffering.

The process of enduring the suffering, enduring the trauma is done by the trauma itself in a certain sense. All suffering is formative, it forms the identity which endures the suffering. The question of enduring becomes interesting over here. The question rises how then does the theme of disruptive plasticity orient the critical confrontation between psychoanalysis and neurology.

This is a connection that she is making a psychoanalysis and neurology. To begin with it must be acknowledged that neither Freud nor the neurologist have elaborated the concept and psychoanalysis and the neurology plasticity is a powerful operative category, but it is only ever understood in terms of its first two senses, reception and donation of form. It is a third form that Malabou is more interested in.

She is offering three different versions of plasticity and she says that in classic psychoanalysis plasticity is always seen as a formative pattern or a receptive pattern, something which forms a subject or something which receives the new potential. But the destructive plasticity is something which hardly comes up in Freud. The third sense that of deflagration is ignored.

Neurological reflection upon the determining power of the mind or the wound and trauma is certainly a reflection upon the change in identity that destroys the same identity. But this reflection lacks a concept that would make it possible to define the meaning of this change and to grasp of psyche in terms of its capacity to survive after the wound, not as an absence of form but as a form of his absence.

If the category of plasticity does play a role in both psychoanalysis and neurology it gives no more than a hint of its own negativity. Now this is interesting because what she says over here is actually quite philosophical. She says and we take a look at the section. Plasticity is not the absence of form. There can be no such thing as formlessness, rather plasticity becomes a form of the absence.

Replacing the absence with trauma, it is not the trauma of form but the form of trauma. In order to understand the trauma, one has to understand the pattern of trauma. In other words,

trauma causes a new pattern and that same new pattern helps the subject endure the trauma which is what she said just a while ago. It is not really an absence of form but a form of its absence.

It should be studied not just as a pure negativity but something which is potentially not productive but it gives a structure to a certain sense. In other words, a complete structurelessness is impossible. Every trauma creates its own kind of structure and the same structure helps the subject sustain the trauma in a certain sense. It is a form of its absence, so the absence it replaces with absence of trauma.

Plasticity in this particular case destructive plasticity becomes the form of the trauma. In order to understand the trauma that is the pattern that plasticity is offering.

(Refer Slide Time: 21:30)

ONE

Cerebral Auto-Affection

What Freud quite awkwardly calls psychic energy . . .

— JEAN PIERRE CHANGEUX, *Neuronal Man*

From Nervous Energy to Psychic Energy: Freud, or the Brain Diverted

THE PROBLEM OF ENDOGENOUS EXCITATION

We come to the section which should be on the screen is called cerebral auto-affection and actually this talks about the idea of the auto subject right and that is what Malabou talks about as well. The whole idea of the Freudian drive and how the subject become from the drive or comes from the particular drive.

(Refer Slide Time: 21:58)

upholds a thesis that runs through his entire work: *the nervous system is deprived of any structure of auto-affection.*

THE BRAIN AS ELECTRICAL SYSTEM

What does this mean? Freud never contested the pertinence of the metaphor of the brain as electrical system that Breuer developed in *Studies on Hysteria*. In his contribution to this work, Breuer describes the brain as a pure and simple medium for the transmission of energy:

We ought not to think of a cerebral path of conduction as resembling a telephone wire which is only excited electrically at the moment at which it has to function (that is, in the present context, when it has to transmit a signal). We ought to liken it to a telephone line through which there is a constant flow of galvanic current and which can no longer be excited if that current ceases. Or better, let us imagine a widely-ramified electrical system for lighting and the transmission of motor power; what is expected of this system is that simple establishment of a contact shall be able to set any lamp or machine in operation. To make this possible, so that everything shall be ready to work, there must be a certain tension present throughout the entire network of lines of conduction, and the dynamo engine must expend a given quantity of energy for this purpose. In just the same way there is a certain amount of excitation

Page 32 is a section that we are looking at specifically is called “The Brain As An Electrical System”. It is appropriately titled but it is exactly what Malabou wants to talk about how the brain becomes a system of electrochemical reactions. Freud never contested the pertinence of the metaphor of the brain as electrical system that Breuer developed in *Studies on Hysteria*.

And then there is a definition of Breuer. In his contribution to this work, Breuer describes the brain as a pure and simple medium for the transmission of energy and this is a quotation from Breuer which says we ought not to think of a cerebral path of conduction as resembling a telephone wire which is only excited electrically at the moment at which it has a function.

We ought to liken it to a telephone line through which there is a constant flow of galvanic current which can no longer be excited if that current ceases or better; let us imagine a widely ramified electrical system for lighting and the transmission of motor power. What is expected of the system is that simple establishment of a contact shall be able to set any lamp or machine in operation.

To make this possible, so everything shall be ready to work, there must be a certain tension present throughout the entire network of lines of conduction and the dynamo engine must expand a given quantity of energy for this purpose.

(Refer Slide Time: 23:27)

present in the conductive paths of the brain when it is at rest but awake and prepared to work.⁷

At the same time, there is “an optimum for the height of intracerebral tonic excitation.”⁸ If this optimum is exceeded, the equivalent of a “short-circuit” is produced in the nervous system:

I shall venture once more to recur to my comparison with an electrical lighting system. The tension in the network of lines of conduction in such a system has an optimum too. If this is exceeded its functioning may easily be impaired; for instance, the electric light filaments may be quickly burned through. I shall speak later of the damage done to the system itself through a breakdown of its insulation or through “short-circuiting.”⁹

The brain, therefore, can only confront its own energetic excess through dysfunction. It is not equipped with any structure that would make it possible to dilute the excess by detouring—which is to say, differentiating—this energy. In other terms, *it cannot rely upon any apparatus of representation.*

DRIVE AND REPRESENTATION

Let us clarify the point. The “inside” from which the drive derives is not a substantial interiority, but rather a border zone, an undecidable limit

In just the same way a certain amount of excitation present in the conductive paths of the brain when it is at rest but awake and prepared to work. Breuer is offering a series of metaphors, telephone line, electrical wires, etc. In other words, the brain is seen as an excited electrical machine through which different transmissions are taking place.

This is what Malabou is drawing on as well and this is what she says in the section. “The brain therefore can only confront its own energetic excess through dysfunction. It is not equipped with any structure that would make it possible to dilute the excesses by detouring which is to say, differentiating this energy. In other terms, it cannot rely upon any apparatus of representation.”

In other words, the whole idea of energy excess becomes a problem for the brain and any energetic excess will lead the brain to dysfunctionality. Trauma in a certain sense could be seen as a sudden explosion of energy in the brain which makes the brain dysfunctional to a certain extent and as Malabou goes on to say it is not equipped with any structure that will make it possible to dilute the excess by detouring.

The brain cannot detour the excess energy through a different channel altogether. It cannot differentiate, it cannot detour this energy. In other terms, it cannot rely upon any apparatus of representation. In other words the brain cannot represent it outside. It cannot replace the

representation with let us say outsourcing, brain cannot outsource its excitement through a different channel.

The brain has to conduct it through the particular network. Any explosion of energy, any energetic excess will lead the brain to dysfunctionality, it just become dysfunctional as the way it conducts itself in terms of its energy.

(Refer Slide Time: 25:13)

and psychical topology.

A NEUROBIOLOGICAL THEORY OF EMOTION: HOMEOSTASIS AND AFFECT

“Emotion” seems to be a much older word than “drive.” In fact, “emotion” is not really a concept but rather a synthesis-word that ultimately designates something that neither “classical” psychoanalysis or neurology were capable of thinking: a dynamics (since, in “emotion,” we hear movement) of the relation between the brain and the body, *the very movement of the psychosomatic totality*, made up of a singular body and a nervous system. There is a constant exchange of information between the two. Life regulates itself by informing itself about itself, and this self-information constitutes the elementary form of cerebral activity.

The origin of the dynamics of emotion lies precisely in this elementary activity. To begin with, emotion does not designate such and such an affect or passion, but rather a process at work in the regulation of life: there is a *pure vital emotion* without any object other than the “self”—the cerebral “self.”

Preoccupied with the logic of the drive, psychoanalysis failed to notice *the process, at work within the homeostatic functioning of the nervous system itself, whereby the regulation of life gives rise to affects*. Far from being a mechanical process, comparable to the functioning of a generator, *homeostasis is an affective economy*.

The elementary activity of the nervous system is maintaining excitation at the lowest possible level conducive to survival, and this activity produces

We come to the idea of emotions and how Malabou talks about emotion. This is page 37 which should be on the screen and the section is titled “A Neurobiological Theory of Emotions: Homeostasis and Affect”. Homeostasis is balance and affect and how do emotions come into being. It is to locate emotions and entire idea of plasticity and the subject position.

Emotion seems to be a much older word than drive. In fact, emotion is not really a concept but rather a synthesis word that ultimately designates something that neither classical psychoanalysis nor neurology were capable of thinking, a dynamic since emotion we hear movement of the relation between the brain and the body, the very movement of the psychosomatic totality, made up of a singular body and a nervous system.

Malabou defines the kinetic quality of an emotion. Emotions are mutable, kinetic, always changing from one subject position to another position and at the same time determining

subject position. In other words, the subject produces emotions, at the same time the subject is produced by emotions. There is a two-way, bi-directional process about emotions.

It is a movement between the brain and the body and then the entire movement of the psychosomatic totality. The brain and the body merge together through emotions as emotional equilibrium determines the balance of the brain and the body and it is made up of a singular body and a nervous system. There is a constant exchange of information between the two.

The brain and nervous system and the body they are in the dialogue in terms of information exchange in the nervous system. Life regulates itself by informing itself about itself and this self-information constitutes the elementary form of cerebral activity. This is the meaning of auto-affection. Life regulates itself by informing itself about itself. There is a metacognitive quality about life.

The brain is informing itself of own information and this self-information constitutes the elementary form of cerebral activity. The brain must have knowledge of its own self. The brain must be aware of itself through a knowledge that it sends to itself and this cerebral activity which is formed by this auto knowledge is the first fundamental step and embodiment and the idea of personality, etc.

We must be aware of ourselves; the brain and this awareness is the first step towards cerebral activity. The origin of the dynamics of emotion lies precisely in this elementary activity. To begin with, emotion does not designate such and such an affect or passion but rather a process at work in the regulation of life. There is a pure vital emotion without any object other than the self, the cerebral self.

Emotions as it is mentioned determine the self; the self produces emotion and the self is also produced by emotions. It is a bidirectional process. And it is constantly, this constant kinetic quality about emotions, constant mutable quality about emotions is what makes entire idea of self, so performative in quality, so post-structuralism quality.

The vocabulary of Malabou, she is talking about very medical terms, emotion as a medical term and a drive as a medical term, but the vocabulary that she is using is a very philosophical vocabulary, and the framework is very philosophical. And this philosophical poststructuralist framework is very important for us to underscore.

Because as mentioned one thing we should continue to do when we read Malabou is to keep locating her as connect between neuroscience and philosophy as she is one of the very rare philosophers who make that connect seamlessly and elegantly. So, preoccupied with the logic of the drive, psychoanalysis failed to notice the process at work within the homeostatic functioning of the nervous system itself, whereby the regulation of life gives rise to affects.

Far from being a mechanical process comparable to the functioning of a generator, homeostasis is an affective economy. This is a very interesting term and I will stop here today as well; the effective economy. In other words, one of the criticisms that she has against Freud and psychoanalysis is the idea that it relies too much in drive, sexual drive, hunger drive, liberational and drive, etc., and gives total importance to emotions, emotions being the process which drives the form.

Emotions are the fundamental process to which the self is aware of itself as just Malabou mentioned, the self must inform itself, the self must auto inform itself and this auto-information is a process of emotion in a certain sense. The process at work within a homeostatic functioning of the nervous system is life giving rise to affects. And far from being a mechanical process, comparable to the generator, homeostasis is an affective economy.

The affective economy is an emotional economy, it is not really stable mechanical process but an affective kinetic process through emotions. The entire idea of homeostasis; the balance of emotions, the balance of the self, homeostasis that one functioning self, the one moving self which is formed through emotion it is effective process. In other words, what Malabou saying essentially is that we are an emotional system, we are emotional in brain.

And again Joseph LeDoux has a magnificent book called “Emotional Brain” and he talks about how the brain is an emotional machine which is exactly what Malabou is talking about over here and so looking at the brain as a drive-based machine; hunger drive, sexual drive, etc. We need to pay more attention to emotions because emotions form the processes through which drives come, emerge at the end.

That is the more fundamental thing about the human self, the emotional self and that is why neuroscientists like LeDoux are looking at emotions so carefully or even someone like Antonio Damasio whom Malabou mentions just over here and elsewhere in this book as well. He talks about, Damasio talks about the cognitive quality of emotions that we need to be emotional in order to perform cognition.

Emotions are vital part of cognition. If we are not emotional then our cognitive abilities are impaired or affected adversely.

(Refer Slide Time: 31:26)

by informing itself about itself, and this self-information constitutes the elementary form of cerebral activity.

The origin of the dynamics of emotion lies precisely in this elementary activity. To begin with, emotion does not designate such and such an affect or passion, but rather a process at work in the regulation of life: there is a *pure vital emotion* without any object other than the “self”—the cerebral “self.”

Preoccupied with the logic of the drive, psychoanalysis failed to notice *the process, at work within the homeostatic functioning of the nervous system itself, whereby the regulation of life gives rise to affects*. Far from being a mechanical process, comparable to the functioning of a generator, *homeostasis is an affective economy*.

The elementary activity of the nervous system is maintaining excitation at the lowest possible level conducive to survival, and this activity produces affects. The brain affects itself while regulating life. Accordingly, there is no “principle of inertia”—the name that Freud gives to the principle of constancy—without emotion; that is, without *auto-affection of the mechanism producing constancy*. “Curiously enough,” Antonio Damasio writes, “emotions are part and parcel of the regulation we call homeostasis.”²¹ Whence a paradox that contains the stakes of our entire analysis: maintenance, constancy, inertia, and homeostasis are the paradoxical products of auto-excitation. In order to understand the “emotional brain,” therefore, we must start from this paradox.

The elementary activity of the nervous system is maintaining excitation at the lowest possible level conducive to survival that is the homeostatic position the stable emotional excitation system because Malabou mentioned just a little while ago that an explosion of excitement will lead to dysfunctionality which is what trauma is, an explosion of excitement right. There is no way the brain can channel it out to some of the detour.

There is no other detour, there is no representation outside the brain. The brain must contain everything within itself. The elementary activity of the nervous system is to maintain excitation at a lowest possible level that is the desired state to be to survival and this process, this activity produces effects. The brain affects itself while regulating life this is the auto-affection that Malabou talks about.

The brain must continue to affect itself emotionally to regulate life. Regulation is a process of controlling and that process can only operate, can only happen through a controlling of emotions. Accordingly, there is no principle of inertia wherein Freud gives to the principle of constancy without emotion that is without auto-affection of the mechanism producing constancy.

The entire principle of inertia to remain in a stable state position; no excitement, no over excitement that inertia position which is the desired position that principle of inertia must be seen or must be so studied through auto-affection. We cannot have a concept of the principle of inertia without the concept of emotion, without a concept of auto-affection of the mechanism producing constancy.

Emotions in a way and this is in a way and it is almost like an Aristotelian thing. The cathartic thing is sort of dark spot. Whenever we go to theater any excess emotion one has spilled out in the stage. We see a piece of theater and it produces rage in us, it produces fear in us, in the process it increases sympathy in us and all the excessive emotions should be levelled out by the end of the play, by the end of the theater.

Just so when we come out of the theater hall, we come out with a better homeostatic system. He mixes the theater with medical science. But the similar kind of thing happening in Malabou as well. She talks about how emotions hold the key for the principle of inertia. There should be emotional equilibrium rather than drive equilibrium. All excess emotions must be balanced out, must be cancelled out which is a very Aristotelian thing as well.

That is the way through which constancy is maintained, produce and maintained. "Curiously enough Antonio Damasio writes, "Emotions are part and parcel of the regulation we call

homeostasis.” Whence a paradox that contains the stakes of our entire analysis maintenance, constancy, inertia and homeostasis are the paradoxical products of auto-excitation. In order to understand the emotional brain therefore we must start from the paradox.”

The whole idea of auto-excitation is something which is a product of emotion. The brain must continue to excite itself automatically and that excitement must be controlled excitement, not over excitement because over excitement will lead to explosion and then destructive plasticity as Malabou talks about. The emotional brain holds the key to contain this paradox.

The paradox over here is the entire idea of homeostasis must be reliant on auto-excitation. So it sounds like an oxymoron, homeostasis and auto-excitation. Malabou offering is a theory which connects the two conditions and that is something with even Damasio talks about, the neuroscientists Antonio Damasio. And he says that in order to achieve homeostasis or the stability of emotions, the various minimal level of emotions we must be able to produce auto-excitation.

The brain must excite itself automatically because only through auto-excitation, animation can the brain control itself. So this is the emotional brain and the emotional brain holds the key to this paradox, the connect between auto-excitation and homeostasis. Malabou’s thesis is quite complex and quite profound.

She is one of the very rare philosophers who bridge a very serious neuroscientific medical science with philosophical frameworks and she does it elegantly and seamlessly. As one moves on this book to certain selected passages as we did today, we see how the bridge is constantly connected and how that can help us in our different kinds of research, medical humanities, trauma studies.

And offer a different perspective with trauma studies altogether, a post-frightening perspective which is what she offers in a very elegant philosophical framework.