

TRAUMA MEMORY AND THE VALUE OF WITNESSING

Vivienne Elton



The actress Mirenka Cechova said,

“Without (witnessing) there are many things that cannot be pronounced aloud because we already know them. We have already experienced the pain. This pain returns from the past and is always sensitive and

uneasy, but without speaking about the things, without witnessing, there is a danger that they will be forgotten.” (N. Goodman, 2012)

This paper will describe the importance of bearing witness for those who have experienced trauma with reference to the Holocaust and the Rwandan genocide and the connection between bearing witness and psychoanalytic therapy and analysis, and discusses resilience, healing, and hope for the future.

In this paper, I will touch on areas that I found especially important, and hope that this will increase understanding of this large topic over time.

In our work as psychoanalysts and psychotherapists, we bear witness to many experiences, including the traumas of our patients.

TRAUMA AND IT'S IMPACT ON THE MIND:

The Holocaust left an indelible mark on humanity, like a dead space, where the experiences were too terrible to be symbolised, particularly in the minds of survivors. Where trauma remains blank and mute, it must be approached to limit the space of deadness. When testimony cannot take place there is destruction of symbolisation and narrative. Gerson (2009) described this as “the dead third”.

Holocaust trauma is difficult to face for the survivor as it can cause states of extreme helplessness, overwhelming feelings, and shock which can break through defences leading to depersonalisation, fragmentation, or derealisation. (A Freud, 1967, S Freud 1896, 1919)

Terms such as the “black hole”, or “empty circle” have been used to describe the effect of such trauma that can destroy the capacity to think reflectively. Deeply hidden memories may be stored in the body resulting in somatic symptoms and illness. (Laub, 2012) Nancy Goodman describes a black hole surrounded by light.

Trauma can lead to changes in visual perceptions, such as colour; the sense of time and space may be distorted, with disconnection between the past and the future. When the experience of time is fragmented, feeling states of the body are also affected. Psychic helplessness and annihilation anxiety are often described. (Hurvich 2003 and 2011). Bion described a loss of boundaries between reality and fantasy where there is a terrifying sense of falling forever.

Krystal (1978) noted that affect regulation may be compromised with symptoms of vagueness, and non-specific emotional responses.

Sverre Varvin (2023) put forward three variables as a model for development of traumatisation:

The **body world dimension** describes the individual's relation to the other at a bodily affective level, usually in the nonverbal realm. There is a self-soothing reliance based on trusting internal object relations.

Affective self-regulatory processes are needed for the person to feel safe (Schoore, 2003).

The **subject-group dimension** is based on the capacity to see oneself as part of a group and as different from the group. However, a background of fear, loss and brutality will have a disorganising effect on the person's development and their experience of the community around them.

The **subject-discourse dimension** signifies the subject's relation to culture. A shared code leads to the development of myths and legends and a "group mind". This can include poetry, literature, art, ethics, and

morals and is grounded in space and time. The mother/child relationship depends on the stability of the group direction.

The three above dimensions are interrelated and function simultaneously. When atrocities such as genocide occurs, all three dimensions are disturbed.

THE IMPORTANCE OF WITNESSING

Witnessing brings light to dark inner spaces and can making sense of previously unthought traumatic experience. Being prepared to witness means receiving transmission of traumatic experiences, which can be painful, and activate grief and loss for the witness.

The listener becomes an important “other”, in an intimate exchange, and a bond often develops. The survivor has been waiting for a long time to tell their story, to someone who really wants to know. (Nancy

Goodman, 2013). The process of testimony assists the survivor to internalise the image of the witness, and develop the capacity to symbolise, which may have been lost. Poland (2000) depicts the analyst as witness to the patient's story, receiving the self-exploration of the patient, who "stays in attendance, without intruding self-imposed wisdom".

In "*Survival in Auschwitz: The Nazi Assault on Humanity*" (1958/1996), Primo Levi wrote that his desire to survive to be able to tell the story to others who will 'participate' in the story,

"Had taken on for us before our liberation and after, the character of an immediate and violent impulse, to the point of competing with our other elementary needs".

In 1967, Dori Laub, a survivor and psychoanalyst, began to take testimony at the Sigmund Freud Institute in Frankfurt, Germany. It was as if the survivors had been waiting to tell their stories for years. During that

long wait, their memories had taken shape, with feelings, conflicts and reflections that added depth and richness to their stories, and this formed a containing context for their terror and despair.

Many layers of memory may be accessed, and the state of mind of the survivor during testimony may undergo significant fluctuations. (Langer, 1991) Survivors often describe an experience of double existence or double reality.

When Renée H was 10 years old her parents were sent to Auschwitz leaving her to look after her deaf younger sister. She was desperate to find her parents and begged the Slovak police to send her too. They put Renée and her sister on a train and were sent to a concentration camp called Bergen Belson where she became the only spokesperson for her sister. They never saw their parents again, but she never gave up

hope. She described two parallel worlds within her, the world of today and the world of the past, which she didn't want to connect.

The testimony of Renee H describes the separate worlds that many people who have experienced trauma develop in their lives. There is the life of the present, and the trauma of the past which also lives in the present.

Interpreting and witnessing facilitate each other. Witnessing became the most important experience that could be offered to survivors because the trauma usually occurred in the absence of a witness. Freud stated, "it takes two to witness the unconscious".

Telling their stories may bring disruption and fragmentation to the survivor.

The darkness and grief will always exist, as history always exists.

Reflection and transformation also occur through culture. This is crucial for healing at an individual and societal levels.

CASE STUDIES

Dori Laub described being sent to a concentration camp in Ukraine with his parents when he was very young. This was, for him, the end of his normal childhood. He was plagued with a constant dread that he or his parents would be killed. Early memories were unclear, and some were idealised, however later in his analysis he accessed frightening memories such as seeing a man lashed. Despite desperately wanting to, Laub couldn't bring himself to ask the man about the ordeal. However, this experience was a turning point in his life: when his urge to know and bear witness to the experience of others developed. This led to his

becoming a psychoanalyst and later to establish a library of testimonies, now a significant collection in the Yale library, with 4,300 testimonies.

Laub felt that his mother's presence with him in the camp kept him feeling protected because he was never abandoned. There were times when he could rise above feelings of numbness or terror and see what was happening. He described these moments as "sparkling jewels" in a sea of terror that he inhabited all his life.

Such early experiences of threat and trauma may limit adventure play and fantasy in childhood, and lead to unintegrated areas of precocious development in the mind. The loss of a normal childhood can cause grief, and a lifelong search for adventure with repetition of the painful losses.

THE POWER OF TESTIMONY

In taking testimony, the survivor needs a safe space so that both the survivor and witness the memories can hold and process the memories. This process includes community, family representations allowing a deepening of thought to develop.

The powerful tool of video testimony such as the ones created by Dori Laub, or the Spielberg foundation cannot be underestimated. There is also a significant collection of video testimonies held by the Melbourne Holocaust Museum.

The organisers of the testimonies for the Fortunoff Library initially planned for each testimony to last 30-45 minutes but found that they were speaking with the survivors well into the night. Survivors were able to reflect, and think about their experiences in a new way, during their testimony. Laub described being fully present and completely immersed in the experience. This helped Laub to break through his own resistances to his trauma. Taking testimony was like a homecoming. He no longer felt completely alone with his memories, and experiences. There were others who had similar experiences. Being able to speak the truth had a powerful effect on all the people who participated. He felt completely immersed and present in the experience.

He said,

“The truth is like a language. You arrive someplace where (you recognise) the language that you have known. You’ve always known it, and there are other people who speak it.”

Of the survivors who were initially interviewed by Laub, some had developed a clearer picture of the experience, including aspects that were the most meaningful for them. They were able to reflect on their experiences without being flooded by grief or fragmenting. In some cases, dissociation, and a silencing of the inner voice for the traumatised person may last for decades and be transmitted through generations.

They also took testimony from survivors who were in long term psychiatric units, in Israel. Of 900 patients who had been hospitalised **none** had any mention of their Holocaust experiences in their histories, and 30% had been hospitalised since the Holocaust. It was believed that they were beyond reach. They were, however, more reachable than expected. Remarkably some gave interviews of over an hour. After taking testimony from 26 of these survivors, 30% showed significant improvement in symptoms, especially in decreased withdrawal.

Marit Meissner (Goodman, N. 2012) stated that after being liberated:

“I felt a profound gratitude that nature remained...I felt at home everywhere and nowhere”.

Now as a museum guide, visitors comment on how unforgettable it is to listen to a survivor’s story. She said, “Their reactions emphasize the power of witnessing and make it worthwhile to get out of bed in the morning”. (N. Goodman, 2012)

DENIAL

Testimony is vital as it counteracts denial of atrocities. Denial of genocide absolves the perpetrators from having to confront feelings of guilt or shame about their actions. Survivors of the Rwandan genocide have shared with me that the Tutsis, still live in constant fear of being attacked and killed, and their families’ land being stolen. Many perpetrators escaped punishment, and whilst they apologised during reconciliation,

Hutus continued to persecute and expel the Tutsis. Rwandans have formed groups taking testimonies so as not to forget the many thousands, including their own family members brutally murdered in the genocide.

The history of the Rwandan genocide has many similarities to the antecedents of the Holocaust in the way that the population was prepared for a genocide. For many months the media was full of attacks on the humanity of the Tutsis. Then Tutsi children were prevented from attending school. The creation of the virulent hatred towards the Tutsis set the stage for the subsequent genocide.

WORKING WITH VICTIMS:

Survivors of trauma can restore memory by reconnecting to their experience of life pre-trauma (Auerhahn and Laub 1984). Remembering can enliven the survivor as in the following:

Working analytically with a terrified refugee who could barely speak, Sverre Varvin asked “What was your favourite food that your mother made?” This enabled the patient to connect with an internal good mother, and with memories of his mother who looked after him in the past. The patient visibly relaxed as he recounted these early memories. (Sverre Varvin, 2023)

Traumatization tends to close possibilities with fixations to frozen images in the mind, with attempts to reorganize the mind by projection of internal bad objects. In therapy or witnessing it is crucial that the survivor experiences an empathic relation while attempting to work through grief and loss. Working through traumatic experiences can lead to transformation when words are found to describe inner experience. It is possible in psychoanalysis to establishing an external, third position in relation to defensive processes that may be halted or frozen. The third position may allow the development of symbolization and reflection and is central to psychoanalysis (Green 2004, Ogden, 2009). Patients who have

suffered severe trauma may oscillate between being able to look at their anxieties and needing to look away, to protect the psyche. For some, creating a space may bring also up the worst, most painful memories. (Bragin, 2023).

TRAUMATISATION AND PSYCHIC CHANGE AT SOCIETAL LEVELS

Similar reflective processes are seen as important at group and societal levels, as exemplified in the work of Alexander and Margaret Mitscherlich on the difficulties of mourning in post-war Germany (Mitscherlich and Mitscherlich, 1967) and Kai Ogimoto and Thomas Plaenkers have done similar work in Japan. (Ogimoto, K. and Plaenkers, T, 2023)

In the broader cultural and social context, art, poetry, literature, ethics, and scholarship can open new fields of possibilities and are grounded in space and time.

TRAUMA AND PSYCHOANALYTIC UNDERSTANDING

The therapist must be prepared to accompany the survivor to painful dark places, inner places and may feel the helplessness, and powerlessness of the survivor in the countertransference. Witnesses may experience “vicarious” or “secondary trauma”, such as the activation of their own grief and loss. (McCann and Pearlman, 1990). Despite these difficulties, taking testimony is an honour, and developing deep understanding and empathy creates connection with the other. (Goodman, N, 2021)

Bion’s (1984) ideas of container/contained can assist understanding of the experience of witnessing, and the feeling he identified for the survivor: “that there was somebody to go to”. The analysts’ “holding” of the patient, can re-awakening frozen parts of the psyche, and create a space in which the “true self” can develop. (Winnicott, 1945).

During trauma, the survivors' loss of empathy can leave them with a feeling of being sentenced to death.

Vital parts of the self may recover in therapy or witnessing, but it is unlikely that a full return to the pre-trauma self is possible.

Often survivors or relatives from subsequent generations, who attempt therapy feel ambivalent about the need to know and understand. Survivors feel tainted by being forced to have experiences that most cannot bear to acknowledge by . Attempts to turn away, may lead to memories breaking through in flashbacks. Survivor guilt often occurs in trauma victims, and the guilt can be internalised and transferred through generations. One patient commented about his parents:

"I feel that the experiences that they had are inside of me as if I lived them."

His sense of divided loyalties prevented him from being connected with a lively aspect of himself.

Ambivalence may be experienced in the therapist's countertransference and be enacted in a collusion with the patient to avoid the unbearable pain of knowing. The therapist may feel angry with the victim, feel withdrawal and numbness, or limit further exploration through presenting facts or of prematurely knowing. (Auerhahn et al 1993).

Survivors may seek a new empathic presence, who will listen attentively and help to construct a narrative from fragments of thought and experience. Ambivalent feelings can lead to a defensive retreat from the new relationship. In the transference, the therapist may be experienced as untrustworthy and dangerous. For example, one patient had fantasies of being in a concentration camp, and sometimes experienced the therapist as a Kapo in the transference.

An unconscious desire to maintain loyalty and connection to the traumatic past which works against forward movement in therapy.

Daniel Stern (2009) described 'partners in thought' in trauma as well as developmentally. He stated that "to know what our experiences are, to think and feel, we need to tell our stories of our lives and we need to tell them to someone to whom they matter, listening to ourselves as we do the telling."

Despite the damage to the mind caused by trauma, there is also the presence of a life force, a drive to know, that fends off the deadness and provides balance.

There are many stages of knowing from denial through various degrees of splitting of reality to the use of metaphor and language. This level of knowing allows the use of the symbolic in art, literature, and other creative expressions such as theatre and film. (Loud and our Auerhahn, 1993)

In the film “Schindler’s list” the story of the Holocaust has been metabolised enough so that people can watch it, and whilst they may be moved to tears, it is possible to become immersed in the narrative.

RESILIENCE AND THE WILL TO LIVE

In consideration of the impact of trauma we must recognise resilience and the desire to live.

Atrocities affect the minds of ordinary people and their communities. These violations affect the core of human existence and have the potential to disturb internal structures of safety, intimate relations, the functioning of families and groups, the structure of society, and meaning created by culture.

After hardships and atrocities, re-organisation towards life takes place at individual, group, and societal levels. Resilience is in fact the rule. (Ungar 2008) However, the lack of help, treatment and support for groups who were traumatised after World War II, revealed that a lack of resilience was part of a societal process of negligence. After trauma has taken place in a society, it must be acknowledged and mourned. This way, recovery and healing begins quickly.

Studies on sequential traumatization showed that acceptance and support can be crucial for resilience to develop. (Keilson and Sarpathie, [1979](#)). The act of having an accompanying thinker can help survivors find the courage to articulate their vision, even in their pain.

Resilience is characterized by the capacity to learn from experience (Hauser 1999), both at the individual and group levels (Ungar 2012). Earlier experiences such as pre-trauma ego strength will help with recovery after the trauma. Therapy or witnessing is an attempt to integrate deadness and aliveness. The survivor may prevail but there will always be remnants of the effect of the trauma internally.

Current theories of traumatization may overlook resilience and unintentionally support a passive, devitalizing approach to survivors. (Sverre Varvin, 2023)

One of the difficulties in our thinking about trauma is that it is often seen as static, without considering the strong movement that takes place almost immediately after the traumatic event in individuals, families, communities, and culture towards health, with hope and life. People who have experienced trauma are not only victims.

THE ARTS AND HEALING

In the Czechoslovakian camp, Theresienstadt, numerous artists, musicians, and composers practiced their art secretly. Joza Karas (1985) a historian commented: “While there was no food for the body, there was food for the soul. Leo Haas and other artists in the concentration camp did architectural drawings to save themselves from being killed. Whilst appearing to work for the camp, they were drawing whatever they saw as important, *“to create witness testimony and to some extent to create evidence”* for later. Haas was one of the few artists who survived the camp. Some of his 500 drawings were used later as evidence.

Inmate, composer, and musician Rafael Schaechter transformed the “Requiem for the dead” by Verdi, into “Requiem for the dead Nazis” saying “We can sing to them that we cannot say to them, because they don’t understand our (Czech) language.”

Here is part of their requiem:

“A written book will be brought forth.
In which everything is contained,
For which the world shall be judged,
And so, when the Judge takes his seat,
And whatever is hidden shall be made manifest,
Nothing shall remain unavenged”.

Wait for we will see a newer dawn.
Must rise to lift the heart,
The time will come to pack our bags.
And home we'll joyfully depart.
We will conquer and survive.

All the cruelty in our land,

We will laugh on the ghetto ruins.

Hand in Hand!”

Produced by Karel Svenk, a cabaret artist in 1942, the requiem was sung sixteen times in front of the Nazis until 1945 when he was deported to Auschwitz, where he died. Whilst the requiem described misery and suffering, it was also a symbol of the prisoners’ resistance.

I would like to finish with a quote from Elie Wiesel, from his memoir “Night”:

“For the survivor who chooses to testify, it is clear: his duty is to bear witness for the dead and for the living. He has no right to deprive future generations of a past that belongs to our collective memory. To forget would be not only dangerous but offensive; to forget the dead would be akin to killing them a second time.”

CONCLUSION

Survivors of the Holocaust can be remarkably resilient, although the trauma lives on inside them. They put aside their sorrow and grief, and honour their lost families and friends, whilst also living full, creative, and rewarding lives.

There is a danger that the term ‘trauma’ becomes static in our minds, but the impact of atrocities is rarely static. Part of the mind may become split off and dissociated with loss of a feeling of chronology.

Forces towards reconstructing life are immediately mobilised in the aftermath of terrible experiences, in individuals, families, and communities.

Development of resilience and symbolisation is dependent on whether the traumatised person is met with others who are empathic and assist them to make meaning of their experience. This will help with development of a “third position”, and activate the traumatised person’s inner resources, with development of resilience.

When affirmation and confirmation are lacking, as in denial of atrocities, the traumatized group becomes alienated, isolated, and abandoned with chaotic and painful inner experience.

References:

Beyond, W. R. (1984). *Second thoughts*. New York: Basic Books.

Bion, W. R. (1962). *Learning from experience*. New York: Other Press.

Bragin, M. (2019) Pour a libation for us restoring the sense of a moral universe affected by violence. *Journal of Child Psychoanalysis*, 18:3, 201-211.

Bragin, M. (2021) Accompany as psychoanalysis in the community. *Psychoanalytic Dialogues*.

Freud, A. (1967) Comments on Trauma. In S. Furst. (Ed.) *Psychic Trauma* (pp235 – 246) New York, Basic Books.

Freud, S. (1896) The Aetiology of Hysteria. In J. Strachey (Ed and Trans.) *The Standard edition of the complete psychological works of Sigmund Freud*. (Volume 3, pp 189-221). London, Hogarth Press.

Freud, S. (1919) Introduction to psychoanalysis and war neurosis. *The Standard edition of the complete psychological works of Sigmund Freud*. (Volume 17, pp 206- 215). London, Hogarth Press.

N. Goodman in N. Goodman and Myers, M. (2012): *“The Power of Witnessing: Trauma, Psychoanalysis and the Living Mind.”* Pp (3-26) New York, Routledge.

N. Goodman, in N. Goodman and Myers, M. (2012): Opening the mind to trauma through oscillations of focus. Pp247-253. In *“The Power of Witnessing: Trauma, Psychoanalysis and the Living Mind.”* New York, Routledge.

Gerson, S. (2009) When the third is dead: Mourning, memory, and witnessing in the aftermath of the Holocaust. *International Journal of psychoanalysis.* 90, 1341-1357.

Green, A. (1993). *The Dead Mother: the works of Andre Green.* (G. Kohon, Ed.) London, Routledge.

Hurvitch, M. (2011) New developments in the theory and clinical application of the annihilation concept. In A.B. Druck, C. Ellman, N. Freeman, & A. Thaler. (Eds). *New Freudian synthesis.* London: Karnac.

Krystal, H. (1978). Trauma and affects. *Psychoanalytic study of the child*, 33, 81-116.

Langer, L. (1991) *Holocaust testimonies: the ruins of memory.* New Haven, CT: Yale University Press.

Laub, D. (1992a) *Bearing witness or the vicissitudes of listening*. In capital S. Felman & Laub, D. *Testimony: crisis of witnessing in literature, psychoanalysis, and history*. (pp57-74). New York: Routledge.

Laub, D. "Testimony as life experience and legacy." In "*The power of witnessing*" (2012) pp 59-79. New York, Routledge.

Laub, D. and Auerhahn, N. C. (1981). Failed empathy: a central theme in the survivors' Holocaust experience. *Psychoanalytic psychology*, 6, 377-400.

Marilyn Myers: Trauma, therapy and witnessing. In N. Goodman and Myers, M. (2012). *The Power of Witnessing: Trauma, Psychoanalysis, and the Living Mind.*" New York, Routledge.

Ogden, T. (1999) The analytic third: working with intersubjective clinical facts. In S. Mitchell and L. Aaron (eds.) *relational psychoanalysis: the emergence of a nation*. pp 459 to 492 Hillsdale, N J: Analytic Press.

Ogimoto, K. and Plaenkers, T. (2023). The manic defence of reconstruction and the inability to mourn in post-war Japan. Chapter 16 in *The Tripartite Matrix in the developing theory and expanding practice of group analysis*. London, Routledge.

Poland, W. (1992). From analytic surface to analytic space. *Journal of the American Psychoanalytic Association*, 40, 381-404.

Spielberg, S. (Director). (1993) *Schindler's list*. (Motion picture). United States: Universal Pictures.

Varvin, S. (2023): Psychoanalysis and the third position: Social upheavals and atrocity. *The International Journal of Psychoanalysis*, 104:3, 574-584.

Wiesel, E. (2006) *Night*. New York: Hill and Wang.

Winnicott, D. W. (1956). *Through paediatrics to psychoanalysis*. New York: Basic Books.

