Trauma and Literature
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Lecture - 25
Malabou's The Ontology of the Accident - Part 6

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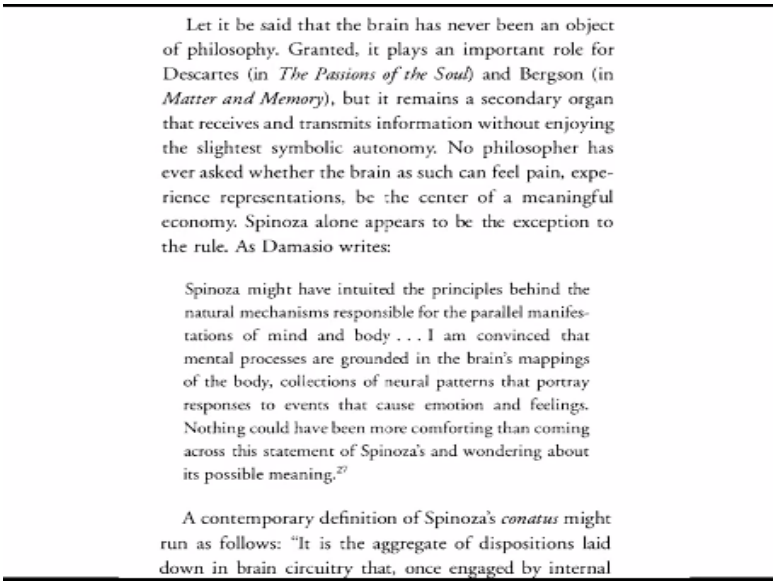

Let it be said that the brain has never been an object of philosophy. Granted, it plays an important role for Descartes (in *The Passions of the Soul*) and Bergson (in *Matter and Memory*), but it remains a secondary organ that receives and transmits information without enjoying the slightest symbolic autonomy. No philosopher has ever asked whether the brain as such can feel pain, experience representations, be the center of a meaningful economy. Spinoza alone appears to be the exception to the rule. As Damasio writes:

> Spinoza might have intuited the principles behind the natural mechanisms responsible for the parallel manifestations of mind and body . . . I am convinced that mental processes are grounded in the brain's mappings of the body, collections of neural patterns that portray responses to events that cause emotion and feelings. Nothing could have been more comforting than coming across this statement of Spinoza's and wondering about its possible meaning.[27]

A contemporary definition of Spinoza's *conatus* might run as follows: "It is the aggregate of dispositions laid down in brain circuitry that, once engaged by internal

This is an NPTEL course entitled "Trauma and Literature" Catherine Malabou's book, "The Ontology of the Accident". We talked about Spinoza, and how Malabou brings in the philosopher Spinoza, in terms of how increasingly neuroscientists are looking at Spinoza, as philosopher who offered a very different kind of model of cognition, compared to the Cartesian model.

Spinoza is getting increasingly important in neuroscience today as Malabou keeps mentioning. She refers to the works of Antonio Damasio, and also others in terms of looking at how Spinoza's philosophy of cognition of emotion can be used, or can be mapped very interestingly, with some of the current works in cognitive neuroscience.

This is why Malabou talks about against the poverty of philosophy, and when it comes to suffering, when it comes to cognition, when it comes to the mind, when it comes to brain, when it comes to plasticity or disruptive plasticity. This whole book can be seen as a project that addresses this poverty of understanding.

There is no ontology of the accident in philosophical frameworks. Accident is always seen as something of an aberration, something which has happened somewhere else, to someone else, etc., outside of the mappings of meaning. It is to question how one can bring in accident as an ontological category, not just as an experiential category, but also as an epistemic or ontological category.

This is the project of this book. At this point, which Malabou is mentioning, again, the poverty of knowledge, the poverty of any philosophical frameworks to understand the suffering brain, or the idea of the destroyed subject, and this is what she says.
"Let it be said that the brain has never been an object of philosophy. Granted it plays an important role for Descartes in, The Passions of the Soul, and Bergson in Matter and Memory, but remains, it remains a secondary organ that receives and transmits information without enjoying the slightest symbolic autonomy."

So, what she talks about here is, there is no attention given to the brain as an autonomous center. As something which can sort of experience metacognition, the cognition of cognitions. The brain has always been used as a connection to other kinds of philosophical frameworks such as consciousness, such as cognition, such as emotion, but how about looking at the brain in itself as a cognitive machine, as a cognitive mechanism, as a cognitive activity. That kind of an engagement with the brain, philosophical engagement with the brain is missing in current works.

Now, it remains a secondary organ. The brain remains a secondary organ that receives and transmits information without enjoying the slightest symbolic autonomy. The brain remains a circuit a passage, a commute, a connection between other organs without being looked at as a separate autonomous entity or autonomous organic category.

No philosopher has been asked, whether the brain can, brain as such can feel pain, experience representations, be the center of a meaningful economy. Spinoza alone

appears to be an exception to the rule. The uniqueness of Spinoza, the importance of Spinoza today is the attention he gave to the brain alone.

Not the brain as connected to more distributive network of cognition, but the brain as a self-sufficient entity as something which can sort of produce and consume and experience emotions. This whole idea of auto-production and auto-experiencing of emotion is something which the brain can do that Spinoza had offered a philosophical framework to study and explore in some detail.

He is the only exception among the other philosophers, among philosophers who sort of looked at cognition, philosophically, but never looked at the brain as an autonomous subject, as an autonomous entity, as an autonomous organ. But Spinoza had given a certain degree of autonomy to the brain in terms of looking at how the brain experiences and also de-experiences, how it stops experiencing.

But that is where the idea of destructive plasticity comes in, how the brain stops functioning, how the brain stops experiencing, how the brain stops regulating and that interruption is also important in an understanding of the mechanism of the brains. We are looking at interruption and mechanism not as ontological categories, but as connected categories through which we can understand the complexity of the brain.

There is a lot of interest in Spinoza today among neuroscientists, especially Antonio Damasio. Malabou is referring to Damasio, drawing on Damasio quite heavily. “Spinoza might have intuited the principles behind the natural mechanisms responsible for the parallel manifestations of the mind and body. I am convinced that mental processes are grounded in the brain’s mappings of the body, collections of neural patterns that portray responses to events that cause emotion and feelings. Nothing could have been more comforting than coming across a statement of Spinoza’s and wondering about its possible meaning.”

We are looking at a convergence between neurobiology and philosophy over here. And what Spinoza had offered is that how every act of cognition is an embodied

activity, how the brain maps the body. Mental processes like thoughts, emotions, and consciousness, all these are grounded or underpinned by the brain's mappings of the body. So, the mapping of the body, so embodied cognition in other words, is inactive and embodied cognition are very important concepts in Spinoza.

These are very important concepts today in neuroscience. But looking at the mental process or the collection of neural patterns, which can produce emotions and feelings and how the same neural patterns are underpinned by an embodied activity. The body and the brain come together as an entanglement. This is something which Damasio believes as a neuroscientist.

This is something that Damasio works as a neuroscientist. And he is, he seems to be thrilled over here looking at how there is a very rich philosophical framework that comes from Spinoza, through Spinoza into this kind of a monistic model of cognition. And of course, when I am using the word monistic, I am sort of being anti-Cartesian to a certain extent.

Because the Cartesian cognitive model is a dualistic cognitive model where the mind and the body, the brain and the body are different entities which cannot connect. They have different modes of cognition, altogether. And consciousness for Descartes is a very brain activity, a very brain centered activity. And any embodied underpinnings of consciousness makes it complicated, makes it anarchic, makes it unorganized.

Whereas for Damasio, every act of consciousness, every thought process, every mental process is also simultaneously an embodied underpinning of the same thing. Embodiment becomes a very key category in Spinoza's philosophy, as well as in more recent works in neuroscience.

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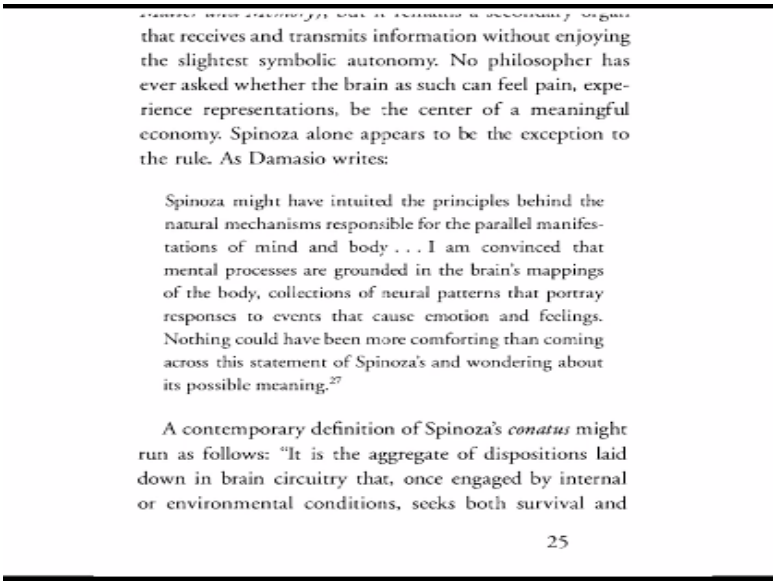

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A contemporary definition of Spinoza's *conatus* might run as follows: "It is the aggregate of dispositions laid down in brain circuitry that, once engaged by internal or environmental conditions, seeks both survival and

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We had mentioned the concept of conatus in the previous session. But here is Damasio as well as Malabou unpacking the concept of conatus in some details. It is to define conatus, how does it so determine and how does it connect to some of the concepts in neuroscience today, the whole idea of the life drive. In other words, the drive of the organism to live, to preserve themselves to different kinds of neural mechanisms, different kinds of embodied, and cognitive mechanisms. That drive is important, that appetite for life is important that appetite for self-preservation is important.

It is defined philosophically as conatus by Spinoza. It is something which connects with the neuroscientific understanding of life drive, the drive for the organism or the system to preserve themselves, to perpetrate themselves, life drive. Malabou is offering a definition of Spinoza's conatus.

"A contemporary definition of Spinoza's conatus might run as follows, and I quote, this is in quotation. "It is the aggregate of dispositions laid down in brain circuitry that once engaged by internal or environmental conditions, seeks both survival and well-being."

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well-being."[28] The vital regulation proceeds from cerebral activity defined here as the shared work of cognition and emotion. Damasio continues:

> the large compass of activities of the *conatus* is conveyed to the brain, chemically and neurally. This is accomplished by chemical molecules transported in the bloodstream, as well as by electrochemical signals transmitted along nerve pathways. Numerous aspects of the life process can be so signaled to the brain and represented there in numerous maps made of circuits of nerve cells located in specific brain sites. By that point we have reached the treetops of life regulation, the level at which feelings begin to coalesce.[29]

The specific concept of the differentiated identity of body and spirit developed by Spinoza allows us to imagine that he understood perfectly the role of the

There are two important categories over here, survival and well-being. It is a collection or a congregation or conglomeration of different brain circuits or circuit processes that come together. The purpose of this coming together is to ensure the organism's survival and also well-being.

In other words, if we can replace the word wellbeing with perfection, so every organism would want to produce itself as well as perfect itself. It is simultaneous, this loop, this connection between production and perfection is something that is talked about in some details. Conatus as a concept by Spinoza, encapsulates that, captures that in a very philosophical way, as well as connecting it, connecting itself to some of the recent works in neuroscience.

"The vital regulation proceeds from cerebral activity defined here, as a shared work of cognition and emotion. It is an ecosystem of emotion and cognition. Ecosystem is informed by brain processes, which are also underpinned through bodily responses, through neural bodily responses.

We are looking at a very monistic model of cognition where the brain and the body come together through neural mappings. But then, in a normal, happy, healthy state, every organism would exhibit conatus in a sense, the drive towards production and preservation simultaneously. Damasio offers a definitional over here.

The large compass of activities of the conatus is conveyed to the brain chemically and neurally. This is accomplished by chemical molecules transported in the bloodstream, as well as by the electro chemical signals transmitted along nerve pathways. Numerous aspects of the life processes can also be, can be so signaled to the brain and represented there in numerous maps made of circuits and nerve cells located in specific brain sites.

By that point, we have reached the treetops of life regulation, the level at which feelings begin to call us. The electrochemical process of neural transmission is defined here in very philosophical terms. If conatus is an activity, if conatus is a complex activity of production and preservation, that activity is carried out chemically and neutrally. Neurons carry electrochemical signals, and they so connect to each other, through electrochemical signals.

It is the chemical molecules that transport in the bloodstream. The scientific vocabulary of Damasio over here, as well as by the electrochemical signals transmitted along nerve pathways. The nerves connect to each other in complex pathways, sometimes through synapses, through synapses. But the synaptic transmission is through electrochemical processes, electrochemical signals.

But then the different aspects of life that come together is a combination of this electrochemical signals, electrochemical transmissions and are the highest form of consciousness, is the highest form of the most healthy, happy form of consciousness. The idea of cognition combines these two activities, activity of preservation and activity of production.

Consciousness can be seen or the highest happiest form of consciousness, the healthiest form of consciousness could be defined in electrochemical and scientific terms as a combination of production and preservation and by default perfection. Every organism would want to perfect their cognitive states, perfect their

consciousness states. That is the coalescing quality where feelings begin to coalesce, come together.

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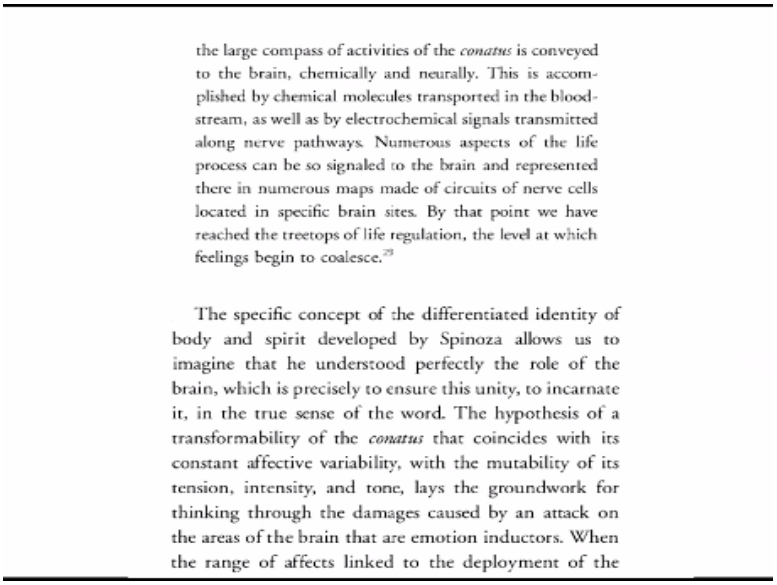

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The specific concept of the differentiated identity of body and spirit developed by Spinoza allows us to imagine that he understood perfectly the role of the brain, which is precisely to ensure this unity, to incarnate it, in the true sense of the word. The hypothesis of a transformability of the *conatus* that coincides with its constant affective variability, with the mutability of its tension, intensity, and tone, lays the groundwork for thinking through the damages caused by an attack on the areas of the brain that are emotion inductors. When the range of affects linked to the deployment of the

The specific concept of the differentiated identity of body and spirit, developed by Spinoza allows us to imagine that he understood perfectly the role of the brain, which is precisely to ensure this unity, to incarnate it in a true sense of the world. The brain becomes a mimetic machine to a certain extent. And what it does the brain it brings together this very different electrochemical transmissions throughout the body.

Brain becomes a coalescing of the different kind of bodily neural activity that come together. The hypothesis of a transformability, so the ability to transform, of the conatus that coincides with its constant affective variability, with the mutability of its tension, intensity, and tone lays the groundwork for thinking through the damages caused by an attack on the areas of the brain that are emotion inductors.

This is where the idea of trauma comes into being. Conatus as an activity, that ensures a seamless transmission, production, consumption of electrochemical responses, which in a way, produces and preserves the organism, in terms of how it can think and preserve and perfect itself. What happens when that is interrupted through a shock, or injury or trauma or blunt force, whatever the case may be.

But what is important over here is the combination of transformability and affective variability. Affective variability are the possibilities of emotional change, the possibilities of excitement and the lack of it. In other words, affective variability, is how the brain can be a variable machine, a variable vehicle, immutable machine,.
The affective economy of the brain can be mutated, sometimes naturally, sometimes organically, sometimes internally, but also sometimes externally through injury. The affective variability is exactly where the possibilities of trauma come into being. We need to take a look at what happens in the brain, when trauma happens when either through a physical injury or an emotional injury, whatever the case may be.

That makes the brain a mutable machine. That mutability contains tension, intensity and tone. This economy of mutability, this economy of electrochemical reactions, and how that can be mutable and how that can be brought to a halt, that understanding lays the groundwork for thinking through the damages caused by an attack on areas of the brain, which are emotion inductors.

It is to see what happens to the emotion inductors of the brain, the points of the brain, which induct emotions, and what happens if those are attacked externally or otherwise.

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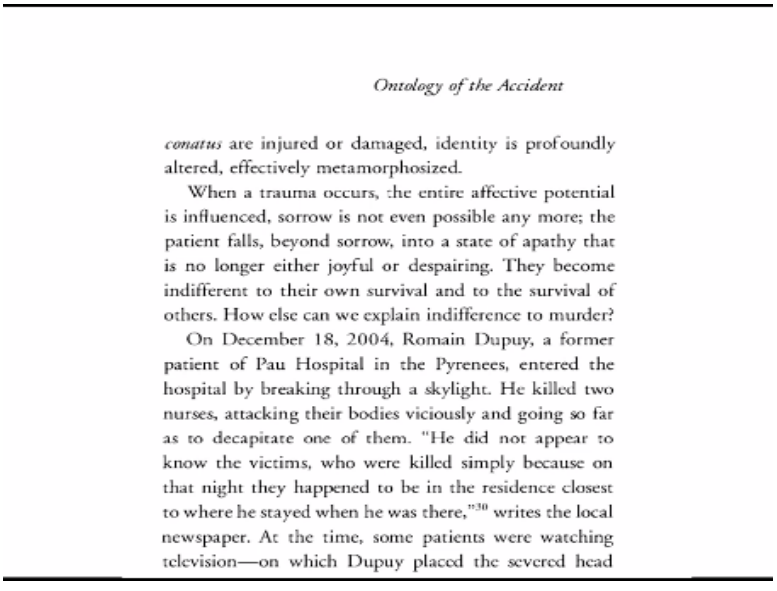

Ontology of the Accident

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When a trauma occurs, the entire affective potential is influenced, sorrow is not even possible any more; the patient falls, beyond sorrow, into a state of apathy that is no longer either joyful or despairing. They become indifferent to their own survival and to the survival of others. How else can we explain indifference to murder?

On December 18, 2004, Romain Dupuy, a former patient of Pau Hospital in the Pyrenees, entered the hospital by breaking through a skylight. He killed two nurses, attacking their bodies viciously and going so far as to decapitate one of them. "He did not appear to know the victims, who were killed simply because on that night they happened to be in the residence closest to where he stayed when he was there,"[30] writes the local newspaper. At the time, some patients were watching television—on which Dupuy placed the severed head

When the range of affects linked to the deployment of the conatus are injured or damaged, identity is profoundly altered, effectively metamorphosized. This is the concept that is interesting for us, especially if one is looking at trauma through the lens of literature. The whole idea of metamorphosis, how is identity metamorphosized, in terms of altered.

When one's conatus is injured or damaged or the activity, the seamless activity of bringing together different emotions, the seamless activity that produces and preserves and perfects the organism gets injured. Now the question of identity then comes into being.

Malabou is using identity as very complex category, identity as a medical category, identity as an electrochemical category, identity as a neural category, but also identity as an experiential category and by extension, and existential category. Identity becomes a very important condition and activity.

When the conatus or the different kind of transformations which inform the conatus if that is injured or damaged through external processes, or even internally, identity is profoundly altered, effectively metamorphosized. This metamorphosization of identity is something that brings in the idea of trauma or the accident.

It is something we have already seen how literature can approximate that kind of a metamorphosis. Kafka's works is a good example of that approximation, although inadequate but still an approximation. When a trauma occurs, the entire affective potential is influenced, sorrow is not even possible anymore. The patient falls beyond sorrow, interested of apathy that is no longer either joyful or despairing.

They become indifferent to their own survival, and to the survival of others. This is the possible way to explain indifference to murder. When we talk about people who suffer from certain clinical conditions, and very tragic clinical conditions; it is known to take away their ability to emote, the ability to empathize, the ability to connect to other people.

That ability, disappearance of that ability or production of apathy becomes interesting because it takes away any possibility of sorrow or a joy. It is not even enough to say that subject is sad or sorrowful or mourning. Even that disappears because expression of sorrow, expression of tragedy, expression of despair, that entails some kind of connection, a certain quality of connection.

Now what Malabou talks about over here is the clinical detachment, the coolness, which comes due to extreme trauma, extreme damage to the brain or damage to the conatus. Now what that does is the subject it completely loses the ability to preserve themselves as well as to value anything else.

This is comparable to a certain extent with the Freud in "Mourning and melancholia", where the value of the ego begins to disappear. The subject's valuation of their own ego begins to disappear. But then there is a degree of sorrow and melancholia as well. But Malabou talks about a complete disappearance of sorrow.

There is no sorrow left as a complete, shall we say, liquidation or shutting down of the subjects,and the activity of conatus. This is the idea of indifference, indifference as an experiential, but also as a medical category. Someone who is indifferent to something.

Malabou offers here an extreme and tragic example of an accident or a case of violence, the human violence, and that case exemplifies this state of being, the state of being emotionless, and the state of being completely liquidated or pathetic to anyone else. "On December 18, 2004, Romain Dupuy, a former patient of Pau Hospital and the Pyrenees, entered the hospital by breaking through a skylight." He killed two nurses attacking their bodies viciously, and going so far as to decapitate one of them.

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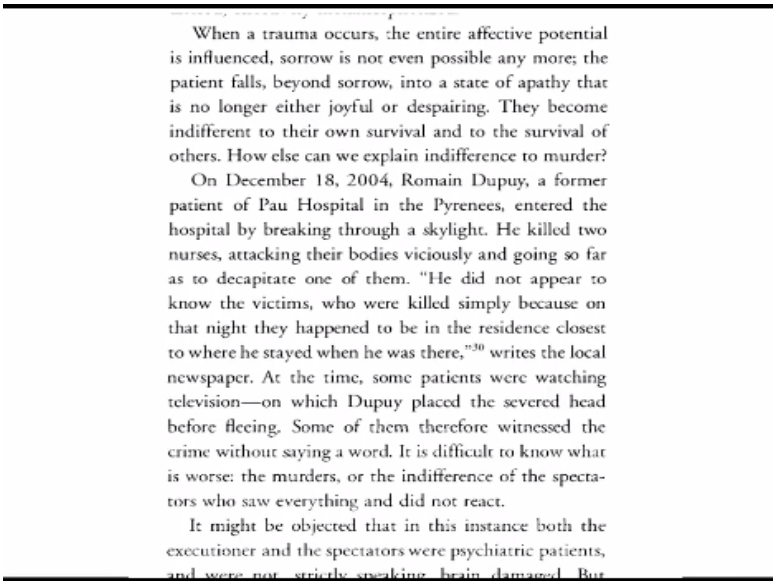

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It might be objected that in this instance both the executioner and the spectators were psychiatric patients, and were not, strictly speaking, brain damaged. But

"He did not appear to know the victims who were killed simply because on the night, they happen to be in the residence closest to where he stayed when he was there, writes the local newspaper. At the same time, some patients who are watching television on which Dupuy placed the severed head before fleeing. Some of them, therefore witnessed the crime without saying a word. It was difficult to know what is worse, the murders or the indifference of the spectators who saw everything and did not react."

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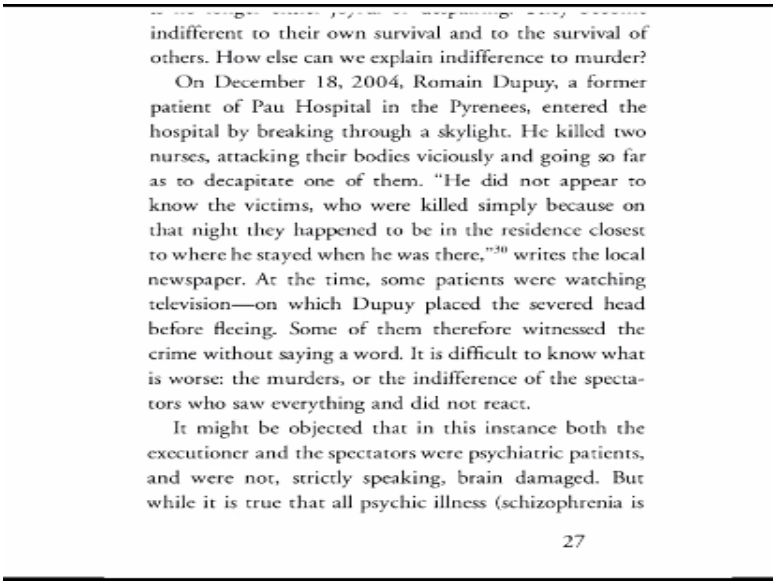

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It might be objected that in this instance both the executioner and the spectators were psychiatric patients, and were not, strictly speaking, brain damaged. But while it is true that all psychic illness (schizophrenia is

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It is described over here is very graphic and tragic as well as very violent act of attacking nurses in the hospital viciously in terms of decapitating, beheading one of them. But that violence is deeply disturbing and unsettling.

But what is also disturbing, and perhaps equally unsettling, is what Malabou says, the indifference of the people who have just watched it without intervening at any point, and they just continue and the patients continue to watch television, which was played in that particular ward. The attack on the nurses do not have any motive. There was no intention or vendetta or revenge that may have triggered that attack.

That is barbaric. But still, there is no narrative, which still has a causal link on their time. The nurses were tied, because they just happened to be there at that point of time, and also equally the complete indifference of the people who just were spectators of the entire barbaric and tragic and brutal act. Malabou is trying to theorize it now. She is just trying to say, what causes this indifference.

It is to know the medical, existential, and emotional quality of this emotionlessness. This ontological quality of this emotionlessness, this apathy. It might be objected that in this instance, both the executioner and the spectators were psychiatric patients. And were are not strictly speaking brain damaged.

There is no medically speaking, they did not have brain damage. But there were psychiatric patients. Maybe that is the difference in some sense.

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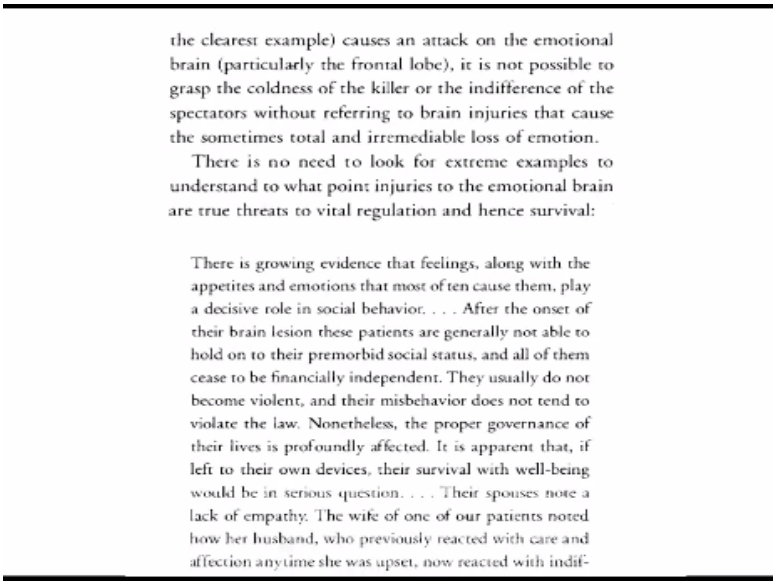

the clearest example) causes an attack on the emotional brain (particularly the frontal lobe), it is not possible to grasp the coldness of the killer or the indifference of the spectators without referring to brain injuries that cause the sometimes total and irremediable loss of emotion.

There is no need to look for extreme examples to understand to what point injuries to the emotional brain are true threats to vital regulation and hence survival:

> There is growing evidence that feelings, along with the appetites and emotions that most of ten cause them, play a decisive role in social behavior. . . . After the onset of their brain lesion these patients are generally not able to hold on to their premorbid social status, and all of them cease to be financially independent. They usually do not become violent, and their misbehavior does not tend to violate the law. Nonetheless, the proper governance of their lives is profoundly affected. It is apparent that, if left to their own devices, their survival with well-being would be in serious question. . . . Their spouses note a lack of empathy. The wife of one of our patients noted how her husband, who previously reacted with care and affection anytime she was upset, now reacted with indiff-

But while it is true, that all psychic illness, schizophrenia is the clearest example, it causes an attack and this is the next page, causes an attack on the emotional brain, particularly the frontal lobe. It is not possible to grasp the coolness of the killer, or the indifference of the spectators, without referring to brain injuries that causes sometimes total and irremediable loss of emotion.

The key point over here that Malabou is highlighting, emotionlessness. There is complete lack of emotion and we know it through different kinds of studies. We have read it in fiction as well, that there is a very interesting and complex connection between emotion and cognition. If one's ability to emote disappears, that also begins to compromise it cognitively at some level. There is no need to look for extreme examples to understand to what point injuries to the emotional brain are true threats to vital regulation, and hence survival.

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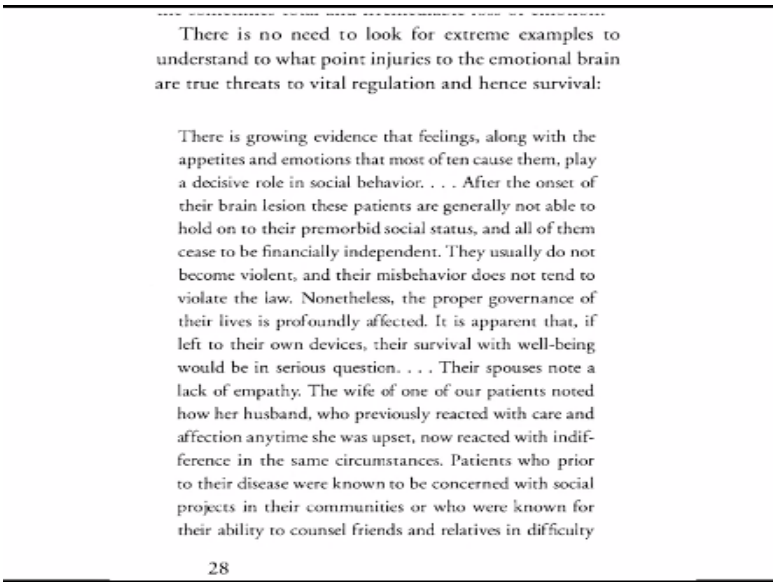

This is an extreme example, which is offered over here a brutal and violent attack on the human body and the human indifference to that. But what Malabou is saying is that there are also other examples we can think of, one do not have to go to such extreme examples, but suffice it to say that injuries to the emotional brain can be a threat to the vital regulation and that regulation is conatus.

The brain's innate ability to regulate itself or to auto-regulate itself in terms of what it produces and consumes. The production and consumption of affect and how it is regulated, that is the conatus. If that quality of regulation and that ability to regulate disappears, then that comes from somewhere. Injuries to the emotional brain can become a threat to that regulation.

Hence, by extension to survival, because if one looks at survival, as an activity of auto-regulation that begins to become compromised quite clearly. There is growing evidence that feelings, along with the appetites and emotions play a decisive role in social behavior.

Feelings play a very social role in social behavior, along with appetites and emotions, which are caused by feelings or which cause feelings. After the onset of the brain lesion these patients are generally not able to hold on to their premorbid social status, and all of them cease to be financially independent. They usually do not become violent, and their misbehavior does not tend to violate the law.

Nonetheless, the proper governance of the lives has profoundly affected. It is apparent that if left to their own devices, their survival and with the survival with wellbeing would be in serious question. The spouses note a lack of empathy. The wife of one of her patients noted how her husband who previously reacted with care and affection anytime she was upset, now reacted with indifference in the same circumstances.

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no longer show any inclination to help. For practical purposes, they are no longer independent human beings.[31]

The individual's history is cut definitively, breached by the meaningless accident, an accident that it is impossible to re-appropriate through either speech or recollection. In principle a brain injury, a natural catastrophe, a brutal, sudden, blind event cannot be reintegrated retrospectively into experience. These types of events are pure hits, tearing and piercing subjective continuity and allowing no justification or recall in the psyche. How do you internalize a cerebral lesion? How do you speak about emotional deficit since words must be carried by the affects whose very absence is precisely what is in question here?

These questions help us draw attention to the increasing gap between classical psychoanalysis and contemporary neurobiology. This is a divorce that can and must also become a space of dialogue. What is at stake is

Patients who prior to the disease were known to be concerned with social projects in their communities or who are known for the ability to counsel friends and relatives in difficulty, no longer show any inclination to help. For practical purposes, they are no longer independent human beings. There is the concept of independence, the autonomy that was there is the human beings.

In order to have an autonomy, the human subject must be able to connect to other subjects. In other words, autonomy is an inter-subjective phenomenon. So, for someone to become autonomous, that autonomy must be apropos or relative to inter subjective economy. There should be other subjects. That particular subject should be able to connect to, and only then autonomy would operate as electrochemical, emotional, social, existential process.

The idea of empathy becomes important, and empathy of course as a neural embedded motor mechanism, but also empathy as a social, extended and inactive mechanism, something which still operates outside the subject, in terms of how the subject connects to social causes, political causes, cultural causes, but also in terms of how the subject connects to other human beings in terms of seeing how subject reacts when some other human being suffers, or grieves or is happy.

Now that ability to empathize disappears completely with the idea with the particular brain damage that we are talking about or the emotional damage that we are talking about.

We can see how this can be very interestingly mapped to something like “Mrs. Dalloway”, where we have the idea of the PTSD veteran or the post-traumatic stress disorder person, the soldier comes back from the war in “Mrs. Dalloway” and the recursive quality in this state is that his ability to empathize disappears. He cannot empathize anymore, he cannot connect anymore.

He cannot connect to his wife. He cannot connect to the mechanisms around him. He cannot connect to any social causes. This is exactly what has been talked about over here. Emotional damage, the biggest causality of emotional damage is a lack of empathy or the disappearance of empathy. Empathy is connected to emotion, to cognition, to the ability to connect to other human beings that disappears entirely.

This is where Malabou brings in the concept of destructive plasticity. The individual’s history is cut definitively, breached by the meaningless accident, an accident that is impossible to re-appropriate through either speech or recollection. The accident is somewhere outside the ambit of speech or representation or recollection. Something which cannot be re-membered. Something which is dismembered.

This accident is a dismembering act. Something which cuts, amputees something. And this amputation is something which happens at a cerebral organic emotional level. In principle, a brain injury, a natural catastrophe, a brutal, sudden blind event cannot be reintegrated retrospectively into experience. These types of events are pure hits, tearing and piercing, subjective continuity and allowing no justification or recall in the psyche.

It is to question how one internalizes a cerebral lesion, how does one speak about emotional deficit, since words must be carried by those by the effects whose very absence is precisely what is in question here.

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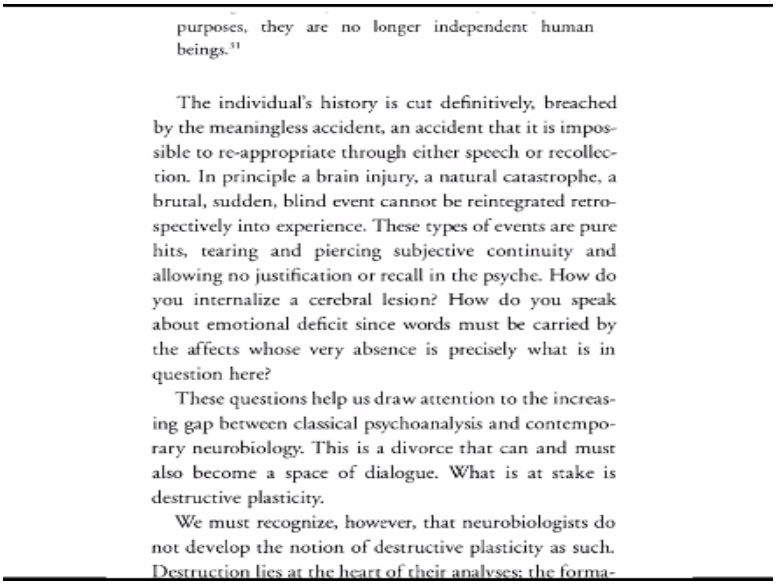

purposes, they are no longer independent human beings.[1]

The individual's history is cut definitively, breached by the meaningless accident, an accident that it is impossible to re-appropriate through either speech or recollection. In principle a brain injury, a natural catastrophe, a brutal, sudden, blind event cannot be reintegrated retrospectively into experience. These types of events are pure hits, tearing and piercing subjective continuity and allowing no justification or recall in the psyche. How do you internalize a cerebral lesion? How do you speak about emotional deficit since words must be carried by the affects whose very absence is precisely what is in question here?

These questions help us draw attention to the increasing gap between classical psychoanalysis and contemporary neurobiology. This is a divorce that can and must also become a space of dialogue. What is at stake is destructive plasticity.

We must recognize, however, that neurobiologists do not develop the notion of destructive plasticity as such. Destruction lies at the heart of their analyses; the forma-

The central question in this book is how one represents something which is essentially unrepresentable because in order to use language meaningfully, that must be an affective activity with emotions. One must be able to represent true emotions. And the ability to emote disappears. And the ability to emotionalize disappears entirely. That begins to impair representation.

That begins to impair language. That begins impair one's navigation with language. In other words, it is to question how one represents the unrepresentable. This is the philosophical question, the broad philosophical question in this book, what is the ontology of the accident and how does one ontologize something which is sort of de-ontologizing; an accident is amputation, it cuts, it breaches.

It causes an interruption in an ontological narrative continuity. It is to know how does one give a name to the interruption is what this book tries to engage with, and how can one use language when one's emotional deficit is there. The deficit which causes one to not be able to speak.

If one takes a look at something like "Mrs. Dalloway", Septimus cannot talk about what is happening inside him. He is just experiencing a stream of consciousness,

which may or may not have any meaning, or any meaningfulness attribute to those. This is the core question over here.

These questions help us draw attention to the increasing gap between classical psychoanalysis and contemporary neurobiology. This is a diverse that can and must become a space of dialogue. Destructive plasticity is at stake.

Malabou using disruptive plasticity as some kind of a bridge, and also an aporia between classical psychoanalysis and contemporary neurobiology. She says that, that lack of representation of the accident, the lack of representation of emotion and how they represent emotionlessness, how does one represent accident, and how does one represent trauma.

That representational quality is the aporia, the gap between the impassable gap between classical psychoanalysis and contemporary neurobiology. The ambition of this project, “The Ontology of the Accident”, is to convert this gap into a dialogue, is to make a transformation and to know how it happens.

It is to question how one converts that into something which is a dialogue, which can trigger some kind of a new research, which can connect very originally and very uniquely, a classical psychoanalysis of contemporary neurobiology. That concept of disruptive plasticity comes into being. Something which has destructive plasticity.

A plasticity with its destructiveness in a sense that it takes away or does away with the subject’s understanding of themselves as an ontological subject, as an ontological continuous subject. The sense of the continuous subject begins to disappear. This discontinuity, a permanent discontinuity which is destructive plasticity, how does one define discontinuity in other words in medical terms, in existential terms, in philosophical terms, in neurochemical terms.

It is to question how does one define and locate the stop once this transmission of neurochemicals and electrochemicals define the interruption, which then extends into

so many other social behavior, like lack of empathy, lack of feeling, lack of engagement, complete withdrawal of all kinds of cognitive and emotional connect so that manifest themselves in so many ways.

This manifestation is a social and enactive in quality. But at the core of it is the study of emotionlessness. At the core of it is the study of apathy, is the study of indifference. Indifferences is a medical, existential, emotional, experiential condition. That is something which this book tries to engage with very philosophically, ambitiously and also very inter-disciplinarily.

It brings in so many disciplines, the medical, the neurobiological, the psychoanalytic as well as the philosophical framework, but also drawing on literature. This is a rich book for us who are students of “Trauma and Literature” in terms of how literature can offer a very unique platform of representation, a unique modality of representation, and perhaps engage with the aporia between psychoanalysis and neurobiology today.

It is where literature and philosophy can come in as very convenient and very complex methods through which we can understand this aporia or this impassable gap between psychoanalysis and neurobiology and how that gap can be possibly, and hopefully converted into a dialog, which is the project of this book.