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(Remember) The Future: The Preemptive Governance of Memory in the Age of Mass Catastrophe

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(REMEMBER) THE FUTURE:
THE PREEMPTIVE GOVERNANCE OF MEMORY IN THE AGE OF MASS CATASTROPHE

by

KIM CUNNINGHAM

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements of the degree of Doctor of Philosophy, The City University of New York.

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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirements for the Degree of Philosophy.

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Abstract

(REMEMBER) THE FUTURE: THE PREEMPTIVE GOVERNANCE OF MEMORY IN THE AGE OF MASS CATASTROPHE

by

Kim Cunningham

Advisor: Patricia Ticineto Clough

This study is a critical engagement with the preemptive turn in post-biopolitical governance in psychotherapies to treat traumatic memory and its related clinical diagnosis, post traumatic stress disorder (PTSD), in the wake of the mass disasters of the 21st century. Emerging in the post-911 era of increased anticipatory action in the governance of populations and also, increasingly ubiquitous and large scale threat such as global recession, climate change, and terrorism/war, traumatic memory of these events is framed increasingly as a population-level contagion to be addressed by anticipatory action. A study of trends in emerging and favored psychotherapies for trauma post-911 reveals that traumatic memory becomes understood and controlled as a population-level, contagious psycho-medical threat. New psychotherapies such as EMDR and virtual reality therapy, utilizing new simulation methods that engage the body’s sensory memory, are being utilized with the aim of conditioning the body’s responses before traumatic symptoms can form in the brain’s “neuro networks.” This study examines how these temporal logics are consistent with the logics of preemptive war, and enact and transmit, through the act of preparation and preemption, the very panic and trauma they claim to be preventing.
Acknowledgements

On my birthday March 27th, 2008, I received a present in the mail. It was Ruth Leys' *Trauma: A Genealogy*. I called my father to thank him for the gift, and then said goodbye, and hung up the phone. As if the book's title was an omen, he died just three days later in a tragic and mysterious skiing accident.

At the time I received the book, I was completely lost about what to topic to write about for my dissertation. But my father gave me my dissertation topic---through the book, in his death itself, and through the memory of his love and our years of deep conversation. I have him first and foremost to thank. All of this is for you and through him. It *is* him. And I dedicate this work to him.

The years that I spent writing this volume were the hardest years of my life, as loss and mourning, poverty, economic recession, the neoliberal erosion of the university system, confusion, and precariousness entered my life in a new degree to which I was entirely unprepared. This volume is an account of those years, a valorization of them, rather than an act of heroism over them. Suffering is the best teacher, and to learn from it, I believe you must feel it all, without shortcuts, without stopping, without any magic, without a plan or preparation. I bow to those years and the lessons they taught me, which can never be spoken in words. I bow with deep thanks and gratitude to the suffering they encompass, the beauty of which continues to unfold within me as time unfurls feeling.
Growing up queer is never easy, but I was positively blessed that my parents were a moral and emotional shelter for me. My mother is the most generous human being I have ever met in my life. I want to say thank you to her for everything in this world.

I want to thank my advisor, Patricia Clough, for the vast space of creative expression she offered me in writing and thinking. I will never forget the day when I asked her “how will I have time to work on my dissertation when I have so much mourning to do?” She wisely responded, "The mourning is the work." And she was right. It is the work, and this volume is that work. I thank her so much for her brilliance at every level of thinking through this project and inspiring me to the highest level of theoretical sophistication. Thank you to Victoria Pitts-Taylor who had faith in me from the first moment we met, and made me both a professor and theorist with our sustaining intellectual exchanges over the years, her generosity, and her unconditional confidence in me. Thank you to Jackie Orr who with such delight and care devoured my words, understood the project and dreamed it with me. This work would not have been possible without her zest and generosity, her brilliance and careful artistry, her inventive scholarly imagination.

I want to thank another mentor, Catherine Silver, for her amazing guidance and her total brilliance in teaching me psychoanalytic theory. She was the first one who taught me that when I was lost, I could trust in the process of experimental writing, and that my unconscious would speak to me if I could have the trust to just listen, just witness it without ambition. I also thank Grace Cho for her bravery in writing experimentally, which inspired this study. Carrie Rohman’s enthusiasm for my work and mentorship have been sustaining and inspiring.
I want to thank my all of my friends at the Graduate Center, especially Alyson Spurgas, Zoe Meleo-Erwin, Kate Jenkins, Mike Jolley, John Andrews, Sandra Trappen, Ilgin Yorukoglu, Cathy Borck, Elizabeth Wilson, Colleen Eren, Simone Kolysh, Ben Haber, Josh Scannell, Aaron Weeks, Marissa Brostoff, Kara van Cleaf, Karen Gregory, and many others. Outside of the GC I thank my vast friend-family, especially: Bridget and Erin Hesse, Shawn McCabe, Lauren White, Lucy Collins, and Jenni Griffith. You are amazing and I love you. I want to thank the BioCultures Writing Group, especially Stina Soderling, Alison Cool, and Miriam Greenberg. Thank you Lisa Haynes. How could I have made it through this past year without you? Your unconditional support has been amazing.

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Finally, I would like to thank those objects at the nonhuman level---waves, the air, time---for their unconditional witnessing of my being. May my actions sustain you always as you sustain me.
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Introduction: FutureLoss

Something was happening to time. Or it is happening to time. Or it will be happening to time. The world ended, apocalypse over and over again. And I'm not sure I can count how many times. If I try, I will leave some out. Some still cannot be mentioned. Some are still happening, nearly continuous with a background of normalcy like some kind of "slow death" (Berlant, 2008).

The Future hits close to home. The apocalyptic future hit me on March 30, 2008. My father had died suddenly in a skiing accident when he hit a tree on the last day the ski resort was open, on the last run of the day. Alone on the hill, there was no explanation for why he was going so fast. And there would be no explanation for fast, slow, or time itself ever again. Stop. Don't stop. Can't stop.

LEXAPRO. KLONOPIN. FOR MAJOR DEPRESSIVE DISORDER. (MDD). THIS MEDICATION MAY CAUSE IMPAIRMENT OF MOTOR ACTIVITY. SERIOUS INJURY OR DEATH MAY OCCUR.

It was hard to know what started it or where it ended. Maybe the apocalypse happened eight months before, when my father was diagnosed with severe depression. Eight months of no sleep. Stop. Don't stop. Can't stop. Severe depression. Forced to retire. Lost his students, his voice when they removed the most beloved professor from his Physiology class when he could no longer continue to teach, mumbling to himself. "Neoliberal erosion of the university," was the catchphrase.
And I guess the rest is a much harder story to tell. The rest can only be told as time. Time broken, time continuing without end. Time that freezes. Time that gets away, goes too fast and far too slow. Death and deadlines merging. Forward and backward becoming/became confused and the universe itself feeling/felt like something horrible was coming/is coming obscure, indeterminate, inscrutable, indiscriminate, IN THE FUTURE. Futures predicted, prepared for, threatening to never come, coming too fast, anticipated, mourned before they were lost. Came/Coming. Why wouldn't my grief take the form of being haunted by the future? So much seemed on the brink of collapse, and anticipation for some horrible future was everywhere. Preparation for The Something Happening to Time hung in the atmosphere (Hill, 2011) I was breathing. I felt time crumbling. How many times? I will never know.

I tried to count anyway. These futures rolled/are rolling in like waves in the way of percentages--As of 2011, only 20% of tenure lines were cut….60% of courses now were taught by adjuncts. I was an adjunct. 30% of children from foster homes are still returned to their abusive parents after time apart. I became sensitive to statistics, to probabilities. Like they could hold me somehow, even in their grim outcomes. When did it hit? In September 2008 the world ended again. Economic crisis. Erosion of the intellectual, the walls of every university eroding in the collapse of the world. You might say it was "…more than one story at a time." (Orr, 2006) Falling story after story. How can you mourn the fall and your coming death while you're still falling? The end before the beginning. (Jain, 2007, p.82).

How many stories? How many times did the world end, did the apocalypse come to pass? Let me
try to count again….

three....

two.....

one.....

*Three....Economic Collapse. The significant dates spread virally, heard over and over again. I guess I wasn't the only one desperate to count, to predict, to locate a defining moment, some causal origin, to separate, to make discrete and definable the ubiquitous threat: August 9 2007. September 15 2008. April 2 2009. May 9 2010. August 5 2011. For one caught outside of chronology, Sarah Lochlann Jain (2007) tells us, held suspended in time, a number is like some kind of religious faith. Wall Street knows this well. And this Something, this building, this vulnerable "being outside" on the building about to collapse, counting to oneself, rhythm, was like a lullaby, like a metronome (Clough, 2010) rocking as the waves built/are building into a storm. Stop. Don't stop. Can't stop.*

"When Lehman Brothers went down, the notion that all banks were "too big to fail" no longer held true, with the result that every bank was deemed to be risky. Within a month, the threat of a domino effect through the global financial system forced western governments to inject vast sums of capital into their banks to prevent them from collapsing. The banks were rescued in the nick of time, but it was too late to prevent the global economy from going into freefall." (Elliot, 2011,p.1-2). That pause before the building collapses...when the forces are in motion, when it's already happened, but still not the end, still something coming. Yes, something like that.
Two...Climate. Stormy time merged/will merge with climatic storms. Sandy. Arlene. Irene. I saw New York submerged in water. Getting ready, getting ready for something that still hadn't happened, the changes coming faster and faster, the summers hotter and hotter. New York under water, floating garbage and electrically charged streets. When Maureen E. Raymo, a scientist at the Lamont-Doherty Earth Observatory, a unit of Columbia University, commented on the moment the carbon dioxide levels surpassed the threshold set by climatologists, she spoke for the feeling of the age itself: "It feels like the inevitable march toward disaster." (Gillis, 2013, p.) Do you think it's already too late or are we still waiting for it to happen? Anticipate or mourn---neither one sufficient. Best to look up everything on the internet before it's shut off, like the characters in The Future.

One....War. "All this came after a period when high oil prices had persuaded central banks that the priority was to keep interest rates high as a bulwark against inflation rather than to cut them in anticipation of the financial crisis spreading to the real economy." (Elliot, 2011, p.1) High oil prices…capitalism….connected to war…..and weather. Which threat is which? Wars started to preempt the possibility of recession. How many times? Let's try to count. Korea-1, Vietnam-2, Desert Storm-3, Iraq-4, Afghanistan-5. Wars ongoing. Wars to preempt the possibility of collapse as this Building of the future collapsed/is collapsing like the Twin Towers that fell before my eyes as I got out of the shower the first time the world ended in 2001. Bodies. Falling story after story.

Three....two.....one.....Indiscriminate, ubiquitous threats: Neoliberal capitalism, climate change, war. None of them separate, none of them discrete. And this ubiquitous-ness is exactly the
affective fuel for clinging to numbers, for holding them in some kind of perfect storm of The Future. All of these apocalypses were stained by a future that never came and yet continually threatened, a future repeating in its futurity, its trail into the future through the will to anticipate. They matched the numbers, they matched the sense, over and over again, of being vulnerable life, suspended on the building, in a world ending. I am going to try to count again…..The percentage of unemployed: this month 12% last month 11%, just wait, just wait. Pausing as vulnerable life on the building about to collapse in the storm that is the Something Happening to Time, how can one take shelter?

The events themselves were not alone what produced the future-haunting, but the modalities of their governance. The event sustains, it goes on, but risk extends this suspension further, holding the subject in the event, as the delineation between the event itself and the risk-logic surrounding it become affectively indistinguishable, each an agent of affective memory, as the event speaks through chance, as danger is funneled through statistics. Numbers fueling feelings.

In the era of ubiquitous threat, the fantasy of a delineated and clear enemy or definable threat becomes unreachable as "targeted action" replaces targets, as time windows replace chronological timelines, as prognosis and preemption replace prediction, as the nation or substance or enemy or definite object is replaced by the indefiniteness of ubiquitous threat. To try to remember the world ending is to remember a future-haunting, to remember threat as ubiquitous. And it is such a peculiar remembering because instead of remembering a past, it feels like something so unfinished that remembering such a past is really more about a future, of what will happen, of what could have happened, and even what never happened but felt like it did, or
maybe it is still happening. And there are so many ways to modulate that maybe that it seems impossible to move on until that future comes. Time and time again I was at risk as part of a population, cross-sectioned, mingling with each other to form some kind of composite number of my life chances at any given time. 3% of losing my life in Hurricane Sandy, 40% of another terrorist attack, 39% of getting an academic job...Is the threat gone? Has the storm passed?

*Chronology gives the sense of something discrete. For Bergson, the spatialization of time, the error we make in forgetting time as "intensive" and thinking of it merely as chronology, means thinking of time through the image of an object moving through space, the time "extended" as it moves between two points (Bergson.). But Bergson argues that time is also "intensive", for time is affecting every object in that scene at every moment. To count is to have something discrete to count, to make separable, to move through chronological time. This is impossible in trauma, and impossible in ubiquitous threat. In this regard, we remain traumatized even if we manage to create a story of chronology.*

"*ATTENTION: This is the voice of your Trauma Manager. You must let it go. You have to move forward, to have to move on, you cannot remain stuck, you must not repress."*

There was another threat piling on all of these. Because if something is happening to time, then something is happening to memory. I felt numb, and worried that I was not mourning. Suddenly I entered a risk category again--- I panicked because I didn't feel the event was moving into the past. I gave myself a prognosis based on what I knew, being a trauma theorist, being a sociologist of affect and emotion, being a theorist of the body and memory. I must be repressing something. I was in danger. It must be 'complicated mourning.' The future was a number with
which I could measure myself.

"Results show that delayed-onset PTSD is a real, and potentially sizable, problem that could easily be missed if one focused only on the first one to three months after....(patients) should be monitored periodically for possible deterioration to full PTSD." (Blanchard & Hickerling, 2012).

Trauma's management became yet another ubiquitous threat. Like the "creepy" nature of cancer that Jain (2007, p.80) writes about, living in a prognosis of possible Post Traumatic Stress Disorder to come means not feeling one can trust the immediacy of perception to detect threat. As Massumi (2011) notes in his discussion of the war-weather environmentality of preemption, "Absence makes the threat loom larger" (p. 29).

I felt the suspension of prognosis time. The losses that harmed my father were ongoing, the social forces producing the event, still present. So instead of mourning the neoliberal erosion of the university, the recession of global capitalism, I was suspended in time. My loss was hardly an event in the past to let go of, instead, it was "complicated," made complex, by the ubiquitous threats taunting the temporal environment of risk, including that looming threat of me developing PTSD itself. Prognosis time affectively holding me toward futurity, a constant vigilance with no space to mourn. Pressed to move forward yet suspended. Complicated mourning, indeed. Just wait, just wait.

Living in prognosis was joined by a new preemptive promise: In searching for something to write about, something to make time finally stop and the storm pass, I uncovered a
psychotherapy that promised to pull me out of the suspension--EMDR. It promised to act on my brain through its rhythms to process my trauma 'at warp speed' (Grand, 2001) and bring me to a positive resolution, to let it go so I wouldn't face trauma in the future. It promised to inoculate my brain against the future threat of being traumatized. My therapist spoke to me of "complicated mourning," and warned that past trauma is a predictor of future trauma. EMDR promised securitization---to "clear" trauma from both my past and my future so that my prognosis anxiety would go away. I could get a better prognosis, to escape its suspension, of being haunted by that risk, that threat, imperceptible and in the future, that haunted me. It would securitize my brain, this environment which presented itself to me as a "churning seed-bed of perpetual crisis in the making" (Massumi, 2011, p. 20).

But waiting…. suspension, like in The Future, stopping time, is what makes the texture of time itself palpable, is what makes it appear as an issue. Being held in suspension de-centers the subject, makes objects appear, as human chronology and narrative structure gives way to what Bergson calls "intensive" time, rather than time as "extensive," or passing by. Cosmic prognosis thus also is an opening to being with time differently. There was a glimmer of objects being alive, a glimmer of some other form of time. The apocalypse threatened to come over and over again. I hadn't yet realized that "the end of the world" had already come (Morton, 2013, p.5)
Chapter 1: The Future: Affect and Memory in Prognosis Time

Introduction: Something is Happening to Time

*The end comes first, so let us start at the end. And by the end, I mean The Future.*

Something is happening to time. This *something* is made palpable in Miranda July's 2011 film, aptly titled, *The Future.* The film depicts a mid-thirties underemployed couple, Sophie (July herself) and Jason (Hamish Linklater), each of whom, struggling with creative and philosophical misplacement, get caught in a series of experimental relations and encounters. Throughout the film, July succeeds in reproducing what it feels like to live in an era where the apocalypse seems immanent, where bare life is exposed and time becomes not an issue but *the* issue. The film delivers the felt sensation of the contours of time in which we find ourselves in the era of catastrophic risk, a time which is anything but a chronological and linear narrative and in fact “severs the idea of a timeline” (Jain, 2007, p.80). Not merely the characters, but the entire *environment* seems haunted by a future, a future which at one moment seems to be already certain and therefore a lost cause, and in another, in which it seems to be preventable, and inspires rushing, prediction, anticipation, breathlessness.

*The Future* depicts three different relations to time, which taken together form an assemblage: suspension, anticipation, and (pre) mourning. First, there is stopping time, suspension. The film opens with Jason and Sophie seated across from each other on the couch, working on laptop computers, suspended in malaise and boring conversation. The time we feel is spacious and mundane, the emptiness of the bleak apartment, bohemian loft style, giving a sense of the
sparseness of broken dreams, but having to go on living any way. Their aimless conversation, their silences, the starkness, all gives a sense of malaise, resonating with the familiar slowness of recession, and working from home. Life is mundane. But you can do something special with your mind, Jason tells Sophie. You can stop time. Still seated on the couch, as Jason counts…

one...

two...

three...

suddenly both he and Sophie freeze in place and hold their movements for several minutes, stopping time for them and the narrative of the film. For a moment we are confronted with the question of whether Jason's time-stopping is a real ability or a mere jest, and when they can't quite hold still and eventually admit how hard it is, we realize it is the latter. Still, the moment in the film registers in the body of the viewer as a moment of pause, and the centrality of time is established affectively and viscerally.

Then, in high contrast, there is anticipation, moments of rushing in preparation. July positions this anticipation about quite trivial things, as if to mock the displaced sense of emergency, offsetting it with the detached malaise that pervades the first part of the film. Upon realizing that the wounded and terminally ill stray cat (Paw-Paw) they promised to adopt is coming into their home in less than a month, Sophie and Jason count down their days of freedom until they must care for it, obsessively compressing the time of the future towards death. "In five years we'll be 40 and 40 is basically 50....and then....that's it for us." The future, which feels like an apocalyptic
one, shrinks to the now. An even greater sense of rushing over the trivial occurs when Sophie and Jason, having each quit their underachiever jobs, each try to look up important information before their internet is to be turned off "around" six pm. The apocalypse, once again, misplaced, re-enacted, simulated, projected, yet, undeniably present. We start to feel time as July's canvas or clay, and we identify with this time-centeredness in some strange way that feels current, that resonates. The Future---our new temporal orientation indeed.

Throughout The Future human actors are continually de-centered by nonhuman objects and natural forces, among them, a talking moon, a shirt that slithers ("Shirtie"), and an injured cat that can speak ("Paw Paw"), foregrounding the "bare elements" and making tactile an environment. It is the co-mingling of humans and nonhumans, together in an other-than-human time, making visible what Whitehead means when he writes "there is no absolute gap between 'living' and 'nonliving' societies"(1929/1979, p. 102). In this temporal world, bare life emerges, bare life in time. A time in which anticipation and risk make it hard to rest, and we just wish time could finally stop.

Things in the film unravel and spread out, as the mundane slowly becomes wondrously experimental and the characters begin to wake to the presence of the Something of Time through "noticing everything" and taking risks. Jason and Sophie quit their jobs, and Sophie has an affair outside her marriage. Jason quits his tech service job to go door to door for an environmental nonprofit organization, selling trees to “help prevent global warming.” But his anticipatory actions mingle with loss, not only because of its timing coinciding with what the viewer knows as Sophie's affair, but because time itself seems to be on the brink of ending. Jason is mourning
that which has not yet come, a kind of *anticipatory mourning*, the third relation to time which July wants to highlight in *The Future*. This becomes clear when he breaks into a monologue about the catastrophic future of climate change with a fellow he is soliciting:

"It’s probably too late for all this anyway. You know, in the cartoons when the building gets hit with the wrecking ball, there’s always like this moment where it’s *perfectly still*, right before it collapses? We’re in that moment. The wrecking ball has already hit all of this. And this is just the moment before it all falls down."

“Is that the official word?”

“No, that’s just my gut feeling.”

“So why are you going around then?”

"Because I thought this was great, all this. The air and the grass and the people, and the houses and the cars....”

Stopping time, anticipation, pausing just before collapse, deceptive calm. Now we know where they are, and where we *feel* we are. On the building about to collapse. Somewhere along the line, stopping time goes from a human fantasy to a reality for time itself, for objects and forces, the ontological condition in which we exist. But stopping, pausing, freezing, comes with a risk of its own. You can’t stop time just by standing still, you might die first, for time keeps moving, and your body’s vulnerability continues as you hold your position. To stand still on the building that the wrecking ball has hit is not be stay safe, but to wait. Between mourning and anticipation, is *waiting* in vulnerability, in the time of life and death. The time of vulnerability is made palpable as Paw-Paw waits for Sophie and Jason to pick him up for adoption. With it comes a new relation to time for the cat, a familiar human experience which July makes strange through the
nonhuman cat's experience of wild time:

"Have you ever been "outside"? I mean not temporarily....born outside. Never been inside…. Outside there was no time, no hours. Just a life or not a life.... Now there was this new thing--- waiting. Waiting for them to come get me. I learned to count the seconds. Now. And now. And now."

Waiting, time as measured and calculated, is made suddenly strange in picturing the time of Paw-Paw's survival "outside," with some kind of wild time, and his entrance into human measurements of time. Measured time, calculations of risk, cannot save us, as we discover when Jason and Sophie despairingly arrive too late to pick up Paw-Paw. They were told he would be fine. They came too late. Measurement fails. Life/death is wild. Loss. Anticipation. And the waiting, oh, the waiting in between.

But what is this calm, this stopping of time, this suspension in vulnerability, this "waiting" while being "outside"? In *The Future*, we feel the characters are rushing to prevent something (climate change), or save something (Paw Paw). Save the planet, save the cat, save life, save your marriage. And on the other hand, there is the possibility of being too late *because* of the suspension (climate change, Paw-Paw). Is it calm after the storm, of malaise or mourning, because it's already too late, the emergency is already in motion and we are just waiting for it to collapse, or the calm before the storm which means we must anticipate, move, rush, prevent, preempt? The ground we are walking on itself may disappear if we stand still. We're outside on this building, we're vulnerable life. And we're waiting. Always waiting inside a risk that refuses
to materialize, that taunts us with the thought of its immanence (Cooper, 2008, pp. 74-100).

Clearly, on this building called The Future, an emergency is immanent. If The Future shows the affective conundrums that confound time, it also shows the posthuman, vitalist (Bennett, 2011) time that the era of mass emergency brings. The sense of global doom, of having no future is co-constitutive with the de-centering of the human subject, as economic catastrophe, large scale war, and ecological crises along with the calculation of risk create a sense of the bare elements of life become more salient, urgent. This calls forth a question of movement: If catastrophe seems to loom in the future, do you anticipate and act quickly to prevent it, or do you start to mourn your loss in the present as if the future had already come to pass? If your inability to take either position, you become suspended in between, waiting uncomfortably for that future to arrive. But if, as Jason says, it's too late; if such forces are already in motion--climactic, economic, political, affective, that means current action is a lost cause as the next catastrophe immanently snowballs toward eruption. So time could feel slow, inactive, as though we're waiting for the inevitable to take us over, and mourning our current lives as past. Or maybe it hasn't happened yet and we'd better rush and imagine years collapsing upon each other as we anticipate the next risk. The characters in the future seem to oscillate between these two temporal positions: It's too late/It hasn't happened yet. Is the catastrophic event in the past or the future? If only time could stop forever. So we could stop being inside risk, threat, and a traumatic event which we know not whether we should mourn or anticipate, whether it is in front of us or behind us and simply not visible just yet. But this sense of stopping can never be a safe haven either, for stopping, being inert, means time is still moving.
It is clear that Sophie and Jason exist in a “crisis-oriented sociality” (Clough and Willse, 2011, p.5). Crisis seems to be part of the _environment_ they inhabit, a world in which nonhuman forces and survival itself decenter the human narrative and the ability to move through it in any effective way. What's haunting this environment? Speaking of this very environmentality of crisis, in his discussion of Hurricane Katrina’s aftermath, Brian Massumi (2011) theorizes that our sense of the environment has merged with war, and become a composite "war-weather" environment in which crisis seems always on the brink of occurring. “Between irruptions, it blends in with the chaotic background, subsiding into its own pre-amplified incipience, already active, still imperceptible…..The figure of the environment shifts: from the harmony of a natural balance to a churning seedbed of crisis in the perceptual making.” (p. 20) Arguably, in the post-911 world of preemptive governance, increasing climate catastrophe, and economic recession, our entire concept of the environment has changed, as governance moves toward a threat-based and preemptive conception of emergency. In this new conception of the environment, merging with the post 911 conception of terrorism as outbursts of violence and preemptive tactics of control, it seems, as Massumi argues that “threat is as ubiquitous as the wind, its source as imperceptible.” (p. 23) Such threat is indiscriminate and so seems to appear everywhere, without a clear and definable object or event. Preemptive governance thus places subject in the awkward position of never knowing what to be afraid of, not having an _object_ with which to form a relation, in the psychoanalytic sense. This object-less-ness is what causes a kind of nonlinear haunting. If anyone could be a terrorist, if the weather could be beautiful and yet the climate is doomed to disaster, if the threat could be anywhere, without a definite and definable source, then one cannot get away from it but must remain in a state of constant vigilance for a future. Is it in the future or the past? Should we run to prevent this catastrophe from happening, or resign
ourselves to a coming loss, mourning before it happens? One thing is for sure---we are haunted by what hasn’t yet happened.

**An Assemblage of Time: Living in Prognosis**

The time Jason, Sophie, and Paw-Paw exist in is a time in which catastrophic large-scale emergencies such as natural disasters, terrorist attacks, war, climate change, global recession, speak the language of future catastrophic crisis through risk calculation. They present themselves through statistical measures of risk, as more and more objects enter into the realm of predictive speculation (Cooper, 2008). Climate change especially giving the sense of having harbored something that may now be out of control, too late to reverse, and yet, must still be anticipated in case it can in fact be reversed.

July's *The Future* makes palpable what Sarah Lochlann Jain (2007) calls "prognosis time" (p.77). In her analysis of the temporality of cancer, waiting, and risk, Jain argues that "living in prognosis" is a time of in-between, as bodies modulated at every moment by calculations of risk and speculative forecast sense their own suspension in vulnerable time, ever partial, ever at risk, unsure whether the elements are too beyond control to worry about, or whether, by not worrying, they are leaving themselves vulnerable to the emergent threat. In the space of cancer prognosis, for example, one can neither mourn a certain death nor be comforted by high probabilities of survival, as the statistical calculation of risk keeps the body suspended in time between the two possibilities by ever-changing degrees. Jain writes:

"The prognosis activates terror—the shock of having harbored cancer, the fear of an
unknown future seemingly presented through survival-rate numbers, the brush with a culture of death. But bizarrely, at the same moment, it dissolves that very terror in the act, its very function, of aggregation. The number itself imbricates one’s life into the inevitable and the universal; the number becomes the backdrop against which one can no longer locate the shape of one’s own life. The prognosis offers an abstract universal, moving through time at a level of abstraction that its human subjects cannot occupy, and in so doing it threatens to render us all (for we are all moving through the culture of cancer) inert. Simply a structure of and for our fantasies, the prognosis itself has no time for the human life and death drama." (p. 78)

The prognosis suspends one between life and death chances, universalizing the molar body into a universal aggregate, a point of data. It is something out of step with the subject's craving to take a position and locate the bounds of an event in time in order to take effective action. Jain writes, "Furthermore, prognostic time constantly anticipates a future. In this sense, it offers us a similar level of abstraction that is virtually impossible to grasp."

Stopping time makes sense. We are rendered "inert" in our ability to move through chronological narrative time because we exist in this time of prognosis, a time when neither mourning nor effective anticipation are possible, but exist in strange degrees which correspond to calculations beyond human control. As is clear in the film and Jain’s writing, this middling poses a challenge to the time of life, and remains quite unbearable for those living in it, concerned with their own survival. Indeed, *The Future* shows precisely this difficulty subjects face in adjusting to prognosis time, subjects whom have to manage the suspension in the time of various prognoses, on the one
hand, and on the other, try to simplify and make manageable life and action within prognosis through taking a position, reducing the suspension inherent in percentage (I have a 67% chance of surviving) to one pole (yes, I will die of this cancer) or (no, I won't die of this cancer), one position or the other. Prognosis time is confusing, for it suspends us between poles of certain events (having cancer or not, dying or not dying) even as it retains the uncertainty of either. We thus cycle between various combinations of mourning and anticipation, as we unconsciously remain suspended in these imagined possibilities, the chances of something horrible happening, hope and thus anticipation, potential loss and thus despair.

Thus, Jain argues that prognosis is an affective device, an object for our fantasies of prediction and control. The "double action" of prognosis refers to the ability of the statistical marker to simultaneously act as "causing and evacuating the terror of a potential future." Jain writes, "Once you enter the population, you will only die or not die; you will not 70 or 42, or 97 percent die." (p. 81) "On the one hand is chronological time and clear, definite boundaries of life and death ("we either die or do not yet die, we don't "70, or 42, 97 percent die"(p.81). The building will collapse or it will not collapse. Paw-Paw will die or will survive. Since we don't 70% die and neither does an emergency 70% happen, we oscillate between it already being too late, and it not having happened yet and rushing to prevent or preempt it. These two stances simplify the complexity of being in time for the subject. But complicating this attempt at "taking a position" in order to then take action, risk positions the body-as-population in a statistical middling between life and death, suspended in time by a numerical measure between these two poles, ever changing with new calculations. "Thus, if your five-year survival statistic is 5 percent, you are apparently worse off than if it were 80 percent, though you still do not know which side of the line you'll be on in five years." (p. 81).
Unable to anticipate or mourn, we are thus temporally suspended between these two affective positions, suspended, "waiting" (Jain, p.83). This is what it means to try to live as a subject in prognosis time, a temporality which suspends one in time both before and after an event, a nonlinear time in which it becomes impossible either anticipate a certain future or mourn a clearly delineated "past." In prognosis, there is no "object" or clear "event" with a before or after-- prognosis continually reworks temporal boundaries instead of cementing them. This suspension, for Jain, ironically drives an even greater power to seek and attach to the statistic as a kind of truth or certainty. ("Offered in factual form, prognosis holds the counterfactual: life and death" (Jain, p. 90)

Clearly, those in prognosis time are haunted by their own death, the end before the beginning of the story, what Jain calls "a pre-posterous viewpoint: one in which the end, or posterior, seems to precede the story" (p. 81). July's The Future illustrates that this end before the beginning" is not merely in cancer prognosis, but is something that feels like a characteristic of the universe itself as we picture apocalypse with every new traumatic event, every new calculation of doom. What Jason describes about the building about to collapse resonates with Jain's writing on the "creepy" nature of cancer prognosis. Being diagnosed with cancer offsets one’s sense of time in the body. Cancer must have been there for a while, long before the signs became apparent to one’s inner sensation. Furthermore, after the treatments, how does one know if the cancer remains? The threat is ubiquitous. Is it over or not? The temporal boundaries are unclear. Where is it? The spatial boundaries are unclear. To simplify the threat, it would be nice to know the answers
clearly. Instead, the prognosis enters, suspending us between them, holding us (comfortably and against our will) in time.

While the cancer patient inhabits the time of prognosis as a single statistical variable, in The Future, we see that prognosis time is characteristic of our entire environment. Large scale crises are objects of prediction too, making the entirety of our environment feel at risk, immersing us not merely in the prognosis of our individual lives, but the prognosis time for humans as a population. The Future shows how prognosis time has become not merely a temporality one enters into when one is deemed "at risk" but a more encompassing state of time itself, as now almost nothing is outside of the realm of risk calculation, including the entire planet and cosmos. The relations of temporality made so present in The Future are part of a larger assemblage of time in which we find ourselves, a form of governance that is preemptive, anticipatory. While Jain argues that we all live in some degree of prognosis, The Future shows that in the era of mass catastrophe, we are all living not in individual prognosis of life and death, risk factors and the neoliberalism of individual responsibility for managing this risk, but that we are constantly in prognosis as our basic assemblage of time. Mass emergencies and their acceleration place us in a constant state of universal prognosis. Jason and Sophie can thus be seen as attempting to reduce the ungraspable nature of living in a kind of cosmic prognosis. These positions are both indicative of being caught in a certain kind of time that comes with the era of mass emergency and its biopolitical management. If statistical management is beyond life and death to unlife, that is, beyond biopolitics and the preservation of life, then how do molar body-subjects, trying to live a life experience, adjust to, grapple with, and move in such a temporal arrangement?

**Between Disciplined Subject and Statistical Dividual**
Indeed, prognosis time is part of a larger strategy of anticipation (Adams et al) which includes prediction, prevention, and preemption. While prognosis is predictive, preemption acts before threat appears or can even emerge, prescribing that we should “intervene in the conditions of emergence of the future before it gets a chance to befall us” (Cooper, 2008, p. 91) Preemption, as a mode of governance, “has traveled far outside its original context and is increasingly at work in U.S. policy in environmental and health crises, ranging from global warming to infectious disease….and humanitarian intervention” (Cooper, p. 91). The objects of preemption are expanding, now present everywhere the model for governance of populations, from biomedical technologies to humanitarian interventions to war. This change is resonant with what Deleuze (1992) identifies as the formation of the "dividual"---the change in the modality of governance from disciplinary societies to societies of control (p.4). In the era of the dividual, the human subject is not the fulcrum around which governance revolves. Instead, the statistical measure, a measure of life (Foucault, 2007) and death (Mbembe, 2003) becomes the means of governance, and these statistical measures become means of speculative forecast (Adams et al, 2009).

Increasingly, these calculations makes life into fragments within databases, as life becomes information and back (Thacker, 2005). Eugene Thacker (2005) and Patricia Clough (2011) have both argued for the informational as bound into the statistical. "I want to rethink body parts... and outside the bounds of the organism." (Clough, p. 6). But the question becomes how the organism, reduced and modulated as informational bare life, then, as a subject, deal with this, or how this may fold back into subjectification.

Thinking of this production of the individual as statistical, Patricia Clough writes: "This sociologic comes to treat the individual itself as a population, complicating the individual in
terms of his or her own propensities, his or her affective capacities, which are calculated by
drawing on digitized databases from across institutional settings that carry the trace of the
individuals' institutional behaviors to be read as a statistical profile of the individual's behavioral
tendencies: what the individual has done and therefore can or cannot do in the future. The
individual, like the population, has become "a sort of technical political object of management
and government...dependent on a series of variables." (Clough, 2011, pp. 9-10) These practices
reflect the move toward "human security---the blurring of the line between the establishment of
physical securitization of national boundaries and the press toward securitizing human
populations psychologically and affectively (Clough and Willse, 2011).
But what becomes of the individual subject in such a modality of governance, which continually
treats the human as bare life or informational snippets of matter, DNA, organs, and parts? To say
that the body is divided into parts sounds like a spatial argument, and it is. But it can also be
thought of as temporal. Indeed, Foucault argues that biopower is preemptive in its relation to
time, as statistical measures of populations serve to preempt particular outcomes for that
population. But recently, biopolitical thought has extended beyond the issue of life and death to
matter itself, to unlife, that which has not yet emerged into actuality. What happens to memory's
ability "move" through linear time in the era of preemptive governance of populations?
Clearly, Jason and Sophie in fact attempt to take positions of mourning or anticipation as means
of reducing the discularity of being in prognosis time. We do the same when job prospects seem
bleak, and so, we mourn, become depressed, accepting a dead future that has not yet come into
being. Or we could become consumed with anticipation, acting rashly and obsessively even as
we picture catastrophe if we make a false move. But even in these modes of taking a "position."
of psychologically adjusting to or trying to cope with universal prognosis in the era of risk, the
body absorbs this prognosis time as affect. Not all pauses are created equal. Each moment the pause sustains itself, it writes its effects in virtual memory, into the body's rhythms. This is what July wants to draw out and represent in the time stopping scene. Pause registers in the body. The body’s movement through space is not the measure of time. Even when the body holds still it is not really still at all, but every second modifies the body’s affective rhythms, its somatic memory, ever second is recorded in memory as virtuality.

How does memory operate in the bizarre nonlinearity of cosmic prognosis, when we are haunted by a catastrophic future, oscillating between anticipation and an impossible mourning, when we are affected as subjects by the temporality of the dividual? When something is not clearly lost, yet is the object of anticipation, then memory cannot be based on the past as a clearly defined category of events over and done with. Prognosis is thus a form of a-chronological time. Thus, a conception of memory that equates memory with the past and its repression or, on the contrary, its working through, cannot offer us a method for understanding the particular forms of memory in prognosis time. With chronological timelines continually offset by the suspension in vulnerability that is risk, how can memory still be thought of as purely past haunting a present? The trauma haunting us is just as much a future projection as it is a lingering and unacknowledged past.

Clearly, something cannot happen to time without something happening to memory. The Something Happening to Time causes time to turn on itself in a most ironic way: memory becomes not merely a means of disciplining subjects through discursive modes of controlling what is remembered and what is forgotten, but memory becomes the object of preemptive securitization. As the objects offered to speculative forecast expand, memory itself comes to be
another risk factor to be calculated and modulated, the object of anticipatory audits and pre-emptive action "expansive logics that anticipate chronic outcomes which must be prevented now" (Adams et al 2009). Memory itself gets caught up in the same temporal loops as we see in The Future and in the future as the future itself is made. This creates the strange means of modulating memory---anticipating future memory, viewing memory of the past as risk factors for the future, threats that must be preemptively neutralized. The person with past trauma that is unresolved becomes, not the channel of bearing witness or remembering a traumatic history beyond words, but a risk factor for the future life of the population. If populations are constantly "at risk" for something, some traumatic future, then how human subjects deal with this is unclear. Should we prepare for and preempt a traumatic future? Or mourn ourselves as a soon to be dead race? In the space between mourning the ultimate loss and preparing for loss, memory comes to be an object that embodies this middling, this time caught in prognosis. It seems the subject is affected, in turn, by this dividualization, this displacement, as Jain makes so clear, into the statistical, which takes the subject as a point of data. I argue that this dividualization affects memory, and is a memory. I illustrate this below. To find a method to understand memory in prognosis time means re-evaluating both method and movement, albeit other than linear movement.

Preemption as Memory

Fast forward in time to The Economist Nov 17th 2012:

Headline: "Battle Ready? It may be possible to "Vaccinate" Soldiers Against the Threat of War"

"The research team is basing their work on virtual reality exposure therapy for veterans who have developed PTSD, which uses simulations to desensitize soldiers to The success of such
simulation led Dr. Rizzo to wonder if a similar regime, experienced before actual battle, might prepare troops mentally in the way that traditional training prepares them physically....The virtual training course Dr. Rizzo and his team have developed leads soldiers through a tour of duty that includes seeing and handling human remains, experiencing the death of virtual comrades to whom they have become emotionally close, and watching helplessly as a child dies." (p.1)

New practices of anticipating the future and preempting emergency are emerging throughout many strands of emergency response, now seeking not merely to heal the wounds of traumatic memory, but to anticipate the possibility of traumatized populations in events and preempt the possibility of psychic trauma ever developing. This new trend is widespread and appears in many different approaches toward and treatments for psychic trauma. For example, psychotropic drugs are being tested, such as proponolol, for their ability to prevent post-traumatic stress symptoms in soldiers in Afghanistan before they fight (Donovan, 2010, p.61). Humanitarian aid organizations such as EMDR Humanitarian Assistance Programs are thinking preemptively about catastrophic events and their psychic aftermath, not merely to intervening in societies after traumatic events but to be there "building capacity" before anything may happen (EMDR HAP, 2014). Embracing a model of intergenerational transmission of trauma, training institutes such as the Green Cross Academy of Traumatology and the Harvard Institute for International Trauma Studies seek to "break the cycle" of trauma by preempting it passage to future generations. NGOs and state governments rely on psychiatric and psychotherapeutic humanitarian organizations to justify interventions as securitizing the future of the population's economic and political health through trauma prevention (Pupavac 2004). These programs are increasingly
viewed as necessary psychological preparation in case of emergency, backed by a discourse of protection (Pupavac, pp.149-156). The logic has so become a form of common sense that it seems difficult to offer arguments against such preemptive actions and technologies that seek to protect populations from developing post traumatic stress disorder. And all involve the possibility of preemptive actions on populations whom might become traumatized, whom are positioned as "at risk."

Once outlined as a general disorder recognized by the DSM in 1981, post-traumatic stress disorder became a measurable and calculable disease and soon became the object of prediction and risk, like so many other mental disorders. (Young, 1995.) Who is likely to become traumatized and why became the object of research studies, and the research also went "backwards"---treating PTSD like any other medical illness, risk factors were searched for in family genetic and psychiatric history (Brewin, et. al, 2000). The repetitive nature of trauma itself becomes folded into preemption in this move. For if our memories are risky, subject to life and death chances, then, threats must to be anticipated, preempted, and quickly, past memories themselves are being modulated as risk factors on both the individual and population-level scale. Repetition is the threat, and "breaking the cycle" of violence and trauma is viewed as key; in other words, the goal becomes halting the "forward" motion in time of trauma through chronological time in terms of generation. But what violence does the press toward this halting do? What stain does this attempt at preempting memory have on memory itself? Certainly, it must leave a stain on the body.
The trend in the practices above is clear: we are approaching a point in which the *preemption of memory* becomes imaginable. That one might have an interest in memory not as a mode of governance over remembering or forgetting some event that has already occurred, traumatic or otherwise, but instead, to take a population-level interest in memory's futurity, to take an active interest in preemptively modifying memory *yet-to-have-been*, anticipating future memory. The post-9/11 war-weather environmentality that Massumi (2011) identifies is embedded in this logic of securitization, the same sense of environment that is haunting *The Future*. However, this time the *environment* which is viewed as continually in a state of emerging crisis is the psychic environment. *Potential trauma* becomes threatening and fearful, now not merely as an individual but as a population level threat. Increasingly, trauma itself comes to resemble the war-weather merging, as the psyche/brain is viewed as an environment, one system immersed in many that is subject to irrupted and repeating catastrophic-level threats. This is best seen in Post-Traumatic Stress disorder and its management, which increasingly treat the human psyche as semi-permeable and continuous with other systems, as another environment, and therefore, subject to this new conception of threat. Not surprisingly then, preemptive action is increasingly becoming common sense for dealing with the psychic environment. Traumatic memories themselves form a population to be annihilated for the life of the population, thereby dividualizing memory. At the level of the disciplinary subject, this means subjects viewing their own psychic processes an emerging crisis rather than an environment of balance and natural harmony.

Following Clough's "sociologic", here is the logic of this preemption: To leave past trauma alone, or to address it without concern for the future, is to leave that society at risk. Like a landmine that will explode with each new stressor, the past itself is an unpredictable threat that
must be staked out. To *preempt* a possible future *repetition*? Once again, it's too late, but it hasn't happened yet. It's too late (repetition)/we'll make sure it hasn't happened yet (preemption). Irruption is always immanent. Preemptive action that sets out to preemptively stop a cycle of trauma, thus, ultimately seems to produce a cycle of its own: that of placing the subject, now dividualized as a data point, in a cycle of constant vigilance against their own psychic environment, positioned as risky and constantly on the brink of crisis, unable to be trusted. So the subject produced as "at risk" for traumatic memory too become suspended in prognosis time. At once, the dividualized subject is being asked to mourn and let go of traumatic events even as the possibility of an end point becomes suspended in continual risk, recycling over and over. The threat thus becomes not merely the traumatic event, but the neurological and affective state that *precedes* it. Memory has become "dividualized" as the forces of governance anticipate future memories.

Anticipation is tricky. There isn’t some event anticipated that exists separate from the anticipations of it. In this regard an anticipation isn’t a representation of a possible future. In contrast, when you anticipate, you *do* something. This doing is a movement, and a memory. Thus, risk calculation and the preemptive action that accompanies it, as a form of anticipation, is a doing. As Patricia Clough and Craig Willse (2011) have argued, the very measure of risk is an affective modality. It cuts into matter itself. It is not a representation, but, an alteration of affect. They write “As a measure of risk, statistical analysis constitutes an *actuarialism* that is potentially productive rather than representational.” (2011, p.5) In the same way, practices that seek to securitize memory as a potential threat, such as these emerging new practices and trends in humanitarian aid practices of psychotherapy, are not neutral, acting only on an anticipated
future, but ironically in trying to preempt traumatic experience, they produce other ripples of traumatic contagion and new fears of what could be. Anticipation is a simulation, affecting the body. Fearing the future and preparing brings the feared future into the present. And this feared future is not a representation of what could be, but an action in the present, an action which produces its own memory, memory which is not witnessed or understood in this logic, but overlooked. This can be understood as the dividualization of memory, a memory which is made through the subject’s entrance into the universalizing pool of data and statistics. To position, for example, soldiers or refugees as "at risk" for becoming traumatized is not to protect their future, but to affect their present and thus their memory, producing an affective response in the present. Preempting a memory is a memory. Thus the production of trauma as risk, is not independent from the circuit of trauma itself. Trauma as risk factor effectively builds the fear of trauma. The traumatized subject, now as part of a population that is threatening, faces a double trauma: the trauma itself, and the trauma of being a subject at risk. One might call this a form of violence on the violence.

Massumi argues that preemption produces a kind of simulation of the event imagined. We preempt the event we fear, and then this reaffirms our fear. Meanwhile the original threat, he says “always will have been”---we have no way of knowing what would have happened. We remained forever haunted by a will have been future (or future-past). We conclude after the fact that there was something to be afraid of, and in the process of supposedly producing security, we create all kinds of insecurity. Preemption can take the past as its object precisely because it is outside of the linear time of past-present and future. "It belong to the nonlinear circuit of the always will have been" (p.56) "Because it operates on an affective register and inhabits a nonlinear time operating recursively between the present and the future, preemptive logic is not
subject to the same rules of non-contradiction as normative logic, which privileges a linear causality from the past to the present and is reluctant to attribute an effective reality to futurity."

(p.57) As such preemption is constantly "producing what it fights" (p. 57). In preemptive modalities, we enact a simulation of the fearsome, apocalyptic future we fear. "The security that preemption is explicitly meant to produce is predicated on it tacitly producing what it is meant to avoid: pre-emptive security is predicated on a production of insecurity to which it itself contributes." (p.58) The insecurity produced by securitization is a type of memory, a type of memory in which a particular future may not be imagined, but rather, if the preemptive measures work, we have the "always will have been." The threat always will have been, thus neglecting the supposedly protection subject-population to more fear.

The "always will have been" is a kind of tense. Thus, the idea of protecting populations from future trauma via a variety of preemptive measures is producing a collection of "always will have beens" a sort of future-memory archive. A soldier who is not traumatized, for example, after receiving the psychiatric drug proponolol or virtual reality training to preempt the possibility of traumatic memories, in being positioned as "at risk" thus always will have been traumatized, always will have developed PTSD. This future that always will have been remains without the possibility of testing it. Following Massumi, imagining that one might experience a traumatic incident in the future and preempting its possibility now places one, I argue, eternally in that traumatic future with no hope to empirically check on its truth. It remains, as Massumi writes "in the nonlinear circuit of the always will have been" (2011, p.54) The always will have been remains in virtual memory, at each moment, in the body. We may feel we have warded off threat, but the sensation of threat, no longer subject to chronological time of a definite event
which either occurs or does not occur, remains as a memory in the body. "Letting go" of fear relies on one's ability to put that threat, to some degree, in the past, and so instead of a population securitized against trauma, the population remains threatened by what always will have been.

It should be noted that to study memory within preemption means thinking of memory as beyond issues of life, extending to what Parisi and Goodman (2011, p.) call "unlife." To remember within preemption, for these thinkers, is a form of control over a population at the level of simulation, but beyond biopolitics. “Preemptive power exceeds the bio-logic of control. If preemption inserts a temporal dimension into power, then this dimension cannot be equated with the time of the living. The virtual should not be equated with the potentially lived but is rather a pure potential of which life potential is merely a subset….It is in this sense that for us mnemonic control poses the problem of power beyond biopower, and opens memory to the plane of unlife.” (Parisi and Goodman, 2011, p. 175) By unlife, Parisi and Goodman are referring to what has not yet emerged, and thus that which cannot easily fit into narrow issues of individual life and identity, that which hasn't been lived. In the case of preemptive practices of memory like those above, the individual need not to have actually experienced war or PTSD to be afraid of them, to be haunted by them, and thus, to in a sense remember them, according to Parisi and Goodman's conception of memory.

Such memories needn't correspond to actually existing events, Parisi and Goodman (2011) remind us, but can invest in memories that one hasn't actually lived, but have only been simulated. Returning to prognosis, in severing timelines, to live in prognosis means living in nonlinear time. Indeed, it seems that Jason and Sophie remember something or are haunted by something that hasn't yet happened. But the something, the object of fear, does not seem to
remain stable. The characters in *The Future* can be seen as attempting to take a position on an object, in psychoanalytic terms, even as this event or object seems to have temporal borders that change constantly. To mourn or anticipate would be to take a position, but in statistical modes of governance, the event never comes, rather, the event is merely simulated in memory over and over, in a recycling, nonlinear loop rather than a straight linear movement through time. Parisi and Goodman write: "The mnemono-technical ecology of cybernetic culture is generally characterized as an age of sampling, in which chronology is twisted from a straight line into a loop.....In this cybernetic culture...control operates through mediatic addiction in terms of repetitive bodily habits." (p.173)"a repetition of a memory...(one) hasn't had" (p.173) This is, in fact is "the double action of prognosis: causing and evacuating the terror of a potential future." (Jain, 2007, p.81) This cycle of prognosis becomes just such a bodily habit, an affective relation to time. This memory needn't have been *lived*. In the same way, the soldier who is preemptively treated for *future potential* trauma, the soldier at risk for becoming traumatized cannot move through the past in any straight line, but is subject to the temporality of prognosis. The “repetition of a memory one hasn't had” is what it means to remember in the era beyond biopolitics. So what are we haunted by? As can be seen in *The Future*, this nonlinear circuit of memory then comes to haunt. It might not be a *specific* feared future (such as the return of cancer or global climate catastrophe). Rather, mnemonic control rests in the circuit itself, not its content. It is this circuit which produces memories of what one hasn't had, but this memory need not be of a specific experience. Perhaps the something in particular doesn't matter so much as this future haunting-effect itself. Just as the memory produced by branding is something that never happened, so the memory produced as the subject becomes dividualized is something that never happened, the entrance of life into the statistical.
Following Parisi and Goodman's conception of mnemonic control (2011, pp.172-174), the memory that one hasn’t had, in the case of the preemption of trauma, is kind of simulated traumatic memory in itself. The fear of being traumatized in the future, thus, comes to be a traumatic memory of its own. This future trauma, in thinking in terms of nonlinear memory, is not merely some possible projection, but forms, I argue, a memory in the present, a stain of the body. This memory moves the characters in *The Future*, whom are unable to take a position on “an object” since prognosis, and the preemptive measures that soon follow in this logic of anticipation, comes to have unclear borders. Thus, the action of preemptive governance over memory is not in the future, but in the present, in the production of this population as *dividualized*.

Like the repetition of trauma, following Parisi and Goodman it seems that the "always will have been" of preempted action keeps being regenerated, never passing by in linear time, but instead recycling itself, coming to haunt, creating a future-haunting effect. *The terrorist always will have acted if we hadn't waged war. The soldier always will be have been traumatized if she hadn't been vaccinated” through virtual reality preemptive exposure.* The always will have been, even when it doesn't include such a specific future, does not die with preemptive action but continues to haunt the present from the future. To take a preemptive stance to deal with the confusion of prognosis time means not protecting a population from trauma but to *produce* a memory.

Using the nonlinear conception of memory, post traumatic stress symptoms, supposedly an "after-effect" of traumatic experience, become, quickly and easily, what Jain calls "the end before the beginning"---imagining trauma that never happens, producing populations as "at risk."

This logic that the action of preemption itself produces mnemonic waves that are not separable
from the affective currents of traumatic experience. In the case of the soldier "vaccinated" against becoming traumatized before being deployed, before the traumatic event happens, NGOs and humanitarian organizations have already produced another memory within the soldier, that is, the memory produced in the action of preempting trauma. We might called this affective residue *pre traumatic stress*. In producing the very insecurity it claims to be fighting, trauma, once of effect of catastrophe, becomes a threat in itself, leaving it no time or space to exist, and thus, be witnessed as part of a multiplicity of time.

**Preemption as Neglect**

New regimes of memory are promising to securitize the future, but are they neglecting the very memory they seek to securitize? In closing, I argue that the above circuit of memory produced by preemption raises serious questions about the logic inherent in preemptive approaches to traumatic memory that seem to be so common sense. Arguably, regimes of preemptive control like those seeking to supposedly eradicate the possibility of traumatic memory constitute a form of neglect of the very populations they promise to protect. This can only be seen using a nonlinear approach to memory. In contrast to the promised protection within the humanitarian war on trauma via preemptive measures, in ignoring the nonlinear mnemonic circuit that is part of the preemptive approach itself, these approaches are neglect to understand the means through which preemption itself produces mnemonic traces and affective modulation. The dividualized subject is not protected from trauma but double-traumatized: once by traumatic events, and once again by all the preemptive affective management of them. There was 9/11, and then, there was all of the repetitions of 9/11 in the anticipation after it.

What is *moving* all of this calculation? Could it be that preemption in emergency serves to
bracket the vulnerability that emerges in emergency? Katie Gentile (2011) explores preemption as a means of refusing to mourn. In her research on the increasingly preemptive measures being proscribed for future mothers in the last ten years (such as monitoring one's diet for potential toxins a year in advance of getting pregnant), she argues that the infant's body post-9/11 becomes a fetish object for managing anxieties in the Something Happening to Time. Gentile argues that the present is experienced as a series of breathless anticipations caught in anticipatory audits (2011, p. 7). The breathlessness works as follows: Pre-emption for emergency is the very means of forgetting the vulnerability that emerges in emergency. Preparation for the fetus is, according to Gentile, a kind of abandonment of the fetus, whose vulnerability cannot be acknowledged. Preparation for the future event is forgetting, disavowing, and then projecting the event's traumatic charge. In this disavowal of vulnerability, the fetus as life is not protected but abandoned through obsessive anticipation and worry about it, being caught inside obsessive preparation for a future that never comes but always threatens with new risk. In the same vein, it becomes clear how preemptive regimes, even though an intention of protection and securitization, are ironically, negligent to these very populations produced as "at risk" in the very act of preemption itself, which leaves its mnemonic traces, or rather, its mnemonic control, as dividualized memory, forcing subjects to spin uncomfortably in the nonlinearity of time, unable to take a position on none other than the future.

In Gentile's analysis, preemption is a kind of substitute for mourning (2011, p. 3-4) Instead of mourning 9/11, which would require an admission of US vulnerability (the US, being at the time, arguably, "a superpower motivated by humiliation, determined to overcome vulnerability" p.1), this vulnerability is projected onto the fetus, and the preemptive measures prescribed are a means
of the avoidance of mourning (p.1). This projection also happens in *The Future.* Thinking back to *The Future,* it is precisely Sophie and Jason's worry about Paw-Paw, with their planning, calculation, and anticipatory stance, that results in the cat's death. He dies ironically *because* Sophie and Jason are caught in the throes of anticipation, attempting to predict how long he will be alive, and, consequently, how long they will be alive. The cat is seen as a hindrance to their self-actualization, the end of time. His death, is thus seen as the precondition for their lives. In preemptive logics, July is teaching us, prediction and anticipation can stave off the immediacy of vulnerability. The wounded cat is simultaneously the site of their projected vulnerability and their delay in getting him shows the displacement of their vulnerability onto him as Sophie has clearly disowned and forgotten her own vulnerability in the midst of her confusion.

So preemption can be seen as a strategy of attachment which reorganizes time's chronology as a means of dealing with something. The loss is projected onto the future as something that can be preemptively eradicated, rather than accepted as something that already happened and thus cannot be altered, allowing for a greater sense of control even as it thwarts the ability to let go and move through time chronologically. In both the case of prognosis time in *The Future* and preempting traumatic memory in a population whose mnemonic future is deemed "at risk," it appears they are mutually reinforcing, part of the same assemblage of prognosis time.

Preemption, particularly preemption of trauma, promises to protect us from traumatic repetition, from being haunted by the past, but in so doing, it creates a repetition, a haunting in the present from the future.
Chapter 2: NeuroGovernance: The Preemptive Turn in EMDR Psychotherapy

Scene: Seamless

"I was standing there and at that point one of the towers had fallen. What did I see? What am I supposed to tell you apart from the fact that it was chaos? Then it changed. It started changing. The colors of everything got brighter and for a moment I was safe there on the sidewalk. But that last moment never happened when the towers came down, you have to understand. In only happened in the session, when I was remembering."

The passage above embodies a unique temporality. The speaker is clear about what "really" happened. She was standing on the sidewalk, and the towers had fallen. And then the "colors of everything" got brighter and that happened at some later date of remembering "in the session."

But note that without the interjection to clarify that the colors began to change only in the session, the original memory, the memory of "what really happened" and the moment the colors change, an image that "only happened in session" is seamless. The noting of what really happened in a an interjection, but the image sequence itself is seamless. The quote also seamlessly unites locales--the speaker is discussing what happened as if she were discussing really being there, but she is actually "in the session" prompting us to wonder what sort of "session" she may be discussing. The memory of what happened becomes, within the context of the session of imaging indistinguishable from what "really" happened, and when it really happened. The past seems continuous with some kind of imagined alternative future, leaving us, as readers of such a quote, to sense that what is being described is some sort of simulation.
The above is an account of a memory of the falling of the Twin Towers on September 11, 2001 being processed while in a session of a relatively new form of psychotherapy called EMDR, or Eye Movement Desensitization and Reprocessing. It was reported to me as part of a series of qualitative interviews with a group of twenty-five patients and therapists working with EMDR. EMDR has become the emergency psychotherapy method of choice for treating trauma and post-traumatic stress disorder, used in disaster settings on all seven continents. The process uses "bilateral stimulation"—eye movements, tactile, or auditory stimulation, on opposing sides of the body to process traumatic memories, sometimes resulting in the intense release of traumatic affect while picturing the original traumatic event or scene (Shapiro, 2001). What marks EMDR as unique for a study of memory is not simply its use of simulation (Leys, 2000, p. 9) to work through traumatic experience by acting out the original scene, but its seamless sequence between a re-imagining of what happened in the past, a memory, and what never happened. Like the example above, linked seamlessly to the original memory, the scene frequently spontaneously changes. Colors become brighter as the Twin Towers crumble to the ground, the babies who were born with birth defects are reborn without any disabilities, children stranded from bombed out homes after the war in Kosovo return to their homes intact.

Spontaneous "resolutions" occur in the process of imagining the original event during bilateral stimulation. And what people reporting “seeing” spontaneously in EMDR is truly surprising. Some of the stories are predictable and trite, others bizarre and shocking, most resulting in genuine increased psychic comfort. In the EMDR session, the memory spontaneously changes. For example, a woman who experienced a traumatic experience of giving birth to her first son spontaneously imagined a different outcome--giving birth to a healthy baby--during the bilateral
stimulation session. In such situations, the patient knows that this memory never actually happened and has not "forgotten" the original events, but, nonetheless, this memory remains as an affective presence. Often, the original memory, called the "target" is described as "fuzzy," difficult to retrieve upon command. The line between memory, fantasy, and affect becomes blurred, as does the line between what actually happened and what one spontaneously and virtually "lives through" in the process of EMDR. As EMDR expert Dr. Laurel Parnell described it at a clinical training session in October 2010, EMDR works with affective memory, the feeling of the memory, while claiming not to erase cognitive memory, or the awareness of what happened (Parnell, 2010, unpublished training manual).

These accounts suggest that EMDR is experienced as something other than simple imagination and that while its mechanisms remain unknown, it is likely that its processes are specific and unique, not reducible to any technique before it. It often sets into motion a highly unstable process: Nightmares, flashbacks, changes in affect, and perceptual changes follow between sessions, as EMDR sets into motion a web of reactions that cannot be predicted in advance. In contrast to hypnosis, the individual is fully cognizant, not in a trance state. Furthermore, these spontaneous resolutions are likewise reported as neither conscious nor deliberate. Indeed, such events in EMDR psychotherapy are neither equivalent to imagining a different outcome nor, as per the cognitive behavioral approach, planning or changing the thoughts of the future. Nor is it quite, either, hypnosis, in which one tells the future what limits will be set upon it. The EMDR experience is not exactly equivalent to any of these. In EMDR, a future is not imagined, but installed (Shapiro, 2001, p.73). In the gap between positive imagery and installation is the issue of EMDR as a very particular type of trance state, prompting theories that EMDR taps into a
kind of neurological process by stimulating opposing sides of the brain.

EMDR forces us into a realm in the study of memory in which past present and future exist in a different relation to one another. Cultural studies approaches to memory continue to focus on the way the past haunts the present (Sturkin, 2007, Gordon, 1997). The play on time embodied in EMDR forces us to consider whether we haven't, ironically, buried the future under the past in studies of cultural memory, or in a sense, repressed the future. In this regard, looking back at studies of memory through the lens of EMDR, one can say that questions of the future have been repressed, bracketed in favor of the past. As simulation becomes a more technologically prominent mechanism altering the experience of memory, studies approaching memory and its governance must grapple with these changes. Considering that EMDR is now being used globally as a preferred method of emergency psychotherapy following mass traumatic events, one must wonder what kind of archive of memory it is producing. This study is an attempt to amend cultural studies approaches to memory toward the futurity of simulation.

Installing the Future

Scene: Seeing the Future

It was 1987 and a graduate student in psychology was on a walk while feeling anxious and having some disturbing thoughts. When she found herself moving her eyes back and forth, something strange happened. She felt better. The thoughts felt farther away, less terrifying, seemed to disappear. She pulled up the disturbing thoughts and feelings, but they were not as
intense as before. In fact, she had a bit of trouble remembering what the original thought was. Putting it to the test once again a few moments later, the same thing happened again. It wasn’t conscious effort, just the movement of her eyes from side to side. For a short while, she kept her "secret" to herself, noticing the saccadic eye movements that occurred when she was anxious. (Shapiro, 2001, pp.7-8)

The above is the account of the "discovery" of EMDR originator Francine Shapiro (2001), an experimental psychologist who first noticed that eye movements from side to side paired with imagining a traumatic memory could quell the intensity of her troubling thoughts. Over the next six months, Shapiro tested her new technique, which she called EMD (eye movement desensitization), on friends, relatives, colleges and acquaintances. Again and again she noticed that anxieties subsided, and that the original thought felt “farther away.” She theorized her results through the lens of behavioral therapy, particularly the concept of repeating a fear-inducing situation using imagery such that it becomes less terrifying through repetition. Shapiro also thought of REM sleep as a possible linked phenomenon that could explain her results.

Originally calling it EMD (eye movement desensitization) Shapiro continued to test her method, incorporating different models, testing them, and publishing her results in a randomized controlled study(JTS 1998). This was her first encounter with a clinical population, trying it on Vietnam vets with PTSD, including several who hadn’t been able to shakes nightmares for years. It was at this time that Shapiro became surprised by first how few sessions of her technique were needed to get their traumatic memories to become less intense, and then, surprised again that other memories seemed to surface from the past in the process: "The intriguing thing, again, was
to see years worth of trauma disappear in such a short period of time." Through trial and error, Shapiro eventually perfected her new therapy and presented it as an 8 part sequence in 1991, changing the name from EMD to EMDR, eye movement desensitization and reprocessing (Shapiro, 2001, pp. 13-14). What seemed to work best was as follows: First, the patient is asked to imagine the "most painful part" of the traumatic experience (the "target") while the therapist adds bilateral stimulation-- eye movements, or through bilateral tactile stimulation by the therapist or a specialized machine, as long as these are applied to either side of the body. Desensitization of the image starts as the client is asked to rate the scene on a scale of 0 to 7 for its affective charge (p. 76) As this bilateral stimulation is applied, images of the traumatic experience, particularly their sensory content, are brought into focus. The images often change in color, focus, intensity, raising questions of image and body (p.83-84). Other memories or images also may appear, and these images are understood to be linked to the original memory as part of the memory network. The goal is to follow all linked memories, desensitizing them all in order to "clear" the channel of memory and achieve full desensitization with no potential to create symptoms in the present. Shapiro began reading Lang, one of the founding theorists to link information processing theory (from experiments with computers) with memory (p.15). The adaptive information processing model of the brain (Shapiro, 2001) is cumulative: "These early experiences are stored in memory and become the basis of the networks into which other experiences link." (p.33)

Thus, in 1995, another name change came along. The formerly "accelerated information processing model became, the "adaptive information processing model." Shapiro (2001) writes:
"Because, whereas in 1995, I was concentrating on the speed and efficiency of EMDR effects, what became clear was that the term “accelerated” was limiting the model. The concept of “adaptive” was really the issue because the information processing system itself would be moving the dysfunction toward adaptive resolution...I realized that rather than thinking in solely desensitization terms, I should start thinking in information processing terms. I read the work of Lang, who incorporated the notion of memory networks, and I started thinking about the effects of the treatment in an information processing way rather than in a desensitization way. I started looking at the processing of cognition and emotion rather than just the reduction of arousal and fear and anxiety. Over the next few years, with those lenses of information processing principles that I was developing, I started changing the procedures I was using in order to facilitate the processing."

(p.16)

The eye movements weren't everything. In 1998, further research confirmed that not only eye movements but any kind of side-to-side sensory stimulation, such as sounds being played in opposing ears or taps on the knees or forearms, was equally effective as the eye movements. Clinical practitioners first discovered that eye movements were not the only effective means of achieving the effects of bilateral stimulation. The type of bilateral stimulation--auditory, visual, tonal, tactile, didn't appear to matter. Theories of opposing sides of the brain began to surface, merging with Bessel van der Kolk's (1996) model of fragmentation in trauma. Drawing on the adaptive information processing model of the brain, supported by digital simulation models of brain activity which compare the brain to a computer (information processing), Shapiro (2001) theorized that traumatic experience is stored in a “maladaptive” fragmented state in the brain, frozen in time (p.144). EMDR psychomedical discourse claims that it is reworking the neural
connectivity of the brain: bringing the sensing and emotional "right brain" into greater neural contact with the logical "left brain" through pairing the distressing memory with sensory stimulation in the present (Parnell, 2010). This model argues that traumatic memories are stored in various neural networks in the brain, which EMDR practice, through its integration of these networks, follows from present trauma to all related traumatic experience in the past. According to psychologist Bessel van der Kolk’s (1996) theory, trauma is stored in embodied and implicit memory, and thus, talk therapies are ineffective in accessing this form of “iconic” memory. van der Kolk thus provided an explanation that simultaneously de-stigmatized EMDR as an illegitimate pseudo-therapy and supported why it was essential and superior to other forms of psychotherapy, such as psychopharmacology, which modulates neurological chemical levels rather than the memory network.

The adaptive information processing theory and the conception if the "memory network” EMDR promises to treat not merely the current traumatic event or symptom but also past traumatic events. Massive "generalization effects" (Shapiro & Forrest, 1999, pp.24-25) which affect the future and past processing of traumatic memories have been reported by therapists and patients. Neurological theories of "kindling" in the brain and ultimately, to fortify the capacity of the brain to withstand future trauma once past triggers and traumas are "cleared" from their affective charge and stored "adaptively" (Shapiro, 2001, pp.32-35). EMDR treatment promises to follow the memory networks from present "triggers" to past traumas, as they are all theorized to be linked in the neural network. By 1998 EMDR made the list of treatments for trauma that were "probably efficacious" and was later adopted as a "best practice" treatment for PTSD by the Department of Veterans Affairs (Parnell, 2010, unpublished manual).
Global Network

Scene: Future Memory

They rushed to Honduras in 2009 to treat its recently traumatized population. An ongoing military coup and the resulting violence produced a flood of refugees still bearing the psychic wounds of war, some narrowly escaping death. In the confines of a crowded, hot basement, a handful of the Honduran refugees escaped the violence around them, where the team of psychotherapists administered EMDR. Working one on one with each refugee, the psychotherapists moved their fingers from side to side in front of the eyes of the refugees as they guided them to imagine the "picture which represents the most intense scene" of the traumatic events they had recently experienced. Working with this "target" memory, the therapists asked them to rate, on a scale of one to seven, how disturbing the picture became as treatment progressed. Some reported that this mental picture faded, others reported that it changed color, or that a new scene appeared--sometimes from childhood, sometimes from other situations the client had experienced. Other memories and images appeared, understood to be linked in the neural nets of the brain--in the same "memory network." The psychotherapists and refugees followed this chain of memories to "desensitize" the other memories linked to the original, returning the original scene to mind to "test" its level of intensity, working toward "clearing" all of the memories associated with it, hoping for some future clear of the present which they pictured, in this moment, as a potential past, a future-past. (Jarero & Artigas, 2010)

Shapiro's first book about EMDR described her belief in the "imperative to use it not only for the
good of individuals in need but for the healing of communities and even nations" (Grand, 2003. p.23). In the years that followed Shapiro set up a tremendous network of EMDR associations that arose to train and organize clinicians, including an extensive overseas network of emergency outreach collectives called EMDR Humanitarian Assistance Programs, working conditions following 9/11 and Hurricane Katrina, tsunami and wildfires in Australia, earthquake victims in Haiti and coal miners in Chile. After Hurricane Andrew in 1992 and the Oklahoma City bombing in 1995, Shapiro organized a group of volunteer American psychotherapists trained in EMDR to administer it for free to survivors as an experiment. EMDR Humanitarian Assistance Programs (HAP) is a volunteer network, now with over 100,000 clinicians practicing worldwide and thousands more being trained each year. It operates as a global network, which is made up of regional and local HAP organizations. In an obvious attempt to avoid the accusation of Western global paternalism, EMDR HAP trains local psychotherapists, doctors, and others who play healing and caretaking roles in traumatized countries to administer EMDR in times of crisis. EMDR HAP has worked with survivors of the troubles in Northern Ireland, ethnic conflict in Bosnia, in Israel and Palestine, the tsunami in Sri Lanka, the 9/11 terrorist attacks, the London terrorist bombings, and many others. Following these incidents, EMDR HAP establishes the basis for future care by setting up regional and local HAP associations. EMDR HAP Northern Ireland, EMDR HAP India, EMDR HAP United Kingdom, stationed in country to provide services in case of a future traumatic incident.

Though EMDR Humanitarian Assistance Programs are non-governmental nonprofits, they must work with such state governments and international bodies to gain access to perform their emergency aid services forming a network of humanitarian outreach. From the beginning,
EMDR HAP's work has been inseparable from state and international politics and interests. For example, one of EMDR HAP's first major relief efforts, the Oklahoma City bombing, for example, was sanctioned and supported by the FBI, who now use EMDR for traumatized state interrogators. Furthermore, various state bureaus such as Northern Ireland's Department of Health, the United States Department of Defense and Department of Veterans Affairs, and the Israeli National Council of Mental Health have approved the use of EMDR, raising questions of state investment and the relation between governance and the management of traumatic affect in the "risk society" (Beck, 1992) as it offers efficient "healing at warp speed" (Grand, 2001) to traumatized populations. Shapiro and other experts also serve as advisors and hold board positions in organizations which influence policy and management of trauma. Shapiro, for example, has been designated as one of the "Cadre of Experts" of the American Psychological Association & Canadian Psychological Association Joint Initiative on Ethnopolitical Warfare (Shapiro, 2001).

**Clearing: A Regime**

“How many untreated potential perpetrators are out walking the streets?”

(Shapiro & Forrest, 2012, p. 238)

The team mentioned above, lead by EMDR HAP’s Dr. Ignacio Jarero and Dr. Lucinda Artigas of EMDR Latin America, therapeutic practices such as EMDR have become attached to a vision of "clearing" the roots of trauma from the population in order to prevent its transmission to future generations, “clear” trauma transmitted from past generations, and promote the economic
optimization of the population after the emergency (Pupavac 2004). In fact, the HAP team deployed to Honduras had also come to conduct a study on a related hypothesis: that the reprocessing of memories using EMDR changes the brain's neural pathways sufficiently to actually alter the brain's resilience in dealing with future traumatic events. The results of their study confirmed that those treated with EMDR appeared more resilient when exposed to future trauma—as the "geopolitical crisis continued to unfold around them" (p.148). In other words, PTSD symptoms did not develop when those treated were exposed to more traumatic incidents and returned to the team for follow up. The researchers concluded that EMDR had changed their potential for being traumatized in the future, through the increased neural integration of the sides of the brain "inoculation" (Jarero and Artigas 2010, Gelbach and Davis, 2007, Oras et al., 2004).

In looking at EMDR’s internal logic it becomes clear that memory, once understood in Western modernity as an individual possession revealing the truth of the modernist self (Hacking 1992), memory has become understood increasingly, as a collective experience, and as such, an object that must be modified through pre-emptive action. EMDR HAP’s clinicians fear the pollution of the memory network through unprocessed trauma, which could produce “a cycle of violence” (Shapiro and Forrest 1997, pp. 222-42, Pupavac 2004) and which threatens the health of the population. Bad parenting will put children at risk, children who will grow up to repeat the cycle of violence that this unprocessed trauma produces. The heteronormative attachment to “children as the future” (Edelman 2004) is obvious in Shapiro’s first quote; the pre-emptive nature of this logic obvious in the second. In both cases, the transmission of trauma directly puts the health of the population at risk. EMDR’s visioning of the memory network is not simply a linking between
past and present trauma in the brain, but extends between people, at the level of the population. Key to these concerns, which now are central to the logic of emergency psychotherapy worldwide, is the conception of the containment of the transmission of trauma between generations. The fear of repressed societies has worked its way from experimental and clinical psychology studies to influence. Through new centers which bridge clinical work and policy, such as the Harvard Program for Refugee Trauma, the knowledge of the intergenerational transmission of trauma has become another factor affecting these statistical outcomes, which link traumatized societies to decreases in income, increased health care costs, human security costs, and the increased threat of future violence, brought about by this trauma (Pupavac, 2004, p. 157).

The "unanticipated threat is memories lingering "unprocessed" in a culture and transmitted to future generations, who, it is assumed, will repeat these actions through the unconscious “cycle of violence.” Vanessa Pupavac (2004) has done extensive research on “In essence, the international trauma model treats trauma as a cause for future wars. War trauma is regarded as significant for impairing not only as significant impairment not only for the development and mental well-being of the individual, but also the future development and well-being of society as a whole.”(p. 156)

This discourse has a long arc which pre-dated the now-widespread global application of EMDR in the early 2000s. In the late 1980’s and early 1990’s, the field of empirical psychology was looking at Vietnam vets children and Holocaust survivors, and found evidence of PTSD transmission. Research such as Solomon’s work (1990) concluded that second generation Israeli soldiers exposed to combat situations exhibited PTSD symptomatology remarkably similar to Holocaust survivors such as "intrusive symptoms, hyperalertness, cognitive impairment, and
guilt feelings... all symptoms ... highly reminiscent of the nightmares and flashbacks so prevalent among Holocaust survivors" (p. 174). Rosenheck and Nathan's 1985 study documented "secondary transmission" between Vietnam Veterans suffering from PTSD symptoms and their children. They found evidence that children of survivors will exhibit PTSD significantly more often than control groups. These studies exist in tandem with increasing international intervention efforts and emergency relief, a global culture feeling the effects of increasing conflict and vulnerable interdependence, with the spread of international emergency aid by NGOs. Vicarious traumatization was a practical problem for emergency mental health workers, psychologists, nurses, counselors etc. Vicarious traumatization and theorizing surrounding it comes from the need for its eradication in times of emergency, but this logic of “clearing”---ridding oneself of trauma absorbed from another in order to get back to work, carries within it the temporal panicked rush of emergency. This logic of clearing, however, was soon applied to the population at large, carrying within it a sense of urgency and “ridding” or clearing.

This population-level logic of contagion coincides, argues Foucault, new forms of power, which can help explain how memory became an issue of populations instead of the route to the individual truth of the self, or the soul. The investment in memory from a personal narrative toward a concern for the life itself of the population is resonant with Foucault's theory of the transition from disciplinary societies toward biopolitics. Foucault (1990) argued that methods of control would move toward the management of populations. In addition to the disciplining and individualizing of bodies in space through institutions. In his theory of the disciplinary society, called anatomo-politics, Foucault argues that various forms of subjectivity are produced by the disciplining of the individual body as exhibited, for example, in the organization of bodies in
space in institutions such as schools, workplaces, and prisons. Increasingly, however, Foucault argues that another form of power co-exists with these formations: the disciplining of individual bodies exists alongside, increasingly, an interest in the statistical management of the population. Foucault identifies the beginning of biopolitics with the increasing emergence of demographics, such as the calculation of birth and death rates, health insurance programs, and social welfare initiatives. This is involved the targeting of those elements which "sapped the population's strength, shortened the work week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive" (Foucault 2003: 244). In this formation of power, risk increasingly becomes an object of medical concern (Lupton 2005). This leads to the formation of populations at risk, treated not as individuals, but as statistical risk factors. (Foucault, 1990). In the words of Deleuze (1992), "Individuals have become 'dividuals,' and masses, samples, data, markets, or "banks." (p.6). Thus, "life itself," rather than the "truth of the self" of the disciplinary society, comes to be the object of power in biopolitics. This population racism takes on a pre-emptive character in the era of simulation and biotechnology, at the intersection of technoscience and life itself. As is clear from EMDR’s neurological and simulative approach, biopolitical management of populations “optimization of future citizens” (Adams et. al. 2011, Rose 2006) Future disasters are brought into the present. But how to study memory (supposedly a trace of the past) in an era of futurity? I explain my approach below, first discussing current approaches to studying memory on the sociological level that use the methodology of haunting, proceeding then to discuss my methodological approach, “future memory.”
Method: Staging Scenes

In the early 1990’s as experimental psychology’s findings in the intergenerational transmission of trauma discussed above were influencing international trauma programs, policies, and tactics, cultural studies theorists, quite apart from these approaches, were experimenting in quite an opposite way with transmission. In contrast to the logic of international governance of trauma, these approaches make the contagious nature of affect productive as a force of social critique.

As an example, in *Haunting the Korean Diaspora*, Grace Cho (2008) ties the secrecy of the Korean war to the secrecy and silence surrounding her mother, a Korean woman, and her father, an American soldier. Through following the gaps of silence, Cho uses the transmission of trauma as a social scientific methodology, using her own unconscious fantasies, dreams, memories, and ambivalences as a guide map. But the ghost has value not because of some truth it unveils, but because of the conception of inter-implication between the social and psychic. Cho's work bears witness to this beyond-self dimension of sociality. Following the ghosts, that is, allowing desire and affect to be a kind of map to follow in the study of the forces of governance, provides a radical break from Western subjectivity’s obsession witnessing what Erin Manning (2009) calls “a leaky sense of self” (p.33). Jackie Orr (2006) explains it best:

“Trauma tears open a structure of experience predicated on bounded senses of self and other, of inside and outside. Traumatic “experience” breaks into and breaks open the bounded subject or “self,” catapulting experience toward a radically different structure of “unconscious imitation or mimesis,” a vertiginous and “abyssal openness to all identification.” Oddly, uneasily then, trauma cannot be said to involve a psychic “subject”--since traumatic experience takes place in
the shattered borderlands of any subject/object distinction..." (p.21)

In this dissertation, I do not make claims about the medical or psychological effectiveness of EMDR, nor attempt to make ethical or political recommendations regarding its use. Nor is my study aimed at gleaming some generalized sweeping empirical truth regarding it. Studies of trauma, like trauma itself, are not given to empirical investigation, but are, by their very nature, challenging of truths. "What happens" in trauma is not only unattainable but matters equally as what is imagined to have happened (Freud, 1989). Multiple layers of simulation and "more than one story at a time" (Orr, 2006, p. 24.) the tearing open of the subject's boundaries, along with the continual repetition of trauma, through symptoms, flashbacks, transference, projection, avoidance, and triggering, all make "what really happened" nearly irrelevant for its study. Caruth (1996) famously argues that trauma is inherently disruptive of narrative history, making the project of history itself spotted with disclarity. While once this challenging of a stable truth caused cultural studies scholars to see an opening for social critique within the exploration of the transmission of trauma, increasingly, as noted above, this very traumatic indeterminacy becomes an object of pre-emptive control and calculation.

I choose instead a method more proper to EMDR’s sensory and affective register: staging scenes. I use these scenes to intervene at the affective level of EMDR itself, to tease out, analyze and produce felt visualizations, scenes, that stage various effects. EMDR manages populations through the enactment of scenes, scenes that are accessed via the sensory modality. In so doing I draw from Jackie Orr’s (2006) conception of the social as a theater of contagion. Grace Cho positions this performative approach as alternative to the empirical, a method more proper to
trauma’s continual excess of any set truth, “I am just as concerned with what the presentation of evidence *does* as what it *says*. What affects are produced in listeners, and what affects get stored away to be released in the future?” (p. 49)

There are multiple scenes to consider. EMDR produces scenes in its simulation practices but also *it is a scene*, and as Mark Dworkin (2005) argues, its clinicians often forget this, sometimes using neurological discourses not a means for complexifying this relationship, but for de-politicizing the often colonial, and always traumatic scene of its implementation. Writing, too, can be understood as a scene, and it too can produce simulations, generating futures. I however use simulation to critique a potential future. I allow myself to follow the dreams of a future both in EMDR and for EMDR, oscillating back and forth between the future as unattainable and unreachable, and thus, easy to project upon, and also the future as that which is anticipated and pre-empted, as a measuring and managing of future time, future desire, future sensation. The scenes I have chosen are from a variety of sources including 30 interviews I have conducted with EMDR emergency psychotherapists and patients working in and witnessing various disaster settings such as Hurricane Katrina, war in the Balkans, the terrorist attacks on 9/11, and violence in the West Bank. I also draw from published accounts of EMDR experiences, journal entries and drawings of patients, and other historical and clinical accounts. Thus, I offer a critique of global attempts to manage the transmission of trauma through EMDR by reclaiming the transmission of trauma as a tool for critiquing the social, a social that Grace Cho argues escapes all total capture and assimilation.
Method: Future Memories

"What is needed is an engagement with virtual memory, the entanglement of the past and the future in the present, since what we argue that this is where pre-emptive power now concentrates. For pre-emptive cybernetic capital, a memory of the future is not just some predictive simulation but rather the investment in future feedback, an investment in intuitive, prehensive anticipation, a ceaseless bet on future desires."

(Parisi. & Goodman, 2011, p. 68)

As we're living in an era of pre-emptive tactics, in which traumatic memory in particular but all memory becomes the object of investment and biopolitical statistical interest, tied to the nation's collective health and life force (Adams, et. al., 2011). Memory is of the past, but increasingly, the anticipation of the future reaches back to a past, investing in memory as a means of fortifying the health of the population. Optimization of the future requires an investment in the past. The past becomes an "unanticipated consequence," one more risk factor to predict and plan for, but even more, to preemptively attempt to modify. Studies of memory need to adjust themselves accordingly to this new temporality. To account for this, I will be studying memory as a technology or technique for intervening in the future, a significant change within cultural studies and sociological approaches to memory. Brian Massumi (2001) speaks to this technique of governance that has become more visible as a tactic since 9/11. "Prevention corresponds to neoliberal Cold War politics. Preemption does not prevent, it effects. It induces an event, in effect. Rather than acting in the present to avoid an occurrence in the future, pre-emption brings the future into the present. It makes present the future consequences of an eventuality that may or
may not occur, indifferent to its actual occurrence. The events consequences precede it, as if it had already occurred. The event remains virtual--future-past--but is real in its effects." (p. 8)

What if cultural studies of memory reversed temporal perspective, from searching for memory's repetition or genealogy in the past toward investigating what kind of archive is being produced of future projections, fantasies of the future, simulations of events that never happened, simulations of what could be that function like alternative pasts? What if all memories and fantasies were studied in regard to their future impacts, as projections or speculations, rather than searching for their past in some archival approach? What if there could be an archive of futurity? What does this new way of doing the future mean, paradoxically, for memory? A pre-emptive relationship to memory means the anticipation of a future based upon various qualities of memory. It means the pre-emptive control of potential future traumatic memory in the present. EMDR is an object proper to this methodology of "future memory." EMDR's use in mass catastrophe is only on the brink of becoming "the future." Thus, those receiving EMDR as well as those practicing it and advocating its use are currently in a state that is highly future oriented. As will be shown, the practice of EMDR is often in tandem with various hopes, modulations, interventions, fantasies, and future projections. I use EMDR as a stage in which to imagine the future, to examine what "future memories" are bearing on the present, a novel approach to the study of cultural memory which, as mentioned above, has focused on how the past bears into the present. It may not be so radical a leap to suggest a study of future memory, to produce a future archive and experiment with what it might become or how time might become rerouted through it.
Memories of the future are possible through simulation, to virtually induce a memory one has never had, and in so doing, to modify affect in a particular direction. Parisi and Goodman (2011) treat the process of branding not as an ideological fantasy or idea, but as an embodied simulation of the future. Parisi and Goodman (2011) write:

Branding in particular crystallizes this mode of pre-emptive power in active production of memories of the future---memories that you haven't had yet, despite their sense of familiarity....The body feels the active sensation as past. In its infinite differentiation of product ranges, branding plays with a combination of familiarity plus novelty, a past-futurity. New memories are installed that you have not phenomenologically experienced in order to produce a certain receptivity to brand triggers. No longer relying on lived bodily experience--actual sensory responses--brand memory implantation operates through the body remembering a virtual sensation. In short-term intuition the future yet to be formed is actively populating the sensations of the present, anticipating what is to come, the feeling of what happens before its actualization. (p.3)

Methodologically, I approach it as "of the future" in two ways. First of all, as with so many new technologies, it carries within itself fantasies about the future. It is new, and as with new technology, its practitioners and patients fantasize a particular conception of the future and draw from a particular conception of it to understand it. Much of the action of EMDR exists in "what could be"---what could be for its future, what might be in regard to its mechanisms, what the future of society would be like were it to spread and become mainstream, as its proponents hope
and imagine. Secondly, it is unique in that it simulates memories which never actually occurred, as discussed above.

Governance of the actual becomes secondary to speculative forecast (Adams, et al, 2009; Massumi 2001) The future and the present may not be that psychologically distinct from the past. For Whitehead (1978), the future haunts the present as a prehension. It cannot do so in the same manner that the past can, but nonetheless, the future contains its own archive, its own collection of fantasies, its own defenses, its own repressions. Building from in a ground-breaking approach, Katie Gentile (2012) takes a psychoanalytic approach to investigating the psychic and affective experience of preemptive regimes. Gentile’s work analyzes and addresses the types of unconscious negotiations and affective attachments that emerge within pre-emptive times. Gentile’s work suggests that one might be able to approach the defenses, anticipations, and affective attachments to the future as an archive of memory.

But what to make of a future that is simultaneously being preempted as apocalyptic, as EMDR emergency clinicians hope to preempt violence and future catastrophe, while at the same time, it is a future being simulated as “cleared” “resolved” and, well, happy? Cultural studies approaches to memory like the ones above have largely focused on traumatic events such as the Holocaust, with an emphasis on the repetition of this pain and the accompanying cultural and social repression of the traumatic core of these events. In recent essay, Carrie Hamilton (2011) critiques this bias, concerned with the lack of attention paid to "happy memories." EMDR is a technology that turns traumatic into simulated happy memories, and so, offers an ideal space to chart a new transition in studies of trauma, as a bridge in studies of memory, from the study of traumatic
memory toward the investment in happy memories. I examine the ambivalence between the optimism produced in EMDR from the optimism which motivates its largely idealistic and politically progressive clinicians, the neuroscience upon which EMDR clinicians project a promising future, and the optimism of “resolving the scene” itself. Optimism, as Ahmed argues, is a projection into the future, a temporal positioning. "Associating happiness with feeling good is a modern construction that temporalizes it such that bad feelings become located as backwards and negative while good feelings are seen as progressive and forward. So happiness operates in the future" (Ahmed, 2011, p.50).

In her essay on the cruelty of optimism in our current state of capitalism, Lauren Berlant (2011) argues that optimist fantasies and traumatic memories are actually very similar in how they function, and in the kinds of attachments and relations they form. “It is striking that these moments of optimism, which mark a possibility that the habits of a history might not be reproduced, release an overwhelmingly negative force: one predicts such effects in traumatic scenes, but it is unusual to think about an optimistic event as having the same potential consequences." (p.46) Cruel optimism is "an incitement to inhabit and to track the affective attachment to what we call 'the good life,' which is for so many a bad life that wears out the subjects who nonetheless, and at the same time, find their conditions of possibility within it. The cruelty lies in its contradiction: it keeps hope alive and provides the impetus to go on living and yet, the scene does not deliver on its promise." (p.35) Berlant (2010) argues that "all attachments are optimistic" in the sense that they provide some kind of life force or desire to go on living, ironically, even when the scene or object of desire that we are attached to is something ultimately harmful or unsatisfying.
"To phrase 'the object of desire' as a cluster of promises is to allow us to encounter what's incoherent or enigmatic in our attachments, not as confirmation of our irrationality but as an explanation for our sense of our endurance in the object, insofar as proximity to the object means proximity to the cluster of things that the object promises, some of which may be clear to us while others not so much. In other words, all attachments are optimistic. That does not mean that they all feel optimistic: one might dread, for example, returning to a scene of hunger or longing or the slapstick reiteration of a lover or parent's typical misrecognition. But the surrender to the return to the scene where the object hovers in its potentialities is the operation of optimism as an affective form. In optimism, the subject leans toward promises contained within the present moment of the encounter with their object.” (p.93)

Thus, in this work, I also examine to what degree EMDR could function as a form of cruel optimism, a simulation on the level of affect and simulation, at the level of autonomic response, where some memories are made “fuzzy,” an attachment to, literally, a new “scene” of a potential future. I compare these simulations of the future with the social, political, and economic conditions that produce trauma, and sometimes exist in ironic contradiction with what is simulated, and the confusion between the two, what Jackie Orr (2006) calls “psychopower”. As partly an extension of modern biopower but also going beyond it, she argues that “psychopower can work somewhat psychotically to re-fuse and confuse the boundaries between the real and unreal.” (p.13)

Increasingly, as I have shown above, memory is being administered and modulated at the level of the future. As long as it is the future which is being managed, modulated, administered,
anticipated, and pre-empted, then it is the future which we must account for in our new approaches to understanding memory. Perhaps, as Parisi and Goodman (2011) seem to be suggesting, instead of a Foucaultian history of the present we may need to affectively grapple with memory as the future.
Chapter 3: On What Never Happened, A Memoir

Scene: Waves

Memories might be waves...

The 2004 tsunami obliterated chronology forever, destroying far beyond the coast of Sri Lanka and centuries of heritage.

Another wave followed: psychotherapists bringing EMDR came in like the tide to keep the population from downing, to channel memory like water through a funnel, in a desired direction—toward the future.

On the EMDR Humanitarian Assistance Program homepage, a picture appeared of delighted Sri Lankan children laughing and playing at the water's edge, a year after the storm had passed. The caption reads, "Children treated with EMDR can now return safely to the water."

This Wave of Things sweeps over us everywhere, a global off-step of cyclical time which we feel when the weather is not quite right: Thundersnow, tsunami, hurricane, flood, hot hot cold and cold cold cold. Waves keep coming...and how do we know for sure which waves are the tsunami and which waves are just waves? It’s about as clear as where one memory starts and another ends. With each wave of statistical prediction of the next mass disaster, trying to swim in waves yet to come, drowning in anticipation even when the tide recedes.

We return to the water refreshed and are still unable to drink it.

The above scene makes palpable the temporal contradiction between the affective sensation of “recovery” from or “resolution of trauma and the nature of threat in the Something Happening to
Time. The image of return is used here as an affective proof of EMDR HAP's effectiveness, and return signals healing, a victory in the preemptive war against PTSD.

But even as the sensation of “letting go” or “feeling better” might appear to result from the desensitization to the past embodied in EMDR’s rhythmic simulation,

*the waves keep coming*…

the percentages and predictions of mass disaster related to climate change rising like the tide. And returning to the scene with a feeling of being “over it,” putting it in the past, is met with the ongoing sensation in the age of “cosmic prognosis” that threat is not over, but lurking somewhere, like the cancer Sarah Jain fears will *return*. The threat, merging war and weather is "already active, still imperceptible" (Massumi, 2011, p. 20).

The image of the children returning is staged as an endpoint, as the resolution of a narrative. And this narrative of *return* is seductive, given its long history in trauma studies, as well as in literary narrative. The heroic subject returns to the site of the traumatic event, transformed, stronger, and the sense of it being over, of leaving it in the past, is central to the seductive quality of return fantasies and the catharsis they produce. But this becomes problematized further in the era of ubiquitous threat. The affective sensation---the relief of letting go---seems to be positioned ironically---the tsunami is not "in the past" but rather, its borders in time remain unclear. To return to the water "safely" is a problematic claim, particularly because the water will *truly* never be safe again.
The children returned. The cancer could return. Return/don’t return.

The HyperObject

What if the object that caused the trauma, that which you must “get over” or “let go of” is an object which by its very nature defies the boundary definitions necessary to define where to “let go”? 

Let's go back to The Future, yet again, and look closer. In a scene where the main character, Sophie (played by Miranda July), is at her lover’s apartment, it is not Sophie who heroically has a change of heart but she is saved, instead, by an inanimate object. "Shirtie" is seen slinking across the road outside the house, and then entering the bedroom where Sophie waits. Shirtie is not an object which symbolizes or reminds her of her former home, but instead is a 'living non-living' being with agency. Rather than passive, inert matter, Shirtie is another character, albeit a mute one, in the film. This dismantling of human- inhuman hierarchies is linked with the motif of survival throughout the film, in all of its scenes, where animals and objects that are central characters in the narrative alongside its human characters. Indeed, all of these forces share the same plane of existing, rendering human-animal and human-world hierarchies flattened. A kind of "world" in which human experience appears as foreground and an inert "world" as the stable background, is gone.

In the Something Happening to Time, maybe we can’t mourn because we cannot see the edge of things, because something is skewing our comfortable alignment of a human foreground and a nonhuman, environmental background. In his landmark book entitled Hyperobjects: Philosophy
and Ecology After the End of the World, Timothy Morton (2013) argues that the age of global warming has ushered in an era in which hyper objects have completely obliterated the sense of a "world" or an environment. Morton argues that hyperobjects---(p.130) objects such as plutonium or styrofoam, which outlast any individual human life and death, are skewing the sense of chronological time and the sense of foreground and background. Morton (2013) writes: “Now what happens when global warming enters the scene? The background ceases to be a background, because we have started to observe it…If there is no background, then there is no foreground. Foregrounds need backgrounds to exist.” (p. 104)

The hyperobject cannot follow a narrative structure of a subject overcoming a “world” because the entire idea of ‘a world’ has been obliterated by global warming. The psychotherapy of EMDR, when applied in emergencies, reaches back to some other time, some other fantasy of felt normalcy, in order to secure the psychic present and securitize the future. It does this through simulating a "safe space"---that is, calling into the body's memory the felt sensations of another time-space that feels contrary to the current environment of terror and catastrophe. The affective fact here is the sensation of catharsis, of being safe. But this safety relies on a “worlding” that no longer exists, and that is actively changing temporality.

Given the hyperobject, how can the subject determine the bounds of when something starts and ends? It becomes less a question of perception of "real" limits, and more a question of the affective fact (Massumi, 2010), that is, perception and memory that guarantees a result or is efficient. In the absence of clear boundaries of objects, and thus, of threat, it all depends on time and affect, rhythm and where one draws the lines between past, present, future, between that
which affectively counts as "over" and what which counts as "ongoing." Faced with conditions that remain ongoing, these objects speak through predictions and models, for their bounds cannot be known by physical measurement. For Morton, conceptualizing a polluting element such as plutonium, an incredibly diffuse and undefined substance, forces the subject to confront conceptions of limits, life and death. But Morton's astute analysis also points toward the ability for the indefinite object to be a source of de-centering the human, of embracing the ecological thought, made visible in *The Future*.

Mass disaster is often an encounter with hyperobjects. Where does the tsunami end? Crisis is ongoing….Something that is ongoing, which by its very inability to be contained or located in discrete time and space allows for another experience of time that decenters the human, allowing for the reforming of affective--bodily relations. The human cannot get the space to narrate what has happened. In describing the hyperobject, Morton (2013) writes: "They are viscous, which means that they “stick” to beings that are involved with them. They are nonlocal, in other words, any “local manifestation” of a hyperobject is not directly the hyperobject… They involve profoundly different temporalities than the human-scale ones we are used to." (p.2)

Indeed, the human narrative against a backdrop of a passive and inert "world" has recently been challenged by both the turn to vitalism and object oriented philosophies. Yet, this "lifeworld" is precisely what is re-iterated in the scene of EMDR psychotherapy and discourses of resilience, this narrative of a subject overcoming circumstances, re-inscribing a human narrative and the assumption of a still, stable environment which human psyches project onto.
In this chapter, I sketch an account of future-memory and (pre) traumatic stress, using EMDR's use in humanitarian crisis (called by one of its top practitioners a "timeless" psychotherapy). Below I will stage scenes from my interviews with psychotherapists working in post-disaster settings in order to show the relation between the logics of EMDR psychotherapies, and the Something Happening to Time. Each scene shows an aspect of the logic of the ubiquitous threat, and the means by which population-level neurogovernance seeks to condition the brain within this logic. I do my best to allow objects to speak these memories, in order to bear witness in a way that is consistent with the temporality of hyperobjects. I want to juxtapose the affect of letting go, which in the Something Happening to Time, may feel in dissonance with the sensation of being entangled inextricably with things, and I mean to show how the logic of resilience and anticipation mingles strangely with mourning. I mourn/anticipate with and through EMDR: through what it forgets, the forms of time necessary for mourning that it overlooks in its rush to securitize a population, and grieve my own losses through its lens, my own affect spilling through it like a sieve. I grieve in resonance with those I spoke to, and those patients they spoke about.

Psychotherapies for trauma have relied on the idea of an environment as "a natural balance" as equilibrium, as self-same and opposed to a psyche that projects onto that environment, and assume within their logics a narrative structure of “letting go” indeed a structure they argue is built into the brain’s biology. EMDR psychotherapy attempts to reiterate the subject's sense of power and control, affectively simulating “resolution” to the original scene of memory, with the goal being to return the traumatized subject to the scene of the event in order to become desensitized to it, to make a separation from attachment to its repetition, to make a clean break
with the past. The press to simulate an endpoint in the face of ubiquitous and ongoing threat is no longer usual in the logic of EMDR’s use in mass emergencies, it is standard practice affirming the logic of preemptive resilience: Letting go through desensitization, including during an event of mass disaster, is believed to preemptively condition the brain’s neural networks and increase the chances of reducing trauma and its population-level spread in the future, a future pressed to be a “happy” one (Ahmed). To not “let go,” to leave traumatic experience untreated, is to place the population at risk for future trauma, including its contagion through inter-generational means.

Timothy Morton argues this ability to see objects and "the world" as a projection becomes problematized by the scale of hyper objects that appear in the era of global warming, haunting our sense of time and space, and moreover actual time and space. Hyperobjects such as a tsunami undo the temporal architecture of chronologically "moving on" because they don't move on. The human subject cannot see around them in order to grasp their scope and know which direction is inside, outside, before or after. "The water" of the tsunami is not the same water of a background that the human subject "adapts" to through memory. In this sense, the happy scene of catharsis is haunted by a future of increased natural disaster. The hyperobject here stands in contrast to the “scene” for recovery of traumatic events (and perhaps demands a response other than "desensitization") To avoid the water, most certainly, to dream of the water every night in a sweat of terror, to flinch at the sound of the waves, is a sad state. But moving beyond clinical effects to ontological affects, this story of return begs the question of what affects are in excess of those promised by this narrative structure of a heroic subject, enduring pain, suffering from traumatic memory, perhaps called PTSD, perhaps called suicide, perhaps called depression, championing over that dis-ease, and thus returning to the site of the original terror making “a
world” and establishing this subject as conqueror, as central, and in control, and as a singular, self-sufficient ego. The sensation of any given event as being "over" is continually haunted by projected and anticipated futures. Preemption doesn't accept "over," looking instead to eradicate the event's occurrence in the future in place of mourning.

*Her writing felt like a holding pattern, a plane unable to land, circling...*

“Let go,” her Trauma Manager commanded, anticipating, as she refused.

To dare to be de-optimized, at risk, vulnerable, and nothing like heroic

To be radically sensitized.

*She made one resolution:*

*Not to be resolved.*

**EMDR: Simulating an EndPoint in Ubiquitous Threat**

As previously noted, EMDR psychotherapy shifts mnemonic paradigms away from the reality principle and accounts of narrative “witnessing” and truth-testimony of what really happened toward the affective fact (Massumi), the importance of remembering according to what works, in line with an instrumental outcome. For the purpose of accelerating mourning and memory, the clinician might introduce characters not present in the original scene, affectively transforming the terror of the scene through the entrance of a familiar and comforting figure from the client's past or present. EMDR aims to directly alter human perception through exposure and desensitization, while also working to rewrite the story of what happened, moving to bring the patient to a "positive resolution" in which the patient feels a sense of control or strength in the
situation. This sense of control often takes the form of statements (see image) or positive affirmations, at the end of the scene such as “I am safe now” or “I can survive” or “I am strong.” There seems to be no recognition of the threat's continuance. To "safely return to the water" gives the viewer of the picture described above a sensation of moving on, as though the event itself is over. But the possibility of a scene of such a clean break, between a subject who lets go of the past as the environment adapts back to “normal.” Indiscriminate threat means that the object, with indefinite borders, holds us inside threat without an object or endpoint from which to escape. Under conditions of not being able to escape threat, to clearly draw a temporal "before" and "after," the simulated sensation of an endpoint is the only option.

EMDR places emphasis not only on the “control” of an individualized subject conquering or “adapting” to a external “world” as inert object, but on the use of happy memories as “resources” to be integrated with the traumatic memory, thereby integrating it with the brain’s “adaptive” neural circuits. Once a “safe space” is identified for processing and simulated, the therapist then exposes the patient to the traumatic memory or part of the traumatic memory. The safe space supposedly eases the transition between the two, allowing, supposedly, the traumatic memory a means of being accessed more easily. The "processing” then takes place as the patient feels the traumatic event, and sometimes verbally narrates what comes to mind. This processing, however, is supposed to lead somewhere: to the endpoint, a "positive resolution" or "adaptive resolution."

EMDR breaks the absence/presence dyad in so many psychoanalytic accounts of cultural and collective memory. To create a sense of affective bounds—a beginning a middle and an end, without "real" or physical or temporal bounds—EMDR simulates the sensation of an ending,
directly using the affective trace of memories to offset the present. But this means, however, that memories processed through EMDR might not be reflective of the status of the original threat. But these memories are also used to securitize memory against a future threat, considered a kind of investment in the brain's wiring, using happy memories to increase the brain's connectivity, preparing it for future catastrophe. Populations of EMDR crisis patients are pressed towards a "positive resolution" in order to guarantee a securitized future.

There is more, other than the common logic of preemption, that is responsible for the rise of simulation-based psychotherapies for trauma in the moment of cosmic prognosis and ubiquitous threat. Why EMDR and virtual reality therapies now? Both lend themselves to preemptive action because of the key severing of memory from its qualities as representational, instead, making use of memory as endogenous. Simulation means two things in practice: The ability to simulate conditions that do not correspond to the stimuli in the environment, thus producing a distinction between a living subject as organism and an environment, Hence the term "adaptive information processing model" of recovery. But what if there was no environment…..While a discord between perception and reality generally has been equated with "denial" or psychic repression of painful memories, EMDR taken a different logic. It uses simulated memories to access the painful experiences of the past to access that traumatic "information" stored as sensation or automatic memory. But this is not simply for the purpose of "remembering" something that has been "forgotten" or "repressed." It is instead for the purpose, quite instrumentally, of securitizing a future. EMDR is ideal for moments of ongoing threat, because it does not require a logic of encounter with actual conditions of threat. Where no end to threat can be seen, it can simulate
an endpoint, a "positive resolution" even as bombs fly and the waves swell to drown us. What is lost? What is forgotten? You’ll see, just wait. Just wait. Just wait.

Three...

Two...

One...

Three Scenes of Anticipation/Mourning in EMDR

Scene: Homes

Hemur, Germany.

When they arrived Dr. Susan Rosche wanted to sing them a lullaby. Their homes had been burned, their families killed back home in Kosovo and now she and her team brought them in an abandoned factory.

Her love took the form of viewing them as “at risk.” She and the rest of them were there to do research, to make them subjects. The case/the child.

I will save you, calculate you. Measurement and saving blurring into one operation, one thing, one temporal extension.

They had to evoke a sense of safety first. It was the means of “resourcing” to simulate safety before going to the unsafe. She gave them crayons and paper. Draw love, she said. Draw a safe space.

(It was like a story in a book as I listened to her. It felt “resolved.” A beginning, a middle, and an end. Was this what I craved? A beginning, a middle, and an end. )

They drew pictures of the homes that had been bombed and burned in Kosovo as a means of
finding a safe space. Their dead parents up in heaven.
Homes, so safe, that no longer existed.
Drawing, imaging, simulating homes that never existed.
An unrequited love between the past and the future...for a future.
But it did not seem out of the ordinary

To her.

When a bereaved child holds in mind images of a home that no longer exists, one might assume that this image serves the purpose of remembrance, of mourning, saying goodbye, a tribute, a memorial, grieving. One would expect this image to be the object of sadness, to recall it in order to realize that it is now gone, to compare this memory with what has happened, to catch remembrance up with the "reality" of loss. To bear witness, to see, to let go. And how might this feel? Would it be possible to imagine the homes and not feel the painful sharp edge of loss?

But the logic of the memory image in EMDR is entirely different, and one attached to a much more instrumental logic. The scene, reported by a psychotherapist who had worked with a group of 30 child refugees taken from Kosovo, shows the first step of EMDR psychotherapy, the “safe space” exercise. In order to integrate the "traumatic memory information circuits" with the "positive resource circuits" in the brain, the traumatized individual simulates the sensation of a memory that is safe and pleasant, with all the sights, sounds, and bodily sensations evoked as if the memory were here in the present moment, before the traumatic image is recalled. This will provide a temporal, neural bed for the traumatized memory to lay in, cushioning its fall….

falling story after story
...in order to preemptively control the threat of becoming-traumatized, to condition the brain. The memory image of these lost homes is not evoked for the purpose of mourning nor witnessing a loss. Rather, it is evoked as means of securitizing the future.

When trauma becomes the object of preemptive action, a state to be preempted for the life of the population, the image exists quite independently of its material state. As previously described, EMDR moves from the reality principle to the affective fact (Massumi, 2010). In the era of the affective fact, the status of what never happened is elevated from imagination to instrumental resilience, to a matter of life and death. The endogenous image of memory ()seems at its height in the scene above, where there is a direct conflict between the use of the image "for safety" and the reality "a lack of safety." The sensation of the homes, what they felt like, the security they provided, the felt sensation of being there, the love, the safety, its affective essence is harvested as a resource for the future, rather than mourned as a lost past. Children imagining homes before they were bombed without any reference, in this moment of safety, to their actual loss, feeling the affects of that lost place, a place gone, reconstituted and simulated in the present according to a certain logic---the logic of resilience, of futurity.

Their mourning was redirected, instead, according to a logic of population risk and securitization of the future. That in reality the homes no longer exist makes palpable and clear the status of time in EMDR, and in resilience-based paradigms now operating in psychotherapy in general. The scene shows how mourning is being reworked in the Something Happening to Time, from a slow process of bringing memories into alignment with the reality of the loss of an object, place, or situation, to the instrumental use of the image to condition the brain regardless of its
environmental context. In this regard, the endogenous image and the affective fact merge to create a situation in which *what never happened* can become not the object of fantasy, but the object of simulated, sensory re-remembering, using a programming model of neural networks. Remembering is optimization, not reflection. The goal is "emotional healing at warp speed" (Grand) to preempt the possibility of intergenerational transmission of trauma,

*mourn that loss*

*the loss of the time of loss*

*the loss of remembrance*

The sensation of home is pulled from its context, conceived of as endogenous to the brain’s biological neural circuits, to securitize the future. The image is not an end to itself, not a way of representing or expressing or witnessing what happened, it has another use---to preemptively control the experience of the memories. The fact that the very same memory---that of their lost homes---can be used out of the current context of their tragic loss through bombing and violence illustrates that mourning is not the purpose of the “safe space” image, securitization is. The sensation of the homes, what they felt like, the security they provided, the felt sensation of being there, the love, the safety, its affective essence is harvested as a resource for the future, rather than mourned as a lost past. Children imagining homes before they were bombed without any reference, in this moment of safety, to their actual loss, feeling the affects of that lost place, a place gone, reconstituted and simulated in the present according to a certain logic---the logic of resilience, of futurity. The image does not breathe on its own, but is part of the breathlessness of ongoing crisis and its preemption in the Something Happening to Time.
This endogenous use of memory is compatible with mourning in conditions of ubiquitous threat. It was this scene and other ones that made clear the use of endogenous image is what allows the affective fact—it allows one, in other words, to potentially "let go" of situations still in progress precisely because In another sense, this nonlinear, nonrepresentational use of memory is radical, potentially transformative. Why should chronological time dictate the use of the images? The organizing logic has changed to allow a more flexible, nonlinear model of memory. Yet this plasticity is problematic in the press for "positive resolution" for a key reason: In this medicalized, preemptive logic of future-looking, an investment one might argue there is a sensation of not letting go.

Child losing home. It haunts me...

I can’t go there yet.

Think happy thoughts....

I only heard about it in bits and pieces as I grew up

Seven years old and they took him

From the home he’d always known

The farm and a one-room school house

The court obtained custody

Returned to parents he never met

“Biology”

Take him to that pedophilic monster and that mad woman who escaped from the institution and call them
“Biology”

Place him in the basement with ten siblings and don’t feed them or wash their clothes, molest them, abuse them, humiliate them, invalidate them, manipulate them, beat beat beat that body

And he decided to study that body

“Biology”

It’s wrong to be HOMOSEXUAL, dear daughter because of

“Biology”

Depression, sleeplessness

“Biology”

Prescription medication causing drowsiness

“Biology”

Death

“Biology”

And then

Those other moments when you knew you were made of stardust and told me I was too

Biology.


Scene: Happy or Right

I wondered, so I asked her:

“Jene, do you ever get people who resist the therapy, who tell you they just don't want to do it?”

“Sure. It’s an ethical issue for them, because some of them are so invested in their pain. And to let it go would be a loss in itself. And they see EMDR as erasing it.”
“An ethical issue?”

“Yes, they feel like that pain is proving what happened, so they don’t want EMDR to take it away. And I say to them ‘Do you want to be happy, or do you want to be right?’ It’s like you’re offering them a million dollars and they won’t take it.”

The above scene makes clear the sense of investment in happy memories in relation to "letting go." In the Something Happening to Time, the simulation of positive memories, particularly, resolution via desensitization and the re-establishment of the flow of neural networks between opposing sides of the brain, is positioned as a population-level modality of “building resilience.” This logic is part of an emerging “affirmative turn” toward “happiness” in both pop psychology and psychoclinical regimes, increasingly become a cultural ethos. Writing on the means by which happiness becomes an ethic, Sara Ahmed (2010) paints a convincing vignette of an emerging utilitarian, instrumental approach to feeling happy steeped in calculation. The regime of happiness, leaves no room for an organic depression, a duration in the pain, a witnessing. Ahmed writes “but it also becomes an instrument, as a means to an end, as well as an end. We make ourselves happy, as an acquisition of capital that allows us to be or do this or that, or even to get this or that….We can immediately see how happiness becomes a disciplinary technique….The very “thing” we aim for is the “thing” that will get us there. Positive feeling is given the task of overcoming its own negation: feeling positive is what can get us out of “anxiety, depression, and other negative states”(Ahmed, 2010, p. 8). Though Ahmed stops short of linking happiness to the statistical governance of populations, populations, she notes that in the regime of happiness, it becomes a “responsibility.”
The politics of happiness which positions those who refuse to let go of remembering is seen as holding back the population's future. Ahmed (2010) expresses concern for this emphasis on happiness and its violent affective logic:

What concerns me is how much this affirmative turn actually depends on the very distinction between good and bad feelings that presumes that bad feelings are backward and conservative and good feelings are forward and progressive. Bad feelings are seen as orientated toward the past, as a kind of stubbornness that "stops" the subject from embracing the future. Good feelings are associated here with moving up and getting out. I would argue that it is the very assumption that good feelings are open and bad feelings are closed that allows historical forms of injustice to disappear. The demand that we be affirmative makes those histories disappear by reading them as a form of melancholia (as if you hold onto something that is already gone). These histories have not gone: we would be letting go of that which persists in the present. If anything we might want to reread melancholic subjects, the ones who refuse to let go of suffering, who are even prepared to kill some forms of joy, as an alternative model of the social good (p.50).

What is missing in this affirmative logic? Whether “melancholic migrant” “feminist killjoys” or “unhappy queers” Ahmed explores the means by which the cultural ethos of happiness as often out of alignment with an orientation of witnessing injustice. In the case of EMDR’s rushed press toward happy memories, like these groups studied by Ahmed, there is a lack of valuing duration, of the worth of staying inside of mourning, of not rushing its course. There is no sense of the
worth of mourning or holding something in for a long time, as Jene, in her years of using EMDR, has witnessed to be an “ethical” issue. Some would rather be “right”---and bear the wound of what happened to witness its felt truth than “happy” and rid themselves of the pain, thereby affirming the population logic of recovery and letting go.

Importantly, Jene’s quote places this desire to hold on, to take time mourning, with turning down an important investment. It is considered, in this quotation, both nonsensical and wasteful to hold on. It follows from resilience paradigms that a regime of happiness now will securitize the future by creating positive memory links, and by reconditioning the brain. Resilience becomes cast as a form of capital in the brain to safeguard against a traumatic future. Happiness becomes an investment in the future, and so Jene’s “million dollars” metaphor is quite literal. Ahmed (2010) points out that happiness therapeutic regimes “they often use economic language” “the economics of happiness” (p. 8). Indeed, EMDR often takes the language of “resourcing”--incorporating, investment in the future, you put the population under threat (Parnell, 2010, manual). Non-representational memory is increasingly the means of combatting traumatic memory, understood as a population-level threat on par with war and weather, “the memory you never had” becomes invested in population outcomes.

And yet, the paradox, given the nature of the indefinite object such as the increasing anticipatory insecurity following 9/11, however, holding on seems to be a refusal to disavow what happened in favor of a denying regime of therapeutic happiness. Without borders, the subject has no means of letting go. This suspension is pathologized rather than recognized as a political and ethical form of bearing witness, albeit a problematic one, to what happened. The logic creates a situation
in which witnessing trauma without a thought for time is wasteful, and being un-invested in whether one is traumatized, that is, allowing oneself to be traumatized (equated with allowing oneself to be dangerous, to be at risk, and thus a risk to the population). In the moment of 24/7 (Crary, 2013) holding on, or not expediting mourning “at warp speed” seems to impose as a human burden to capitalism—to luxuriate in trauma is similar to sleep—to be with time. Ahmed (2010) elaborates:

We are shown the ethical importance of holding on to a memory as a way of keeping a connection to who and what survives in the present. The memoir helps us to realize that the figure of the melancholic migrant as it is exercised in the contemporary politics of race is missing something. It is the very desire to assimilate, to let the past go which returns to haunt the nation. It is the migrant who want to integrate who may bear witness to the emptiness of the promise of happiness. (p.158)

Scene: Chaos

I could feel it when I entered---clutter, disorganization, a mess.

I could feel it when we spoke on the phone—rushing, avoidance, the need to control, the need to run.

Jene.....you might say she was one of those people you’d like to hold

But know that very affect emerging in you signals their inability to be held.

She was tense. It came back to her, her entire body changed before my eyes as she remembered 9/11 and its total disorganization.

You might say we were already in a replica of the original scene, her home, her demeanor telling me without doubt where she was.
Hired to treat an entire company where everyone had died, their family members.

Jene twitched as she spoke to me, having avoided the interview and the topic of her work as a therapist.

Her dog walked through the apartment, a mess, mingling with our session.

There were no borders, no dividers, no order.

Nothing between her personal life and her practice, or between the place she lived and her work.

Maybe she was bearing witness too.

When I left her, I had nightmares that night, rocking back and forth and curing that thing that held me hostage in its mystery, EMDR.

"See how much you need it? Why do you resist?" my Trauma Manager said.

It's lack of understanding of time and the need to rest within it, which is mourning.

told me without a doubt that this voice was the sound of emergency, echoing.

And she couldn't do it either. She didn't let go of them either. She didn't want to forget them. She stayed inside it.

She had made her ethical choice.

As she spoke, it was the rhythm of her speech, her breath, not only what she said, that told me of their

I dreamt that night of buildings falling, of them running, running and the ruin of rubble.

Falling story after story.

Scene: Boundary
The doctor remembered him. It was a common scene in the West bank. A Muslim, he approached the checkpoint as an Israeli officer approached at that boundary, harassing him, humiliating and insulting him, forcing him to strip to his underwear in front of his daughters. She tapped him as he approached resolution, first remembering the event, then a moment from his past of being shamed in school. She remembered his resolution:

“It’s on them,” he decided, walking steadily through the checkpoint, a body moving smoother through space, without resistance.

It has become clear that "letting go" in EMDR embodies a population-level logic that severs the image from the conditions of its emergence, not for the purpose of mourning, but for the purpose of securitizing the future. To mourn becomes a means of securitizing a future, its temporal logic sutured to vested interests, while not to mourn means "holding on" or holding back the population from progressing, from life. EMDR's endogenous use of memory is what allows for a sensation of an endpoint where no end can be. By using the memory image non-representational way, practitioners of EMDR can treat the memory as endogenous to the brain's biology, thus cleaving the memory from its representational function.

In ubiquitous threat, uniting war and the weather, safety is imaginary, simulated. It has to be. In the above scene, a clear line is cut between subjects and locales, even in the face of a lack of bounded threat. “It’s on them” is an affective movement of a weight from a definable “here” or “me” to an equally definable “there” or “them.” The scene re-inscribes The pressure is off of him to take responsibility, as he allows himself to be blameless in the re-casting of the scene, the release of a heavy emotional weight, and unclear boundaries. In order to do this, he has to make
a distinction in space and time between "him" and "them" and then solidly simulate the affective weight moving.

Is delineation into a narrative resolution, is letting go, a means to “beat” ubiquitous threat by giving it borders? While Morton argues that data and the hyperobject remain distinct, this stance becomes questionable given recent technologies which merge environmental objects/conditions with war technologies (Hill, 2010). As data merges with the environment of the hyper object, it becomes clear that data itself is another hyper object, its borders extending and discerning the bounds of threat. We have a sense of being on the brink of collapse, our entire sense of environment transformed by the scale of what we experience, far beyond a Cold War of potential mutual annihilation comes a moment far different. In Cold War logics, warring nations competing still remain constituted in this scale by national boundaries i.e. the enemy remains discernible from an environment, the threat potentially all-encompassing yet not ubiquitous, not yet merging with the environment itself. War as beginnings and endings, with one territory intruding upon another is replaced by a vast network of information. Given the increasingly global context of 24/7 surveillance, ubiquitousness is entirely normalized and ongoing. And given the context of the continual re-drawing of boundaries that characterizes the particular modality of psychopower in the West Bank, called by one theorist "demographical uncertainty," the craving to make a conclusive delineation of subject/object, foreground/background rests on shaky ground. The below is taken from an article entitled “LAPD Goes to Israel, Falls in Love with Drones and Mass Surveillance.” Indeed, the subject as data, predicted, tracked, projected, and preempted through new forms of surveillance, problematize the very borders of “them” and
“us” beyond even ever-changing geographical borders, moving computationally on a scale beyond human phenomenological and perceptual magnitude. A recent blog post illustrates:

“On 6 February, the LAPD group attended the Big Data Intelligence Conference in Herzliya, where officers salivated at the prospect of using invasive, abuse-prone Israeli surveillance products (used to control Palestinians) on the people of Los Angeles (the brown, black and politically active lefty ones, of course)….In an opening speech to kick off the conference, Frank referred to what he feels are shared values between the US and Israel: “As civilized nations, we are all confronted with, in many cases, the same enemy: The ever-growing threat of terrorism and other major criminal elements.” How very kind of him to say.” (Khalek, 2014)

Desensitization Politics

In trauma studies and theorizations of cultural memory, to be able to let go, to mourn, to resolve has often been aligned with acknowledgement of a past that has been repressed, denied, or projected through social forces of cultural memory(Cho, 2008; Cheng, 2001). To recover this past, to remember, whether racism, war, natural disaster, or abuse, what really happened has been aligned with undoing the political forces which seek to hide, repress is to act against the forces of haunting, to undo its effect, to break free of it (Herman ,1992). As described in the previous chapter, however, this form of the governance of memory has now been joined by preemptive regimes of resilience and population-level initiatives toward "inoculation." This new logic affirming that the representational quality of memory should come secondary to an "adaptive" form of memory---that is, the form of remembering that maximizes functioning. "Healthy" memory is any form of memory which allows the subject to move on, rather than memories of events which actually happened in order to draw closer to "reality." In EMDR, the
desensitization stage ends with an affective fact. In both EMDR and virtual reality therapies, the goal is to return to the scene, like the children above, as the ultimate test. But given these new therapeutic paradigms of futurity, the politic of mourning as undoing governance becomes questionable, as "letting go" becomes useful for streamlining populations toward the maximization of capital accumulation.

In the era of the hyperobject, “letting go” resembles “denial” more so than “holding on.” The reason is because the tsunami the children remember is not a discrete object, the ocean which produced it is not longer ‘safe’ in the sense that another tsunami is unlikely to happen again. Indeed, given the predictive modeling based on global warming patterns that has become so much of our affective texture of emergency. Does the subject who can "move on" fail to witness the hyper object, even as this human subject may feel better and effectively be cured of PTSD and psychic disturbance? It becomes impossible to conceive of this relation as a psychic subject "getting over" an internal fear and returning to an environment. It becomes harder to see the threat as "psychological" and response as "psychological." Yes, the subject can return to the water, yes trauma is gone, but threat remains. This ontological conception of memory demands that hyper objects be addressed, that happy endings never come as long as the conditions which produced the trauma remain temporally present.

To be sure, the postmodern turn already interrogated narrative as a false cut into matter, but for the reason of the multiplicity of truths or selves. Affect obliterated narrative through its critique of the thermodynamic model, positioning bodily sensation as frequently out of alignment, sometimes temporally, with (Massumi 2011; Clough, 2011) These ubiquitous-level threats are
by no means separable from the sense of boundaries of memory or daily interactions, but instead, seep affectively into the background of daily life (Berlant, 2011). The body is inside the scene of hyperobjects, absorbing their affective intensity, registering their precariousness, and breathing its air.

The sense of the unfinished does not stay simply attached to climate, but rather, to the extent that, as Massumi writes, “Affect is directly self-referencing across any distance,” the sensation of the hyperobject can be present in other relations, in the general sense of bounded-ness or the lack of boundedness.

**Conclusion: (Never) The End**

Scene: “Suspended Indefinitely”

*How many times were we suspended indefinitely?*

*Stopping time was there when we carried the boxes through the water-filled streets with far more than 25 pounds of weight but with all the weight of the world-that-already-ended on our backs.*

*Hurricane. Storm.*

*The box on my back, so heavy like I could feel all the air stacked upon it all the way up to the atmosphere.*

*And that was exactly and literally what I was carrying, and I knew it.*

*We were weary, but finally awake to Something.*

*Sky and earth were alive, suddenly no longer background, were speaking a language we could only hear in numbers like an alien transmission*

*That felt about as alien as the back of your hand or sound of your breath.*
That background, the earth, that place that never changed but would always hold me when no one else did.

Was now a spinning top and I had to hold on for dear life

So how could I let go? I carried it instead.

Carrying it to Bensonhurst, Brooklyn as we entered the building

Without power

Piles and piles, I couldn’t see to the end of boxes and bags and stacked cases of fruit juice and dried noodles and I could not see the end of the storm under all the predictions.

Water in the strangest places, cars skewed out of their careful geometric lots from that wind-wave.

All I wanted to do

Was teach about it

But the train to Montclair was under hundreds of fallen trees stretching 40 miles

"Suspended Indefinitely," the sign read.

What loss is folded into "letting go"? What experience of time is lost, like an offering, when the moment of trauma turns toward resolution? When things take shape---subjects, objects, lines, borders, ends and beginnings, what sense of time is lost, and what knowledge is lost with it?

In the Something Happening to Time, preemptive governance of memory acts upon subjects with a twist of irony: that which must be recovered from, the ubiquitous threat, is by its very nature inescapable because its borders are unclear. Where does the tsunami end? The ends are things to be calculated well in advance as percentages, not measured after their appearance, post-event.

The edges of things, thus, remains both unclear and anticipated. And we, who used to know our edges, become suspended in a prognosis time that seems to resonate with these larger-than-
human-life threats and their predictive numerical trails.

Thrust into continual survival and mounting temporal precarity at every level, with the storm still ongoing, falling story after story, in the temporal logic of neoliberalism, mourning becomes dangerous. To stop and mourn would be to make oneself vulnerable to the onslaught of future threat, the logic goes. Sarah Jain (2007) tells us the prognosis will not let you stop, because even this moment's actions are entangled with the numerical changes, the possible outcomes (p. 15). Moreover, mourning is after the fact, a post-tense, out of step with the preemptive turn in psychoclinical logics of emergency (Massumi, 2011; Cooper, 2008). If emergency is continual, if threat remains and its statistical governance holds us suspended in time, how can one attain the affective distance to "recover"? Or, is "recovery" even a temporal model that makes sense in the Something Happening to Time, since it implies chronology--to "recover from"---a beginning, a middle, and that cherished moment of letting go, the end? As preemption and prognosis time fold upon the subject a futurity into this moment, suspending the dividualized subject between the ability to mourn or anticipate, and as threat and its continual governance are both ongoing and ubiquitous, how can one reach that affectively distanced point of “getting over it”? How can you mourn the storm when the boundaries of it are not clear? Time moving forward, the sense of chronology, becomes problematized in this temporal suspension of ubiquitous threat in the Something Happening to Time. In its place, temporal suspension and panicked action trade places in the attempt to form a position on this object.

For Berlant (2011) the most curious is not crisis or catastrophe or even trauma but how often crisis tends to merge with the everyday. Rather than looking at trauma, Berlant is fascinated with
how we do not become traumatized, with how promises of 'the good life,' boredom, and cruel optimism hold us inside "crisis ordinariness." Both Hill (2010) and Massumi (2011) argue is coming to be seen as the ideal model with which to wage preemptive war against ubiquitous threat. Used both in times of global humanitarian crisis and in "ordinary" psychotherapy in Western neoliberal nations, EMDR is an ideal object for showing the relation between crisis and everyday life, the kind of crisis ordinariness that Berlant argues for. EMDR folds the logic of catastrophe into an everyday background of ongoing securitization and preemption.

How can the dividualized subject form an affective distance when a crisis remains ongoing, especially when it is blending into the background of normalcy, as Berlant argues? Living in prognosis means having an affective attachment to the statistical, and Jain argues that the statistic is both hope and dread of a future, an entirely ambivalent objects producing our misery even as it saves us in the next moment.

Is EMDR enacting a cruel optimism, an attachment to the promise of “the good life” that can never be? A cruel optimism requires a definable object of desire (Berlant, 2011, p. 14). A cruel optimism would be the bare minimum, indeed, a blessing for ubiquitous threat, for at least an object has appeared. Once it appears, more decisive action can occur. Indeed, both anticipation and mourning could be considered cruelly optimistic within prognosis time, for in both cases the object of desire eludes one's grasp. Taking these positions is an estimate, a simulation of what cannot be known since it hasn't happened yet. This is the form of psychopower specific to our times of temporal suspension in statistical calculation and predictive models. Even when the event has happened, we are still working with objects that are not necessarily appearing in the
present. This stretched out present is not separable from normalcy because prognosis time is increasingly being tied to an environment of threat, making unclear where the threat lies.

For Avery Gordon (1997), the presence of an absence constitutes haunting, when one senses, affectively that erasure of some sort has occurred. We aren't haunted by a known and repressed past alone, but the haunting I explore here is the presence of something that is not an absence, but *neither clearly a presence or an absence because it cannot be located or delineated*. That is, the ubiquitous threat. What Ben Anderson (2012) refers to as "a continual virtual presence through forms of lived insecurity." (p. 222). The indefinite object is not clearly present or absent, but instead, the very means of knowing what is present or absent are the very objects, the very instruments, being skewed through preemptive governance. In this environment of ubiquitous threat, we must address future-haunting, the sense of the horrific coming in the form of a future-threat, the way that ongoing forces beyond the control of the dividualized subject, indeed, some of the forces that supposedly protect the subject, preempt traumatic memory, indeed place that subject in affective limbo, suspended in time and precariousness, arrested on the way to the very future it takes as its object.

*This time she wondered what her investment was.*

*She could never know the truth of EMDR, never know the truth of what happened on that ski slope, never see what she could not see, that other side of the object, the one always hidden from view by the limits of human perception.*

*And the investment was survival, holding onto that idea as she fell story after story. It is that leap that any academic makes in the Something Happening to Time, the time of survival, of bare life.*

*Perhaps it was the same investment the ones I spoke with had made in preemption, in EMDR, in*
its logic: Publish. Perish.

Father had known them both well.

And she realized

That this story of loss contained a loss inside it too.

That a story of loss is a cut into matter.

Was there a way to let go without narrative?

Absolutely.

The hyperobject

To disappear into stars.

The thing he taught her about

“Look at the ocean. Did you know that it’s mostly empty space?”

And what he had written in his unpublished book:

"Nothing in life is more strange, poignant, or fraught with mystery than the passage of time....In fact, the imprint of time, the trace of what has been, exists not only in the labyrinth of human memory, but also in every physical object, and in the very structure of the universe as a whole."

Only now that the end was coming was it safe to let go.

Knowing every moment was a loss.

No simulation

Pushing nothing,

She watched the stars and the waves

Theory complex enough for

Complicated Mourning.
Chapter 4: Mnemonic Violence: The Preemptive War (on Trauma)

Scene: Memory/War

His skin felt it. He was there again. The war was with him, all through him. He could see the tanks and the bodies in the street, the targets, the blood, through the visor, strapped across his face. This was as real as his body could feel, tingling with the merging of what he remembered and the present. He could feel the wind, rushing as it had through the desert. Was it from the fan nearby? Or was he back in that other country? Things blurred. His shirt soaked with sweat by a temperature control switch, turned to hottest setting to simulate the desert heat.

There was something else the same---he did not have control. Not in this room of virtual war. And not in that corridor that had been the 'real' war. In the other room his enemy/psychotherapist was staging controls, building scenes in the theater of war like some kind of cosmic director. Now, she thought, he needs see a mosque exploding, now he needs to watch his friend's arm bleeding, now a child crying. Having taken a detailed inventory of his history---both in the war and before he ever went---the enemy/therapist bombed him with pixels of information, aiming for an approximate target, intent. She calculated. And he was her calculation, his affect the thing she guessed about.

She knew where to search for it, where to find in, what to clear, what to hit before it emerged as a trigger, flashback, traveling along the "memory network." Calculating the next horrific scene she would subject him to, she built things up, following a network of memories, controlling the information she presented him with by clicking on her screen. The enemy was a network in his
mind, hiding, ready to emerge. He had just returned from overseas, so her task was to obliterate the chance that he would become traumatized, that Post Traumatic Stress Disorder would emerge after this delay, this window of vulnerability between the war and the appearance of psychic traumatic symptoms. She had to mimic him being triggered before he could be, modify these fresh memories before they turned to traumatic repetition, before they spread, like the insurgents had, through the network. She rushed, following each noded memory until there could be no possibility for its emergence. Winding through unknown territory, breaking up networks of threat, modifying information, acting on the environment preemptively. It worked in that foreign country and it worked in this new foreign country of the brain---the same model guiding both strategies. War overlaid onto therapy, war model overloaded onto traumatic memory--one data set, one sensation, one war, one threat. One moment in war, one moment in the war against trauma. One moment. Continuous. One moment that stops time. And what did this make him? Dangerous...potentially harboring the enemy within....follow it, follow it. She called the memories targets, forgetting that she aimed at living flesh. The enemy was her, then his brain, and then him. Ubiquitous threat, indeed.

How do you feel now? She asked, trying to detect the enemy's affective presence within him, to destroy its possibility. For it was, you might say, indiscriminate. It could emerge at any time, bursting onto the scene. He could be triggered. It all depended on the brain, what was kindling in those networks, those informational molecules called neurotransmitters. He said in reply he was no longer anxious as the screen shook with a bomb, as bodies scattered, as the tactile device connected to his seat shook and pulsed in time with the tank the screen showed him inside of, offsetting his nerves before he could even know what had happened. His body was connected to a
machine measuring stress level, heart rate, brain waves, eye movement, and sweat, and he found himself still emerged in surveillance, numerical. She watched him from the other room but could not see his body, she watched his body as information, watched every number on the computerized screen. He was that number to her, this was his substrate, his digital self, now turned to a set of data. He was a bomb, a terrorist, to preempt. Her weapons: networked, informational.

Terrified of going back to war, in a month, a year, none within his control, the memory of the war and war itself became interchangeable to him. He was still in it. "The enemy within" they called it. The enemy within merging with the enemy he remembered, the same tactics, keeping him held inside war. Networks of insurgents replaced by networks of neurons, the preemptive fight continuing. The same tactics here as there--the same model to get rid of the war's memory and to fight the war. What was hidden inside those networks? This was a war to preempt him from the traumatic processing of the memories of the war he'd just been in. Was this a different war, or the same one? Each felt the same, as if he had never left. The eruptions could ricochet, just like the bombs he saw. The brain was contagious to other brains, continuing on, disrupting systems. First one, then a stream. Just like the bombs he dispelled. Network, viral, informational. Offsetting family systems, economic systems, health systems. Spreading through the generations. Get it now, before it ever happened. Get it before it emerges before the accident, before it bursts through the surface. Follow every channel. Watch everything. Preempt.

She moved as the war moved, through his memories, moved as violence moves these days...surreptitiously. Hungry for targets, those emergent threats with hidden potential. Like he
had in war, she believed she was fighting the good fight, a humanitarian war. Somewhere in the data, in the stream of information, violence and therapy merged. Clear any possibility of a future war. Don't just follow an enemy, undo its environment of potential.

He was worried he'd forget. But it is this was a form of forgetting where nothing was exactly repressed. Instead, they promised, new memories were directly simulated, reorganizing the brain's neural pathways, rewiring the brain's connective associations, creating greater proximity in the neural network to new safe environment of the lab with the memory of the terrifying war, to neutralize it. Stored in a fragmented state, trauma repeats, the theory states, because the networks of neurons fail to connect the sensation of what happened to the sense of linear time, right brain with left brain. To return to the scene, now in a safe place, and experience it as unthreatening. As though obsessive compulsive she had tested him again and again in the same scene, presenting him with the scenes she knew corresponded to his memories. Was it gone? He had to report his SUDS---(subject units of disturbance)--his level of distress, on a scale of 1 to 9. She kept repeating until nothing remained. Did he still feel it? No, I'm not scared anymore. Do you feel anxious. No, I feel still. I feel nothing. It's no big deal. I can get up and drive my car. I can be a good American. A good American can kill for many months and then they can drive away from the scene. A good American does not harbor terrorists.

They moved back to other scenes, scenes from the past that might be risk factors contributing to this memory network. When they finished, she wondered, he wondered, had they gotten everything? Sarah Jain writes that cancer is creepy....lurking without any signs. Perception can't be trusted, it's ubiquitous, hard to see. Numbers tell you. But never any final answer because
their future never comes. In the Something Happening to Time, the war continues, its borders blurry, its temporality not one of ends nor beginnings. He always would have still been at war, if not for this virtual war, that came in to save him before he left again. He always would have been. Like some lost love, the future it prepares for is unattainable, and just as productive in its aggression. She desensitized him to the scenes, not realizing that preemption itself is a repeating scene, carried along the structures of informationalization that form the Something Happening to Time. A time where we stay inside continuity, without getting out of threat, without rest. At war (on trauma). Here we (cannot) rest: quaking inside militarized, invested time. "Targets" merging with the flesh of remembrance. And our enemy--memories we've never had.

The above scene makes palpable that terrifyingly thin border where war merges with the therapeutic, where technologies of healing follow startlingly similar tactics to the techniques of war. The image of the psychotherapist is staged here in a rendering of the psychotherapeutic technique called Virtual Iraq, a virtual reality war simulation that allows U.S. Army psychotherapists to program images and sensory input from the control chamber into the game interface, designing scenes that bear resemblance to the patient's memories and experiences in an effort to relive them. As the therapist programs these scenes of remembrance, often of moments of attack such as bombings, the two roles overlay each other for just one moment: therapist merges with enemy. As the therapist virtually bombs the patient, she is simultaneously taking aim at trauma in the brain. One motion, one target. War/the therapeutic. Weapons/wounds. Her aim, in perfect alignment with the seeks to obliterate She is virtually the enemy, but perhaps this therapeutic war, like the new virtual technologies blurring the boundaries of war itself, takes place on "a battlefield both virtual and real." (Hill, 2010, p.248)
To be sure, the clinician has often played the enemy before in attempts to eradicate traumatic symptoms, as Ruth Leys (2000) elaborates in *Trauma: A Genealogy*. Indeed, re-enactment of the scene of trauma has characterized nearly every modality of psychotherapy for trauma in some way; a common theme of repeating, re-entering the scene in order to work through it. But the difference in the newest iteration is the orientation to time. Indeed, there is a new temporality emerging in the governance of memory that I have previously termed *preemptive neurogovernance*---the therapeutic tactics aimed at preemptively eradicating the possibility of trauma through actions designed to "clear" the memory network, understood as a potential contagion in a population-level networked series of brains, spanning over generations. The threat is of trauma is considered far-reaching, its effects leaking or spreading, disease-like, its damaging spread theorized as offsetting multiple systems, crippling recovery and economies, and infecting the affective and psychic life of a population through generations through the intergenerational transmission of PTSD.

The above scene is clearly characterized by a *preemptive* temporal orientation. While the soldier has already seen the horrors of war, there is a press to act upon the brain before PTSD symptoms develop, to act in this "window of opportunity" to reconstruct its networks to in time to prevent PTSD from developing. Army psychologists act increasingly upon this threat of PTSD as contagious as more studies show links between family members with PTSD and service members returning home from war (McClelland, 2013). In the years following the original development of Virtual Iraq/Afghanistan, is now being used prior to war deployments, in order to modify the brain's associations toward "resilience," subjecting soldiers to horrific scenes of
war typical to what they will experience in combat, literally producing, at the sensory level, memories of what has never happened. The therapist, virtually simulating the presence of a war enemy, seeks to obliterate the very possibility of PTSD emerging, before the soldier has even experienced it, that is, before the traumatic event has even occurred, before initial deployment. The new multi-million dollar Army-sponsored program, STRIVE (Stress Resilience in Virtual Environments) is now being tested with the goal of soon "desensitizing" all new service members through the formation of "adaptive memory systems" before they go to war (Rizzo, et.al., 2012). Preemption dominates every stage of this logic of population neurogovernance, modulating the brain before the event, treating trauma afterward, treating the affected individual before the symptoms, understood through the prism of intergenerational transmission of trauma as contagion, spread to the population. This preemptive approach is never exhausted by definition, since total security of the future is "never definitely achieved, attempts to produce and harness it must be continuous. They must also extend throughout life without limit because everything has the potential to initiate the becoming (counter)insurgent of the population and thus the formation of new enemies." (Anderson, ,p.232)

The aim, the target, of Virtual Iraq is to bring the very specific sensation of what happened, the sensory memory, into the present as deeply as possible, stimulating the visual, olfactory, sounds, and sensations of the original event, acting at the pre-cognitive level of bodily, impersonal affect. In bringing weapons into proximity to delicate wounds, in targeting sensation, what violence is possible? As an emerging "war on trauma" mimics the logic of the "war on terror" who or what are the innocent casualties? Memory becomes acted upon as a (potential) enemy, viewed as a contagious threat to be controlled, monitored, calculated and preemptive extinguished. But this
enemy is not fully formed. The brain that is viewed as potentially harboring PTSD is thought to be just as becoming-dangerous as the country harboring a terrorist. Questions burn in this (cruel) pairing: The act of preemptive erasure, the craving to follow all strands of a potential memory through their associated networks, eradicating its possibility within the memory network evokes a pressing question: What violence animates or haunts this change, this aggressive press toward, not post-traumatic healing, but preemptive erasure of its very possibility? What mnemonic violence, yet unthought or unnoticed, haunts the new, preemptive war on trauma? What memories do we want to eradicate so badly that we do not even allow to exist? And what sort of mnemonic violence is this? To wish away a memory one has never had? How are we enacting violence in embodying preemption? What sort of genocide creeps into therapeutic logics? And how can witnessing ever disentangle itself from this violence, how can healing separate itself from the aggression of preemptive mnemonic governance? What is the violence of what we never remembered, what we never lived? Who will mourn this loss? Who will witness what has never been allowed to happen? Who will stop time long enough to see temporal violence? I will argue that preemption is a violence that uses time itself as its weapon, its nonlinear thwarting of chronology a means of holding the population in suspension, producing a key symptom of the very disease it seeks to eradicate, a the tell-tale symptom of PTSD: hypervigilance.

Below, I perform this slippery border between war and the therapeutic, by staging, in one motion, the logic embodied in the preemptive approaches to trauma and environmentalities of war. Brain and battlefield seamlessly switch places as the same logic of war moves seamlessly from war itself to the war on eradicating traumatic memory, a common "scene" being enacted in both which makes them feel the same, holding the subject inside the sensation of war and
ongoing threat, even as the subject is pressed to heal. I argue that their tactics are identical, resonating with each other, and allowing, through this resemblance, for affective slippage and contagion between the two. But are they really two? Throughout, I will turn my focus again to that strange matrix between the control of populations through statistical calculation, and the position of being a subject, who exists in this form of governance as a point of data. I will refer to the traumatized subject as (pre) traumatic or the becoming-traumatized, and compare to what Ben Andersen (2010) identifies as the “(pre)insurgent” (p.224). I conclude that these common logics feel the same, making them slippery, transferring affects between them. In so doing, I use a technique that these psychotherapies themselves use---stopping time---in hopes of witnessing what preemptive techniques "forget" in their press toward futurity. I seek to bear witness to the temporal violence that the preemptive enacts, slowing time down to see the scene of harm in its detail. I will perform a "map" of preemptive, non chronological (violent) movement, a common touch, one path, stored in the body, moving like a reflex.

Is psychotherapy haunted by war, by what is unfinished? It might be tempting to take a psychoanalytic view on the similarities in logics between the war on terror and the emerging "war on trauma," understanding them as a kind of social repression and projection, attributing this similarity, for example, to unprocessed anxieties from 9/11 and the related war on terror onto psychotherapeutic practice. Instead, I offer an ontological explanation, arguing that this common logic is actually built into the materiality of the assemblage/environment of time itself, what I have called The Something Happening to Time, as the logic of ubiquitous threat becomes part of the material/affective environment itself. I will conclude by arguing that this is not simply one war haunting the other as repetition but indeed that preemptive is now environmental,
ontological and slowly becoming built into the nature of time and environment itself. In so doing, I move from a merely psychological conception of memory as unconsciously repressed, projected, denied to an ontological conception of memory as existing in matter itself, consistent with Parisi’ work on nanotechnologies. In this piece, I will show, through the use of performative vignettes, that the preemptive war on trauma and preemptive war in general are one and the same war, continuous. I seek to give insight into the nature of ubiquitous threat and ubiquitous strategies of preemptive governance, particularly the status of trauma and loss within this temporal assemblage. An one moment they are the same war, providing no outlet for escape from the logic of continual threat they both embody. And at another, they appear as different wars, one affective/psychic as an "endogenous image" (Valiaho, 2012. p.66) divorced from its environment, two separate scenes that "feel" the same, enabling a psychic response of traumatic repetition. The ubiquitous nature of the governance of threat, and the hyper vigilance it causes, are violence to the affective self, the subject suspended in preemptive calculation, made a datapoint. Thus, I want to argue that these supposedly two wars feel the same not because one haunts the other, that an unfinished war on terror, the trauma of being the victims of 9/11, is re-emerges as a symptom and defense in logics of psychotherapy but because they are the same program, the same war, literally. Such analysis does not eradicate a conception of haunting but I argue that haunting is one means by which this same logic or program, as ontological, is experienced psychologically, as psyches try to process and adapt to threat through (unsuccessful) attempts at delineation and localization.

In the environmentally of ubiquitous threat, and, along with it, ubiquitous calculation and governance that seeks to eradicate the threat by mimicking it, an enemy cannot ontologically be
located. Thus, the enemy is everyone and everything, dispersed throughout the entirety of the population (Andersen). In ubiquitous threat, where the (future) enemy cannot be delineated in space or time, the enemy is at one moment the terrorist one fights against in combat, at another, the psychotherapist in a (real) simulation of war, at another--the brain of the traumatized viewed as harboring threat, at another, the solider is the enemy, treated as potentially manifesting the enemy through PTSD flashbacks and outbursts of anger. The next moment, the enemy, now potentially anywhere, is the general US population, which, as Massumi (2011) and many others argue, are also potential enemies in a moment when war and civilian life merge as poles of the continuum of threat.

What is the status of "repetition" in an environmentality of threat without bounds, in, what Crandall calls, an era of "ubiquitous calculation"? I will conclude that the psychic result is re-traumatization (through resemblance), but without resolution (because the environments are boundless, threat is ubiquitous and indistinct, and governance is thus ongoing, nonchronological and continual). This discourse of the psychic exists in contrast to the actual modulation of ontological objects and categories---time, matter, and environment---that new informational technologies of war are producing. I thus argue that both contemporary warfare and contemporary psychotherapies are "smoothing all asymmetries of connection into one flat space of continual modulation" (Parisi, 2012, p. 38; Deleuze, 1992). The seat of its power lies in its ability to blur the boundaries, for therapy to feel the way war feels even as it remains conceptualized as a separate sphere. In place of psychic repetition, I draw from theorist Jordan Crandall's (2010) concept of program. Not only viewing common logics as repetitions within a psychic that exists independently of the material, Crandall (2010) writes "In my conception, a
program is not simply an algorithmic procedure but an organizational and standardizing practice that occurs across the affective, symbolic, and rhythmic registers of experience--where it can be understood in terms of psychological orientations (such as desires or fears), social entities, spaces, events or behaviors." (p.71) Program is useful here as it moves beyond distinctions of the psychological and psychotherapeutic as a separable realm of experience. The concept of program is "performatively situated as a material and materializing practice that traverses conventional epistemological and ontological categories." (p.71)

In the war on trauma, if you miss the target, you can hit the flesh of your own memory, your own sensation. The "enemy" is a moving target, and can easily become sinuous with the at-risk subject themselves. Just as the enemy in preemptive war cannot be discerned from its environment as it by definition has not become the enemy yet, a ubiquitous threat, so too, the (pre)traumatized soldier remains tensed---will I see the enemy and take aim, or am I the enemy? Combining the war logic with the highly affect nature of these simulation therapies, what becomes visible is the potential for violence against a feeling.

The timing of warfare is has changed in dramatic ways. Warfare is increasingly modeled by data systems of surveillance and predictive modeling, modeling movement, calculated movement. Parisi's (2012) study of preemptive "nanoarchitecture" positions thinking and affectivity, as the data-driven anticipation of new information, as outside of the human body, a calculative ambiance. "And what is targeted when the potential to become dangerous emerges from anything and everything?" (Anderson, 2012, p.225) The fighting against threat never stops. It is designed not to stop, to blur all boundaries, to merge with the environment itself. How, then, is
"resolution" possible? I argue that we have reached a stage where the psychic drive for resolution---for recovering from trauma through leaving the scene of threat in the past for a now-safe present---is in contradiction to the ubiquitous nature of threat and the ubiquitous nature of governance that resembles it more and more, producing traumatized individuals suspended without the means of narrative resolution, abandoned and suspended in a state of continual hypervigilance.

**The Enemy Within: A Moving Target**

Newspapers buzzed in 2008 with shocking new statistics: suicides from troops in the U.S. Army vastly outweighed the casualties in combat. The percentage of troops returning from combat with post traumatic stress disorder has greatly increased. The U.S. Army, long accused by Vietnam and Desert Storm veterans of denying the reality and extend of widespread post traumatic stress disorder in its returning soldiers, supposedly with a motive of reducing health care and leave-time costs, suddenly charged into battle mode. The data, the numbers, considered bearers of truth, showed clearly where to target. That embodied enemy overseas was hardly a threat. Instead, the military concluded that the biggest threat, to US economic and military interests, including health care costs, time on leave for soldiers, and suicide. Furthermore, recent studies continually emerged around the same time to show that PTSD was "contagious" to family members of the returning soldiers, and a growing awareness, from studies conducted on Vietnam vets and Holocaust survivors, argued that PTSD was also transmitted inter-generationally (McClelland, 2013). Moreover, past trauma is considered a risk factor for future trauma, adding an element of preemptive urgency to treatment. A cascade effect threatens if
treatment doesn't come soon enough, setting the environment in the brain for future trauma to re-trigger these "maladaptive networks," placing the subject "at risk" for future trauma, and thus the entire population at risk as well.

The psychic residues of warfare had all the makings of a contagious, population-level threat. It was thus unsurprising that post traumatic stress disorder would be called "the enemy within" (Wizelman, 2011; Helle, 2004) with increasing frequency, a growing meme and that became the face of army psychology's discourse about PTSD. As the headlines rolled out to the general public, the pamphlets and information packets, flyers, posters, and email announcements declared that the enemy within had arrived. The titles came too: Robert M. McClay's *At War with PTSD, Once a Warrior, Always a Warrior* by Charles Hodge, *When War Never Ends* by Leah Wizelman, and *The Enemy Within* by Gregory A. Helle.

And why not use the same tactics of battle on this emerging threat? It was an easy slippage, fostered by this rhetoric, which was also a sign of it, between the two emerging wars: the war on terror and the war on trauma, rendered them replaceable. In this context, Virtual Iraq was developed in 2003 by University of California clinical psychologist Albert Rizzo to treat soldiers returning home from war, but by 2013, the program is being used before soldiers are deployed. The heavily funded, Army and Navy-sponsored STRIVE program is now being used on soldiers before their initial tours, before they ever see combat, the goal being, as Rizzo describes "to prevent PTSD by intervening before a war deployment" through delivering "resilience training with military service members prior to their initial deployment"(Rizzo, et al. 2012). This preemption of traumatic memory is viewed as preventing a potential contagion, the spread of
trauma through the population, as new studies funded by the military seek to understand the intergenerational spread of trauma to family members of service members. It seemed the enemy, now conceived of as a neurological-level threat, needed to be *psychically* preempted. The same tactic of war and counter terrorism was applied to the psychic life of trauma. This "enemy within" would become the preemptive target of war and securitization, and the simulation model, preemptively, would guarantee efficiency and victory, modifying the brain just as preemptively modulating terrorist networks would control the network from eruption. This slip was so repetitive, so naturalized, that is seemed as though the army itself was in the midst of some flashback, replaying the scene of war inside the scene of psychotherapy, word for word, and matching move for move.

There was another, more latent function in this tactic. The enemy within, PTSD, thus effectively became understood through therapeutic, rather than cultural or political means, the soldier's struggle not the result of unnecessary war, U.S. Army paranoia, or economic, or political factors nor moral or existential ennui. It effectively reorganizes the problem of solider non-consent and the entire political and ethical dis-ease of the war on terror into a technical problem of neural connectivity for which the "technical solution" was simulation-based psychotherapy. Positioning this enemy as "within"---that is, within the psychic life of the soldier, particularly within the neurobiological networks of the brain, implied of that the cause of soldier discontent was psychic and so was the cure, effectively using neuro-medical and psycho-clinical discourses to parse the brain its environment ("within"). This "within" also is active in organizing the forms of psychotherapy for PTSD: Pasi Valiaho (2012) characterizes the memory image in Virtual Iraq as "endogenous," noting a central and paradigmatic shift in the program used to modify the image:
"Crucially, it seems that images cease to reflect the external world and get enclosed within the organism's internal milieu, folding perception back into subject's endogenous apparitions instead of extending perception outside itself. Moreover, the reality of images starts to concern the production and maintaining of (psychological) immunity that Roberto Esposito (2008) has identified as the inherent logic of biopolitics—a logic according to which the living being becomes seen as an emergent 'war zone' where a constant battle is fought against external as well as internal destructive forces." (Valiaho, 2012, p. 66) Both EMDR and virtual Iraq--enclosure of the image-- "the brain's endogenous production of images" (p. 75).

Alongside the development of virtual reality therapies to treat returning soldiers was the newly favored and VA-approved treatment of EMDR, rising in popularity and ganging a foothold in the literature as an effective treatment from 2001 onward. EMDR's treatment of the image was mirrored by virtual reality therapy. In both modalities, the goal is not to remember some "reality" of what occurred in the abstract, but to remember it as a sensory quality and the modify that memory, even if it contradicts what happened, in order to stop the triggering effect. I continue my ongoing analytic conception of neurogovernance below, analyzing both EMDR and virtual reality therapies as examples of this logic. The image in each is treated in line with Valiaho's (2012) endogenous image.

Hence emerged a contraction in this "enemy within" logic: This "within"-ing of the psychic stands not only in contrast to work in newer neuro-philosophical accounts of the situated brain, but most urgently, with the nature of ubiquitous threat itself. Trauma at once became a ubiquitous population level threat to be preempted, and at the same moment was conceptualized
as "within." I will argue that this contradiction produces the ideal conditions not for preemptive traumatic symptoms, but for producing and perpetuating them.

II. TACTICS

In staging the specifics of the common tactics, or movements, of preemptive psychotherapies for trauma and the war on terror, I turn to three theorists studying preemptive security and war: Brian Massumi's (2011) theorization of preemptive response to threat following 9/11, Ben Anderson's (2012) analysis US Army PSYCHOPS (psychological operations) counter insurgency and counter terrorism strategies, and Mike Hill's (2010) work on new surveillance and war technologies that merge environment and Additionally, the common notions of network and information flow, indeed, the concept of preemptive governance, has been co-constituted with and by discourses and practices of data and predictive modeling. I thus draw from the work of two other theorists studying preemptive temporalities, albeit outside of the immediate war context: Luciana Parisi's (2012) theorization of "nanoarchitecture" and Jordan Crandall's (2010) analysis of new urban surveillance techniques emerging in the governance of contemporary megacities. All of these seemingly disparate sites only give credence to the common program of preemption organizing them all. While I list these tactics chronologically, in an attempt to slow time down and see their common features, they actually occur overlaid upon one another, multiple simultaneous features of a program, not discrete events that follow one another. I will describe the parallel tactics informing both the war on terror and the war on trauma below.

**Tactic 1: Mimic the Accident**
"It must move as the accident moves, to where it may irrupt, catching it "before it actually emerges' (as the Bush doctrine of preemption instructs). It must come as "naturally" as the enemy. It must give of itself just as insistently. It must mimic the accident, in operative anticipation of the actual playing out of its potential effects. It must preempt." (Massumi, 2011, p.30)

"EMDR may also show us that one way of stopping tragedy is to target the trauma that underlies potential violence before it breaks to the surface." (Shapiro & Forrest, 2004, 239)

Writing on the nature of preemptive war, Brian Massumi (2011) notes that nature itself becomes equated with the accident in the era of mass catastrophe. Preemptive action takes a certain form, "naturing nature," (p. that is, governance must move as the threat moves, at the "level" of threat. In the age of the ubiquitous threat, particularly the post-911 response to governing threat, "The aim was to make war response as ubiquitously irruptible as the indiscriminate threats it seeks to counter." (p.21) Instead of responding after threat has occurred, the technique to maximize securitization is to act upon the environment in which the threat is likely to emerge preemptively, before it emerges, before it becomes an event at all. The two parallel quotations above reflect this logic nearly verbatim.

In their attempts to "move as the accident moves" preemptive therapies must be just as shocking and intense, repeating the exact intensity of the original stimulus, mimicking at the level of the brain the threat exactly. Not surprisingly, these new approaches to trauma such as a EMDR involve simulating the accident, that is, creating the traumatic scene in all its sensory fullness.
EMDR and Virtual Iraq are naturing nature by producing the simulated future in the *now*, desensitizing the individual to it through mimicking the accident. If these emergent psychotherapies are to be thought of as forms of preemptive governance, it stands to reason that they mimic threat itself as closely as possible, that they look precisely like war, terrorism, threat itself, and that they strike at its level of "naturalness." Indeed, they diagnose the same threat, and they prescribe the same treatment. Both Virtual Iraq and EMDR seek to reach this level of "naturing nature" through simulation, through repeating the immediacy of the sensory and affective qualities of war. In EMDR, this means bringing up the sensory memory of the event and thinking of it as, in the words of Shapiro, an "actual physical sensation." In the case of Virtual Iraq it means direct simulation of the sensations via virtual technology and a plethora of devices.

Like the nature of threat according to Massumi (2011), the potential trigger is "indiscriminate, indiscriminable" (p.20) and so too, the therapy is assumed to be effective when it succeeds in blurring as much as possible with the situation, of becoming automatic and seamless. Furthermore, they act at the level of the threat, understood to be affective and automatic rather than cognitive and conscious: Virtual Iraq and EMDR both act at a level that precedes cognitive consciousness and self-hood. below consciousness. Indeed, the goal is to simulate the accident before it emerges: be create the trigger now so it does not emerge in the future. Preemptive psychotherapies move to act upon the brain before PTSD symptoms can form, striking at the level of the brain's neural environment using preemptive means.

In both EMDR and Virtual Iraq, this preemptive action is quite explicitly tied to securitization.
As noted above, the application of virtual reality therapy for troops before combat is to prevent the enemy within--that is, to prevent the becoming-traumatized solider from becoming a threat to US security by coming home as a violent criminal, wasting resources by committing suicide or psychologically setting off contagion in the population through contagion. In the case of EMDR, originator Francine Shapiro, writing in a chapter ironically titled "Visions of the Future: The Global Reach of EMDR" explicitly positions EMDR psychotherapy as a means of psychic securitization against emerging, global threat. Stopping trauma is not only tied to securitization (stopping tragedy), but also preemptive action (before it breaks to the surface). This was echoed by an EMDR Humanitarian Assistance official, who, when asked in an interview when the ideal time to deploy humanitarian EMDR to the population was following a major disaster, stated:"We'd rather be there before anything happens at all, building resilience, strengthening networks of support."

Naturing nature can also take the form of self-regulating systems that build infinite possibility into them (Parisi 2012). Like the nanoarchitecteure Parisi (2011) describes, the brain is called upon to self-regulate, to act with any direct enforcement, but to act as an organism. This is reflected in much of the literature on both EMDR and Virtual Iraq, which refer to "adaptive" memory. Shapiro even opted to rename her then-fledgling theory of information processing the "adaptive information processing model," as the brain in EMDR was viewed as self-regulating, remembering not an accurate representation of real events, but remembering according to the self-regulation of the evolutionary organism fighting to survive.

**Tactic 2: Blur Boundaries, Making Governance as Indiscernible as Threat**
"This is the figure of today's threat: the suddenly erupting, locally self-organizing, systemically self-amplifying threat of large-scale disruption. This form of threat is not only indiscriminate; anywhere, as out of nowhere, at any time, it is also indiscriminable. Its continual micro flapping in the background makes it indistinguishable from the general environment, now one with a restless climate of agitation. Between irruptions, it blends in with the chaotic background, subsiding into its own preamplified incipience, already active, still imperceptible. The figure of the environment shifts: from a natural balance to a churning seed-bed of crisis in the perpetual making. This hurricane might have been abnormal. But it expressed nothing so much as the normality of a generalized crisis environment so encompassing in its endemic threat-form as to connect, across the spectrum, the polar extremes of war and weather." (Massumi, 2011, p. 20)

In the tactic of “naturing nature,” the accident and its simulation merge, resembling each other. Various threats blend with one another, and seem to become synonymous with the environment itself, expressions of its nature. The preemptive is a program that gives the order "blur."

As stated above, the borders of warfare have blurred, both in terms of discrete battle versus peace, and warfare as a practice discrete from everyday life and its increasingly intense levels of securitization and preemptive action. Ben Anderson echoes this observation: "The 'front' of this environment is ubiquitous, its 'boundaries' are indistinct. As an 'environment' it differs from the conventional 'battlefield,' which is presumed to have a topology of front and back, inside and outside." (p. 231) Ongoing, low-intensity operations render warfare a non-chronological arrangement "what the NSS calls a "war without duration", insisting that "campaigns need not be sequential (p.251) but instead will adhere to a principle of "direct and continuous action." (p.252)
War merges with the environment not only in attempt to mimic it or resemble its modality of action, but this merger is also material. Mike Hill illuminates new war technologies which blend human and the technological, the environmental and warfare. In Mike Hill's conceptualization, contemporary war merges with the most basic ontological categories: thought, time, and environment, which become weaponized. "a historical moment when sociability itself has become a newly invigorated paramilitary Operation Area (OA)" (Hill, 2010, p. 242)

Moreover, ongoing low level operations means war becomes inseparable from daily life, normalized, indistinguishable from the background of ongoing ubiquitous calculation and ongoing surveillance. In making itself ubiquitous, war response also had to merge with civilian life: "Civilian life falls onto a continuum with war, permanently potentially remilitarized, a pole on the spectrum….The civil sphere would no longer stand outside the military sphere, defined as its opposite. It would become integrally paramilitary, in operative with war powers, on a continuum with them, suffused with battle potential, even in peace" (Massumi, 2011, p.21)

Preemptive psychotherapies make it hard to delineate the threat of trauma from its background condition of normalcy. Trauma as threat to be preempted is indiscriminate. As the becoming-traumatized subject grapples with preemptive psychotherapies, produced as at-risk, one can never be sure if PTSD risk factors have been eradicated, or, if one is already suffering from PTSD, where the trigger (as manifestation of the enemy) will erupt. In the regime of preemptive neurogovernance, the bounds of threat are hard to locate. If past trauma is a risk factor for current trauma, then how can one be sure, in either therapy, that all of the potential risk has been
cleared from the brain? Preemptive psychotherapies, as they merge with the environment and blend into everyday life as "low level securitization," manifesting as ongoing hyper vigilance. Pupavac (2004) also notes this on the national scale of humanitarian aid, in what she terms international therapeutic governance: "Irrespective of whether populations appear resilient they are deemed to be suffering from 'hidden scars,' 'invisible wounds' or 'undiagnosed trauma' and in need of preventative treatment to break cycles of emotional dysfunctionalism" (p. 163). This produces, rather than a "war" against trauma with clear starting and endpoints, an ongoing hyper vigilance, a continual monitoring of oneself for symptoms, never knowing when the trigger might occur in the future, and never knowing, for sure, if the past has been fully desensitized to render the brain’s neural connections “clear.” Here we are, ever on the ready, our psyches as indiscriminate in firing as the enemy, thus merging with it, blurring.

Preemptive psychotherapies also blur boundaries affectively. In mimicking the trigger, both psychotherapies blur the line physiologically between simulation and the original event. As preemptive securitization spreads and we are all rendered remilitarized, how can any solider make a distinction between civilian life and warfare, immersed that is, in the same logics, even in the therapy itself? The solider is pressed to simulate a distinction, to simulate an ending, a before and after, a “here” of safety and a “there” of threat, where, in the era of blurring borders of threat and non-threat, no such border is available. Most important, the logic works in reverse, as each border does away with dualities by its nature. That is, how is the can the civilian who exists within these psychotherapies and in the larger context of their operation, feel they too are not at war? This blurring, precisely the logic of eradicating threat, is also, thus, a formation of psychopower that holds the subject inside threat.
Tactic 3: Realign (Potentiating) Networks

"The life-cycle of a threat-event is a nonlinear looping, its "cause" complex and nonlocal.” (Massumi, 2001, p.25)

Acting to control the environment in which networks might emerge before they emerge is central to the preemptive strategy of COIN---counter insurgency. This action of realigning connections, of disruption of negative, painful networks of memory and the fostering new connections to bolster futures is visible in this logic in central in its practice. In Anderson's (2012) analysis of PSYCHOPS, programs to preempt the possibility to terrorist networks from forming in the population, the key is to disrupt affective networks of terrorists and re-establish network connectivity with American narratives (p. 217-9). The leaflet drops are thought to act to change the informational environment to one that potentiates "friends" among the population. It is a question of preemptive control of an environment before a threat can separate, become visible, emerge as a something. In this regard, both battlefields resemble the control of hormones in a womb: the modality of action involves changing the environment to which threat has not yet emerges as something separable, in hopes that this chemical action will influence its outcome. The action places a bet on what will happen, but it also, in the style of Parisi's (2012) nanoarchitecture, seeks to make the brain into a self-functioning system which includes the unforeseen as part of its logic. This is illustrated in the conception of "adaptive memory systems" in EMDR. Having cleared previous threat, the brain is not understood as more resilient simply due to the past risk factors having been cleared, instead, the brain is conceived of as a self-organizing adaptable mechanism that cannot simply withstand threat, but now has the capacity to
organize itself, to adapt. It can now anticipate that which cannot be anticipated, its flexibility increased. In both the case of war technologies and psychotherapies, the networked environment, is understood through its potentiating aspect. The environment is both neural trauma and networked war are seen through the lens of risk and potentiation. The environment is understood in terms of cumulative risk and dispersal, multifactorial systems.

In the "information processing model" of PTSD, touted as the basis of both Virtual Iraq and EMDR, PTSD staged as a problem of connectivity and information flow through neural networks. "Foa and Rothbaum (1998) proposed that this process is rendered more difficult when trauma memories are disorganized and fragmented, whereas integration with existing memories structures is facilitated by the organization and streamlining of these memories. Similarly, Conway and Pleydell-Pearce (2000) argued that traumatic memories are problematic because they are poorly elaborated and poorly integrated into the general autobiographical knowledge base." (Brewin, p. 386) Both therapies claim to disrupt networks, and they "move" according to a network logic, specifically to realign certain networks with others, to channel their flow. Counter-insurgency means disruption and weakening of terrorist networks and the formation of new networks, connecting citizens to U.S. forces and narratives. Here a population of neurons and the population of insurgents are utterly replaceable for one another.

Trauma is understood through its repetitive nature, conceived to be the result of misfiring networks. The goal is to connect the sensory information (perceptual or sensory memory SAM) with a new narrative (verbal memory (VAM), to bring the former memory networks of fear into contact with "adaptive" networks of positive memories (Brewin, 2001, pp. 375-376). But the
networks of the brain, like terrorist networks, are viewed through their potentiality for threat to emerge. The brain is "always already dangerous" because of previous trauma, the risk factor being "unprocessed" or "maladaptively proceeded" past traumatic "information" which can resurface with new traumatic events (Shapiro, 2001). The process of both EMDR and Virtual Iraq involves making a map of past trauma in order to "clear" its affective charge, stored according to an affective/sensory index. The present event thus does not stand alone, but is always linked to some previous issue that is being measured now. Crandall (2010) describes some of the movement analytics that characterize contemporary environmentalities of surveillance:"One plugs specified attributes into the regression formula, and nearly any moving phenomena---a shopper, a biological process, a product, or part---is codified and understood in a historical trajectory. From this, its subsequent position may be extrapolated." (p.75) The brain's actions are similarly linked to previous trauma and also their potential futures.

In Massumi's (2011) model, each system of networked threat does not act in isolation but as part of interconnected systems. "The complexity of the interdependency among the changing climate system, the food supply system, the energy supply system, social systems, national governments, their respective legal systems, military-security apparatuses is an increasingly preoccupying case in point." (p. 22) Contemporary threat is thus conceptualized as a cascade effect. Moreover, the preemptive action of naturing nature, of simulating the threatening event in order to preempt it, is understood as a system-wide action, bolstering various systems in a cascade effect extending from the individual brain to the economic, to the political. It is not enough to displace threat, but hopefully, to start a new contagion, supplanting the threat with a new programmed response.
The network of trauma extends from individual brains to the economic and political systems. Vanessa Pupavac (2004) has noted that these psychic threats, true to Massumi's model of threat, are understood to disrupt disparate systems beyond merely the psychic or neural. Pupavac (2004) argues that trauma is conceptualized as a population-level threat that can disrupt economic and political recovery after disaster. In the Balkans, for example, the threat of trauma was viewed as a hinderance to economic recovery and political independence. Thus, the reverse logic also follows: Changing these networked, neural associations now will bolster not only future neural health and resilience, but also the entire life of the population and its various inter-causal systems, in a cascade effect.

**Tactic 4: Resonance, Rhythm**

"Far from an a priori form of possible experience, it is the force of the formally unbearable, eventfully felt, to formative effect." (Massumi, 2011, p. 25).

The rhythm of PTSD in the body bursts forth in fits and starts. Long periods of emotional numbing combine with hot, fast, intense shocks of reliving the trauma, in flashbacks in dreams, experiences of being suddenly triggered. The long, slow periods of numbness do not the relief of the absence of symptoms, but anticipation through its emptiness, the other side of the hyper vigilance. Indeed, the trigger is present in these moments as futurity, as wondering when the next trigger will reappear. The trigger haunts the moment with its absence, as a future threat. Together, these form a kind of affective rhythm. In between the times eruption, the trigger is just as indiscriminable as the original threat. Where and when it will erupt cannot be predicted. This
also is a networked rhythm, stored in the body. A rhythm that resembles the new temporality of war so adeptly as to affectively blur the border between the two.

Anderson writes: "Modern insurgencies therefore oscillate between extended periods of absence as a function of the insurgents dispersion (normally described as the insurgent's "invisibility") and moments of disruptive, punctual presence (in acts of violence)" (p.221). The absence, presence is not simply a yes or no rhythm of forte-da, but a moment of calculation and future-haunting. In both the new warfare and in PTSD itself, "Absence makes the threat loom larger" as the rhythms of PTSD and threat itself seem to mimic each other. This "absence" time means the growing presence of threat: "The longer it has been that a threat has no materialized, the greater the prospects must be that it will: It is difficult to overstate the indiscriminate threat. It is impossible to stop." (Massumi, 2011, p. 23). Something that has not yet emerged is of course impossible to stop. The rhythm of terrorist violence mirrors the trigger, exploding in unlikely and unpredictable places, bringing senseless violence that breaks linear, chronological, narrative time. Like the story of the brain repeating affective and sensory information divorced from logic, so too terrorist violence is viewed as explosive, irrational, and also, repetitious.

This is a similar temporality to that seen in new methods of data analytics. Crandall (2010) argues that this temporal rhythm is built into systems of data in what Crandall identifies as ubiquitous calculation, the same tracking systems organizing models of warfare, preemptive action, and the network: "On the surface, the technology might seem contradictory. It is both productive and preventive: it anticipates the event, yet it also seeks to prevent the event from occurring. An attention-worthy incident, a matter of fascination and concern, the event is also
irresolute: on the one hand it is a violation, yet on the other it is an affirmation…..” (Crandall, p. 73) This deviation that suddenly bursts forth has already been anticipated, is already part of the calculation, and yet is cited as outside of the norm. It is produced at once as "natural" to borrow Massumi's (2011) term of the entire environment, and at the same time, to be some kind of exception. This rhythm of short fits of "an event" and long stretches of ongoing hyper vigilance emerges. This temporality forms an affective rhythm that resonates with and mimics the temporality of preemptive warfare and securitization. In both cases, continual hyper vigilance, surveillance and a temporality of calculation are present.

III. BECOMING-DANGEROUS SUBJECTS

The Traumatized as (Pre)Terrorist

In this blurring, the direct and deliberate result of the program of preemptive securitization running through both war and psychotherapies, attempts to delineate the enemy result, tragically, in violent aims at that which cannot be targeted, with innocent victims, not all of which are human subjects. If there is some trace of violence in the temporality of preemption, then where can this violence be seen in the subject, grappling with the temporal productions of being a data point in a population? As the enemy cannot be separated from its environment, so too the soldier cannot be separated from the enemy, so too the solider cannot be separated from the soldier's brain which potentiates the enemy, and so too the enemy is on the loose, changing at one moment from the therapist, to the subject's brain, and then, potentially, the subject themselves.
The enemy blurs again, this time the in the visible (violent) slippage is between the (pre)terrorist and the (pre)traumatized. Ben Andersen describes the PSYOPS (psychological operations) by the US military, specifically the dropping of leaflets from the sky in Iraq in order to preemptively produce an "informational environment" that is "a form of anticipatory action that pre-empts or prevents a population from becoming an insurgency" (p.219). He describes what Toscano (2009) calls "pre-terrorism"--the acting upon cultures and physical environments in order to dismantle the possibility of the population becoming insurgents or terrorists. The modulation of the "informational environment" surrounding the population is supposed to preemptively control what might occur, encouraging surrender and winning the US "friends" among the population. This population is produced as at risk for insurgency, temporally held in the space of prognosis time. Anderson (2011) writes "….the population as a collective is taken to be tensed between their present status and their future status as friend or enemy. ‘Population’ is addressed as an unstable collective of actual and potential enemies and actual and potential friends. What becomes important to face is the present tendency of an individual or group possesses to become an enemy or friend in the future since "he/she has not yet become an enemy" ( p. 222).

If the enemy cannot be separated within the targeted population in Iraq through counter insurgency methods, then, as military strategist David Killcullen (2006) argues that the entire population becomes the object of control. Thus, neither can the US military separate "enemies” from "friends" and thus, each is continually becoming-enemy, continually at risk, and hence, hyper vigilance continues. Like the insurgent, the subject at risk for trauma is not clearly friend or foe, but remains suspended between these two poles, "always already terrorist."
(pre)traumatized, like the Iraqi civilian population targeted by US counter-insurgency PSYOPS similarly "…becomes both the source of dangerousness and in need of protection" (Anderson, 2012, p.226). The soldier is always becoming-at-risk of the enemy within. The easy slippage between the terrorist and the traumatized seeps into the discourse of therapy itself. For example, in the last chapter of one of the core books describing the practice of EMDR psychotherapy to clinicians, a chapter entitled "Visions of the Future: The Global Reach of EMDR" Francine Shapiro and Margot Silk Forrest (2004) reflect on a client named Dimitri, a man traumatized by war in the Balkans, positioning him as a potential terrorist. They write:

"How many untreated, potential perpetrators are there walking the streets? What disaster might have resulted if he had met up with others who shared his hatred and his views, the way Timothy McVeigh allegedly did? Would there be a town in Russia suffering from the same consequences as Oklahoma City?" (p. 238)

Here, preemptive therapy for trauma is literally staged as preventing future terrorist threat through acting on the brain on the (pre) traumatized. (Pre)traumatized/(Pre)insurgent. The imaginary town in Russia that Shapiro and Forrest imagine always-will-have-been bombed in the logic of preemption. If not for EMDR's preemptive action upon the brain of this traumatized man, the "cycle of violence" may have prevailed. Note the growing archive of the always-will-have-been. The uneasy location of the traumatized is clear---the traumatized is held to be a member of a (potentially, pre-violent) population. Indistinct borders and ubiquitous threat produce continual hyper vigilance and blurred borders, repeating at each and every level in a cascade effect.
Returning to Adi Kuntsman's (2011) work on the digital archive, the population at risk is already "socially dead." As I argued in the first chapter, for the traumatized population, like the soldier, this is a memory of always-will-have--been dangerous. If not for this psychotherapy, I always would have been dangerous, at risk, unpredictable, capable of explosion. These preemptive measures are thus put affectively in the same position of the US war on terror, affirming the logic of war through repeating this logic on the psyche/brain. The memory of being a (pre) insurgent, suspended between friend or foe, along with the memory of what could have been, or rather what always will have been had EMDR not interceded, is a memory that serves to secure this logic, over and over again orienting us toward some "better" future. But in the context of continual war which blends increasingly with an environment of normalcy, this future always fails to come, as it has no limit. Andersen writes that this temporal positioning is highly productive, reiterating its logic because safety is never achieved as a final goal.

The Generalized Insurgent

"How are you different now that you’ve experienced this therapy?"

"Now, if there is something good happening, I try to take it in and remember it as much as possible while it's happening. Drink it in. Because now I've realized you never know when you may need that memory in the future. Anything could happen at any time."

-Aiden, EMDR patient, research informant--

When the entire population is the object, and war extends to all of life. But Aiden is not a soldier returning from war, he is a U.S. civilian who sought EMDR for psychotherapy, illustrating that
just as every soldier is a (pre)traumatic, every (pre)traumatized subject is also a soldier. The whole population becomes suspect (Anderson, 2011). In Aiden, we see what Massumi (2011) identifies as the continuity between war and civilian life, a psyche that is arguably "suffused with battle potential, even in peace" (p. 21). We all become (pre)insurgents who monitor ourselves for a variety of maladies, increasingly a threat to capital, to time, to war. Threat is ubiquitous, and naturing nature means quite simply that therapies must, become “natural,” indiscriminable from the habits and rhythms of daily life. His orientation toward the present may read at first glance as an appreciation for the present-moment, but Aiden's hypervigilance is obvious.

A paradox emerges: a psyche that must let go and yet an environment in which ongoing threat and its anticipation are built into its very materiality. Disease and cure merge with no logic of an "outside" available and no actual outside of continual informational prediction and the circularity of a future that never arrives. It becomes harder to view the one suffering from PTSD at "catastrophizing" threats, projecting former threats onto a safe present. This in impossible in the culture of preemptive, ubiquitous threat, including the increasing future-haunting of disaster on the present, as seen in Aiden’s attitude. PTSD, in a world of increasing threat and dispersed warfare and securitization, while tragic, is a response resonant with and emerging in co-production with the lack of boundedness that governance and war themselves produce in their new iterations, the newest formation of psychopower. Catastrophization turns psychic threat into a technical problem of information flow ensconced in the brain's neural networks, rather than a literal observation of the ongoing nature of war, climate disaster, and economic precarity and flexibility which soldiers themselves have experienced, as stated above, in the culture of repeated tours and on-call deployments which become less predictable on a temporal scale. In theories of
post traumatic stress disorder, the fear response triggered in moments of the flashback is considered "pathological" because it appears to lack any apparent reason in the present for fear. Brewin (2001) writes:

"Resick and Schnicke (1993) described the existence of two forms of common post-trauma cognitive distortion, one in which the reality of the event is distorted or minimized (overassimilation), the other in which the person magnifies the implications of the event so that, for example, threat is perceived to be universal (overaccommodation)."

(p.384).

According to the merging of data and materiality, environment and war I have articulated above, locating threat becomes by definition impossible in the era of the ubiquitous threat and the increasing merger of war and environment itself. In some cases, it becomes impossible to distinguish between moments of PTSD and the environment itself, as the continuity of threat remains real both in terms of governance's broadcasting of threat and the "everywhere" boundless and ubiquitous nature of the real threats as hyperobjects. Thus, the "overaccomodation" defined in Resick and Schnicke's (1993) theory of dual information processing, is both the forms that post-biopolitical psychiatric governance takes itself.

Both EMDR and virtual reality psychotherapies produce an internalized image of memory, internalized from environment, and in so doing "forget" the ubiquitous nature of governance as a potential traumatizing agent itself. Once made internal and divorced from the environment of its creation, the memory can be connected to neural associations/simulations of a "safe space," thereby supposedly restoring the sense of chronological narrative for the traumatized, a felt
sensation of "getting away" from threat. But ironically, the possibility of any space, time, or affective experience away from threat is precisely what preemptive governance/war eradicates, given that it perpetuates the sense of ubiquitous threat. Threat is simultaneously produced everywhere even as subjects at risk are pressed to delineate it in space and time as a chronological past.

In his discussion of environmental hyper objects which are now part of the affective fabric of everyday life, Timothy Morton (2013) argues that taking the position of the distanced observer becomes impossible in contemporary times (p.32). The hyper object is simply too close and intimate with the body's materiality and our consciousness of it, that stepping back to become an actor in a narrative becomes increasingly nonsensical. Indeed, the human sense of being in control, of being an actor warding off threats from an environment, central to most narratives of psychotherapy, becomes impossible in this war-weather merging, in the era of the hyper object. Hill (2010) writes "Consistent with both military technology and national security policy, ENMOD by default disintegrates the efficacy as much of human will as of the human being as such." (p.261) "Climate change is a new--and will become the predominant---means of waging if not also of modeling war. The atmosphere has now become a weapon both by design and be default." (p.263)

**Conclusion: On Mnemonic Violence**

"The similarities between swine flu and biological terrorism are not coincidental…. The way these threats unfold--and the responses they call for---are becoming ever more similar"

(Hendersen, 2009)
The similarities between preemptive war and preemptive psychotherapeutic logics and practices are not coincidental either. As I have argued above, they are part of the same program running through the texture of time itself, time as modulated, thought, practiced and built into the texture of the world at every level. What these commonalities mean is that brain and battlefield come to resemble each other, that when the therapist attempts to act upon the traumatic memory networks in the brain, there is an uncanny resemblance to the dismantling of terrorist networks in counter-insurgency warfare. It means that the disease, hypervigilance that characterizes post traumatic stress symptoms is mirrored by the cure, hypervigilance that characterizes preemptive governance and indiscriminate threat. It means that PTSD, with its triggering eruptions, its periods of fits and starts followed by long periods of absence and dispersion, comes to feel exactly as the enemy itself did, merging with the temporality of contemporary warfare. And it means, finally, that the governance of threat and threat itself become indistinguishable, blurring the lines of the enemy, and eradicating the possibility of the logic called for by the neuroclinical psychology of trauma itself. As van der Kolk (1996) and so many others argue for the psychic need for a “safe space”, this space becomes imagined not as any real place, for the environment itself is war, is threat. Just as the enemy cannot be separated from the general population, and just as the US solider may embody a potential "enemy within," so too the traumatized can find no "external" safe haven from threat in either continual, ongoing, ubiquitous war nor ubiquitous securitization against threat. Thus, the preemptive governance of threat produces the exact conditions optimum for post traumatic stress disorder: an ongoing, repeated threat, and no possibility of spatio-temporal escape. This condition is not eradicated by the new preemptive psychotherapies, but instead, perpetuated by them through their logics. On the psychic level,
these logics repeat the scene of war, enabling an ongoing trigger and sense of threat. On the ontological level, this repetition is enabled by the tempo-material merger of threat and environment. If the scene of war feels like it is repeating and there is no escape, this is not imaginal, pathological "overaccommodation," it in fact is memory quite anthropologically registering what is happening, a function that the new paradigm of memory as endogenous image "forgets." A loss that must be mourned.

Another violence becomes clear as well: The program of preemption produces, in its effects, a terror of future trauma, visible in Aiden's hyper vigilance above, in continual hypervigilance. The investment in preemption for trauma thus registers in the body of the (pre)traumatized. Don't embody the enemy. So what violence comes in the press to be "better," to optimize the population against threat? All of this weight, this temporal press, communicates at the level of immediate affect, producing a violence to witnessing trauma as duration, what Gentile (2012) identifies as self-regulation.

This is mnemonic violence: the stain of affective targeting left by the program of preemptively controlling memory. In terms of emerging network and information logics, it embodies what Jordan Crandall (2010) calls "recombinatory violence" (p.79). The subject, here positioned as data, as a point of information, as at risk, is eclipsed by and yet produced through systemic data, their (psychic) movements tracked. Here, affectivity is the perfect weapon, particularly because affect is "directly self-referencing across any distance." (Massumi, 2009, p.) In short, the affective, felt similarity between the war on terror and the war on trauma, transmitted along their similar practices, feels the same. Here, the program of preemptive is ontological, producing a
psychological effect of repetition. This repetition is without end because the environment in which it occurs is itself the trigger. This makes it clear why a non-representational form of memory, remembering "what never happened" (to Parisi "memories we've never had) through simulation---*because threat lies at the realm of the ontological, at the level of what really happened*.

The temporality of enactive witnessing of trauma, is one in which no narrative is imposed externally on traumatic witnessing (Reis, 2009, Clough, 2014). Even though the practice of both EMDR and Virtual Iraq unfolds traumatic memory in the setting of therapist and patient, which appears to enable witnessing, slowing of time, there is, at that very moment,

When the entire population is the object, and war extends to all of life. But Aiden is not a soldier returning from war, he is a U.S. civilian who sought EMDR for psychotherapy, illustrating that just as every soldier is a (pre)traumatic, every (pre)traumatized subject is also a soldier. How can the (pre)traumatized feel safe to slow time, to be present inside of the trauma? This time of connectivity between subjects, the silent/nonviolent, non chronological inactive witnessing of the trauma unfolding is treated in this program as human, and therefore, dead weight. Indeed, as Mike Hill (2010) argues, the human is disappearing. As Jonathan Crary (2013) discusses in his theory of 24/7, the non-violent temporality of witnessing, of what Bergson calls duration, what Katie Gentile argues is not possible in the temporality of anticipation that defines preemptive action (Gentile, 2013) When the entire population is the object, and war extends to all of life. But Aiden is not a soldier returning from war, he is a U.S. civilian who sought EMDR for psychotherapy, illustrating that just as every soldier is a (pre)traumatic, every (pre)traumatized
subject is also a soldier.

The endogenous image of memory is what allows for governing agencies, such as the US Army, to disown the onto-realities of war. If the psyche, the "within" becomes another enemy, then suicide becomes, in this typology, coded as aiding the enemy. If 'getting better' is viewed as aiding the war effort, then the soldier, reasoning in this typology of networked threat and networked recovery, where their own psychic health is coded as a potential enemy. Thus, preemptive "resilience" based neurogovernance as I have described throughout this volume, is a form of violence, not allowing for duration, not allowing the psychic to belong to the subject. The temporal pressure of preemption is a psychic stain on the present. Note that this is a generalized attitude circulating outside of battle that belongs to the scene of battle, perfectly tailored to the military's neoliberal investment in efficiency of human actors in war. Valiaho (2012) poignantly writes that the social control of Virtual Iraq is to "revisit and revise the past so as to (re)produce subjects amenable to the contingencies of war." (p.65) That is, to discover ways that violence can perpetuate itself in a state of total war with the least slow from it human actors, what Jonathan Crary (2013) has called the 24/7 era where every biological human need, even sleep, becomes a target to be removed to allow capital to march on, "all hours of the day, all times, all places."

She could not finish a sentence

But she had to go on

Keep moving without moving anywhere at all

Tears could not come as the bombs kept flying
All around her was

Her flesh blurring into the flesh of that enemy

Every target a mere calculated approximation

Where were her tears?

How could she ever

Show this war

How could she ever show that

What never happened

Had happened to her?

Cementing its logic in affective fact,

Memory of love merging with harm.
Chapter 5: The Triggered Body's Connective Ontology

Scene: “No Social Function”

“Traumatic memory is characterized by a sense of timelessness and immutability, has no social function, and is reactivated by trigger stimuli.” (Zepinik, 2012, p.21)

In 2009, a team of psychotherapists sent by an humanitarian aid organization rushed to Honduras to treat an entire population traumatized by the geopolitical crisis of a military coup and the resulting violence. The targets of their war on trauma were in the brain---the neural networks which had been altered by this "mass critical incident"(Jarero & Artigas, 2001). In the confines of a crowded, hot basement, refugees escaped the violence around them, where the therapeutic team administering EMDR (Eye Movement Desensitization and Reprocessing) a highly effective new psychotherapy now being used globally in disaster relief efforts. It consists of bilateral stimulation'(tactile or visual stimulation administered on opposing sides of the body in a back and forth rhythm) combined with reliving the traumatic experience through imagery. Traumatic memories are assumed to be locked in the brain in a fragmented "unprocessed" state in the image-processing left brain, unable to enter into contact with the processing of linear time in the left brain. Based on the conception of trauma Bessel van der Kolk (1994) first postulated and the adaptive information processing model of the brain, EMDR advocates argues that bilateral stimulation integrates the sides of the brain to increase its efficiency in processing memories "adaptively." The most shocking finding of the team of disaster therapists was that those treated appeared to be inoculated to re-experiencing the trigger--even as the "geopolitical crisis continued to unfold around them" PTSD symptoms did not develop. The therapy had changed
their potential for being traumatized in the future.

What I have called throughout this volume "neurogovernance" raises questions about the application of such alterations of the brain and memory---shouldn't we be triggered if a geopolitical crisis and the associated violence is still ongoing? Writing on recent debates on neuroethics of memory Erik Parens (2010) points to the concern that such techniques support of a "normal or proportionate emotional response" to the remembered event. In other words, do such population-wide mnemonic modifications allow us to deny the truth of the painful memory? The trigger is viewed, in the quote above, as having no social function, and yet memory is viewed in so many ethical arguments, particularly work on trauma, witnessing, and testimony, as ethically central to memory, and to social critique (Cho, 2008; Oliver 2001) Is it possible that the trigger has a social function?

The politics of neoliberal governmentality bear repeating once again here. In contrast to the pressure for mnemonic affects to exist in proportion to "the way the world really is"--- in neoliberalism, according to Brian Massumi (2001), the empirical fact may take second place to the affective. “There is one thing , Foucault says, that one never asks a neoliberal government: true or false? The right question is: how are things going, are they running smoothly?” (p.2) In the case of emotional responses matching our current reality of continual emergency, following Massumi we might argue that neoliberal capital is less interested in whether affective intensity meets “reality” and far more interested in a pre-emptive strategy of what works. The good affects are thus those that work, rather than those which reflect the real. This corresponds to two distinct temporalities: the linear and the pre-emptive, both of which are linked in the post
First, the linear. The experience of the triggered body, in fact, is not one of discrete space and linear time, and thus disrupts the sense of a stable self. The triggered body is the ultimate example of what Deleuze and Guattari (1987) call the rhizome. The trigger can be any place, person, or thing or situation that resembles the original trauma that brings forth the emotional, affective, and sometimes physiological responses associated with the original traumatic scene (Foa, 2009). A table knife, for example, can trigger the anxiety of a knife from combat, or even something far less obviously related—the sight of a color that was present at the scene of the event, the sensation of a particular touch that seems to jab the way the original knife jabbed. But even resemblance is not the best predicator of the triggering object, nor is it always traceable to the original event by human concepts. And like rhizome, it also characterized by lines of flight as in the triggering situation there are as in the rhizome there are "no points or positions, only lines." Indeed, the trigger is not the cause. There is in fact no cause that can be seen as the object. It is not a narrative structure. The trigger is not the cause, stimulus, it is not the nerves stimulated by it, not the memory or its re-enactment or its physiological responses. Thus the assemblage extends from the narrative or imagined traumatic past in the present, the stories told about it, the nerves, the affective state of the body, and the object that triggers. No, the trigger is simply the assemblage, the connective tissue between all of these. The trigger is the model of a nerve, but one which extends beyond the body's bounds. To be triggered is to be a connective partial object with these unpredictable extensions. The trigger is productive of new flows, with each repetition it connects objects in a connecting the semiotic and the material, following what
Deleuze and Guattari (1987) call "principles of heterogeneity and connection" (p.7.) Proust (2011) writes, for example, in the introductory section to The Swann’s Way: Remembrance of Things Past Volume 1:

"All these memories, superimposed upon one another, now formed a single mass, but had not so far coalesced that I could not discern between them...if not real fissures, real geological faults, at least that veining, that variation of coloring, which in certain rocks, in certain blocks of marble, points to differences of origin, age and formation" (p.110)

Thus, the trigger is productive of new, previously unimagined relations between disparate objects and processes that produce a temporary loss of bounded time-space and an inherent critique of the affective normalcy associated with a particular object in linear space and time. In contrast, what can an inoculated body do? To inoculate the brain so that the table knife no longer triggers is to return the knife to being just a knife, to adjust the intensity of affective experience to what is normative.

EMDR psychotherapy involves returning the incident to the past through integration, in order to make a distinction in linear time between a discrete then, when danger was present, and an equally discrete now, when safety is present. But the contradictory logic between such a strategy and the pre-emptive, biopolitical logic of population inoculation is obvious. The therapeutic restoration of a discrete, linear flow of time (the subject's affective experience of time) contrasts with the future perfect logic of preemption in a securitized, post-911 neoliberal strategy of pre-
emptive neurogovernance. Thus, EMDR restores the sense of linear, chronological, and a present that is "safe" not as an empirical truth but rather as an affective fact, that which feels true via the logic of pre-emption, in order to inoculate a populace for future trauma in the here and now.

Altogether, it enacts a spatio-temporal Euclideanism which produces the therapeutic simulation: "I am safe here now because THAT was then and this is now." in conjunction with "We must make you feel safe in the here and now because your future will be threatened otherwise." Thus, a contradiction arises---if there is a goal of inoculating the population against future trauma (a pre-emptive strategy which positions the future as terrorist---unpredictable, repetitive, ever-present, and dangerous) it must be arrived at through its phenomenological opposite---a sense of the traumatic incident as discretely past in time and contained in some non-present space, and no longer a threat).

As such, the experience of the trigger, while traumatic, calls by its very immediacy the conception of time as a discrete, linear flow into question. It is disruptive of narrative, and a narrative structuring of experience. To inoculate against future trauma, however, subtly assumes the locality of that event. EMDR begins with mentally finding a safe space, the positioning of the traumatic incident in a past space time. Hence, it rests on the conception of the event's non-repetitive nature, which the trigger biologically asserts the possibility of its inherent repetition. But the here and now of the trigger ignores the possibility that the triggering "stimulus" may have some unforeseen relation of repetition to the source or "cause" of the original stimulus. It ignores, through its individualizing therapeutic logic (the intersection of disciplinary and control regime, biopolitics and discipline) the actual repetition of the trigger's sociality. (The therapeutic regime of psychic security gives this sociality a form...disciplines it along a trajectory.) The
localization of repetition is not brain nor psyche---it is the social itself and its relations. Perhaps the fingernails and the abuse are not so unlike, the trigger says. They appear in the same scene, and *sociality* is repeated scenes that come not merely from the projections of a psyche but which exist as real relations of repetition with a difference.

I wonder if the trigger is smarter than "us;" the brain smarter than our modifications or inoculations of it. To show us associations not clear before, or to forge new ones. To provide, as well, the subjective experience of the affective nonlinearity of time. What the trigger releases is repetition with a difference. And the value of the trigger lies in its associative potency, it's connective potential to actual relations. In other words, the trigger bears witness to something. And the something it bears witness to may be a relation that is still repeating.

Enjoy your symptoms, declared Slavoj Zizek(2001), and perhaps, should one add, enjoy your triggers? Indeed, to attempt enjoy one's triggers, that is, to welcome traumatic experience, reverses the logic of the preemptive control of populations. To take the attitude of enjoying one's trigger reverses the panicked action of preemptive securitization against trauma. It would mean understanding that what feels like the repetition of the original event is actually not a true repetition, off-setting the trigger's logic. One can step outside of the traumatic scene of the trigger and move instead toward watching the trigger as an experience of itself, taking a step out. This would mean watching the trigger, witnessing it, instead of being consumed by its scene. It needn't mean an objective, rationalized view of the trigger as an "irrational" response out of step with an objective "reality." It would mean, instead, affirming multiple realities and space times. To be able to say "what happened in that scene is real" and what happens now is also real.
Moreover, to enjoy one's triggers might mean relaxing into them, and, rather than denying the original painful event, might mean instead relying on the natural ability of the mind to organize itself. The oversimplified dichotomy that so many preemptive psychotherapies for trauma produce---a traumatic event that is "in the past" and a separate, "safe" present, an inert and passive material "background" or "world" being overcome by a human subject who is now "in control" and "stronger"---it overcome by the realization of "the world ending" (Morton, 2013). We become too connective to think in such terms, and, in witnessing, a more "leaky" sense of self can take over (Manning, 2009). In naturalizing and affirming the aversion to the trigger, to PTSD and its related symptoms, these psycholocinial logics appear unphased by the fact that they are also constituting subjects and triggers in their practices and the logics which govern and organize them. This terror of the trigger at the population level, enacted by emergency actions place the client in a scene. This scene-within-a-scene affects the experience of how subjects go through trauma, interpret traumatic symptoms, and experience the associated affects.

Enjoy your triggers. This counter-intuitive suggestion offers to re-conceptualize the trigger as creative and renew curiosity in it as rhizomatic. This, in one move, works to rob it of its power to define temporality and thereby exceed the limited clinical definitions of its temporality in favor of a wider ontological view. Even within the trigger’s repetition there is a difference, a difference Deleuze and Guattari (1987) attribute to matter itself. This difference, more than any pre-emptive neuro-governance, can be a source of a radical hope for the unpredictable future.
Bibliography


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