

TRAUMA, HEALING AND THE RECONSTRUCTION OF TRUTH

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The author analyzes recent developments in trauma theory, made necessary especially after the massive psychic traumas following World War II and the Shoah. The theories of Freud and Ferenczi are analyzed, especially, their different views of reality and their clinical attitude. When working with survivors of any trauma (from incest to genocide) it is necessary to reconstruct the historical details as carefully as possible, with the appropriate timing. Psychoanalysis is therefore viewed as an ethical and political practice similar to testimony, allowing the reconstruction of truth within the community and interrupting the cycle of the death instinct from one generation to the next.

Key Words: external reality; trauma; individual; community; testimony; generations.

RESUMEN.

La autora analiza los desarrollos recientes en la teoría del trauma, especialmente necesarios después de los traumas psíquicos masivos siguientes a la Segunda Guerra Mundial y al Holocausto. Se analizan las teorías de Freud y Ferenczi, especialmente, sus diferentes visiones de la realidad y su actitud clínica. Cuando se trabaja con sobrevivientes de cualquier trauma (desde el incesto hasta el genocidio) es necesario reconstruir los detalles históricos con el mayor cuidado posible y en el momento adecuado. Por lo tanto, el psicoanálisis es entendido como una práctica ética y política similar al testimonio, que permite la reconstrucción de la verdad dentro de la comunidad e interrumpe el ciclo del instinto de muerte de una generación a la siguiente.

Palabras clave: realidad externa; trauma; individuo; comunidad; testimonio; generaciones.

TRAUMA, MEMORY AND REPARATION

At the 2007 IPA congress in Berlin on the theme of “Memory, repetition and process in psychoanalysis and today’s culture,” Werner Bohleber stressed the importance of “rehabilitating” external reality, the status of which had been weakened by psychoanalysis beginning with Freud. Bohleber observed: “The catastrophes and extreme experiences that people underwent and suffered in the 20th Century turned trauma into its hallmark. There was a growing need for investigation and understanding not only in psychoanalysis but also in the other human sciences”. (Bohleber, 2007, p. 330).

The development of a new theorization of trauma and its consequences has become an urgent task, particularly in light of these 20th century events that have equated reality with massive trauma. Bohleber goes on:

If reworking in a specific way on traumatic memories is now to be considered, the question arises as to whether a therapeutic reconstruction of traumatic events is possible or necessary. Traumatic memories are often activated in the analytic treatment by enactments in the transference relationship. Discovering the reality of the trauma and its associated affects, namely its historicization, ... is the prerequisite for elucidating and comprehending its secondary revision and transformation by unconscious fantasies and meanings ... Historicization also involves recognizing the traumatic fact and understanding the individual experience and the emergent long-term consequences. ... A reconstruction must accord with the reality of the patient’s trauma and grasp the reality that caused the traumatization. (Bohleber, 2007, pp. 342–343)

The question of the reality of what constituted the traumatic element has been, for at least a century, a crucial point for psychoanalytic theory and practice. This goes back at least to the point when Freud articulated his theory of seduction, disowning his “neurotics,” in the famous letter to Fliess of September 21, 1897 (Freud and Fliess, 1887–1904, pp. 264–267), in which he affirmed that actual reality and fantasized reality both contribute to the formation of disturbances, emphasizing how the threshold (Freud, 1920) of trauma is individual, and the overcoming of that threshold depends on both internal and external elements. The important role played by the subjective, intra-psychic element in causing trauma is also stressed by, among others, Laplanche and Pontalis, when in their encyclopedia they affirm: “It is not possible to speak of traumatic events in an absolute way, without considering the subject’s own sensibility” (1967, p. 656), thereby emphasizing that the subjective element is essential in understanding and evaluating the traumatic impact.

Without wanting to deny the interconnections, it is indubitable that there is a difference between the fantasized reality and the actual reality of what happened in an event and I would say that this is precisely, speaking about intergenerational trauma, what makes the difference between trauma of the first generation and trauma of the second generation, as has been evidenced by, for instance, studies on the second generations of Holocaust survivors.

Dori Laub, psychoanalyst and psychiatrist, himself a survivor, says in this regard: “Without a reference point in an external reality of dates and facts a traumatization is easily misunderstood as a problem of the emotional sphere when it is really the mark historical events have left on a person’s psyche” (2009, p. 135). I could not agree more.

As is well known, the main controversy between Freud and Ferenczi was over the impact of real events. This is clear, for instance in the letter of December 25, 1929, in which Ferenczi writes: “(point 3) The critical view that I gradually formed during this period was that psychoanalysis deals far too one-sidedly with obsessive neurosis and character analysis—that is, ego-psychology—while neglecting the organic-hysterical basis of the analysis. This results from overestimating the role of fantasy, and underestimating that of traumatic reality, in pathogenesis”. (Freud and Ferenczi, 1920–1933, pp. 374–376)

An overview of the different positions held on this point (the pre-eminence of reality over fantasy or vice versa) would lead us too far away, and in a sense we would have to start with a reflection on what reality means even if we are not philosophers, as for instance Lewis Kirshner (1993) has done remarkably in his article “Concepts of reality and psychic reality in psychoanalysis as illustrated by the disagreement between Freud and Ferenczi.” We would agree, I think, with philosopher Paul Ricoeur (1970) when he says that to the analyst is important, eventually “the meaning the fact has assumed in the subject’s history” (p. 364), but this does not lessen the relevance of the historical details of the fact itself and here is where I think the ethical attitude or the commitment of the analyst in his practice comes to the fore and might make the difference for the patient.

And this is where the theoretical status of trauma becomes fundamental, since what is at stake here is that in trauma, as Dori Laub and Nanette Auerhahn write, no experiencing Self exists in the way we normally describe the Self. The status of trauma in fact is that of escaping reality, the “knowing and not knowing,” as they define the paradoxical cognitive and emotional status of trauma. (Laub and Auerhahn, 1993)

Here are Laub and Auerhahn:

Freud labels as “hysterical fantasies” what we would now understand as a re-enactment of childhood trauma in dissociative states ... It is the nature of trauma to elude our knowledge, because of both defense and deficit ... During massive trauma, ... this blurring of boundaries between reality and fantasy conjures up affects so violent that it exceeds the ego’s capacity for regulation ... in this form of traumatic memory, the center of experience is no longer in the experiencing “I.” Events happen somewhere, but are no longer connected with the conscious subject. The self is fragmented into a “me” and a “not-me” and any connection between the two has been severed. What the survivor manifests is a painful state of concurrent awareness of a depleted self and of an intense experience that is

disconnected and “forgotten,” but nevertheless affectively permeates and compromises life strategies of adaptation and defense. This double state of knowing and not knowing leaves the survivor in grief not only for his dead loved ones but also for his lost memories. That lack of knowledge prevents the revival of despair that would accompany mourning, but leaves the survivor alone and unknown to himself ... This double status of knowing and not knowing depends on the fact that trauma disrupts the link between self and nurturing other, the very fabric of psychic life. (Laub and Auerhahn, 1993, pp. 287–291)

The consequence of this dissociative state of *knowing* and *not knowing* in my mind is that the reconstruction of the “real fact” cannot take place if the emotional integration—which helps in reconstituting eventually what the meaning of the event is for the patient—is not facilitated by the therapist. If trauma is precisely the rupture of the fundamental link of trust and hope between self and other, only in the reconstruction of that link can meaning be recuperated and reconnection with the other beings and life be re-established.

On this point Ferenczi was amazingly ahead of his time. With striking clarity he observed: “The analyst is able, for the first time, to link emotions with the above primal event and thus endow that event with the feeling of a real experience. Simultaneously the patient succeeds in gaining insight, far

more penetrating than before, into the reality of these events that have been repeated so often on an intellectual level” (Clinical Diary, January 19, 1932, pp. 13–14, emphasis mine).

The analyst works as a “witness” in that reconstruction. Here is Ferenczi’s Clinical Diary again (January 31, 1932):

It appears that patients cannot believe that an event really took place, or cannot fully believe it, if the analyst, as the sole witness of the events, persists in his cool, unemotional, and, as patients are fond of stating, purely intellectual attitude, while the events are of a kind that must evoke, in anyone present, emotions of revulsion, anxiety, terror, vengeance, grief, and the urge to render immediate help: to remove or destroy the cause or the person responsible; and since it is usually a child, an injured child, who is involved ..., feelings of wanting to comfort it with love, etc., etc. One therefore has a choice: to take really seriously the role one assumes, of the benevolent and helpful observer, that is, actually to transport oneself with the patient into that period of the past (a practice Freud reproached me for, as being not permissible), with the result that we ourselves and the patient believe in its reality, that is, a present reality, which has not been momentarily transposed into the past. The objection to this approach would be ... that it is not taking place now ... (Ferenczi, 1932, p. 24)

But if we adopt this view, Ferenczi continues, the patient might follow our line of thought, so that

everything remains on the intellectual level without ever attaining the feeling of conviction: “it cannot be true that all this is happening to me, or someone would come to my aid”—and the patient prefers to doubt his own judgment rather than believe in our coldness, our lack of intelligence, or in simpler terms, our stupidity and nastiness. (Ferenczi, 1932, p. 25)

In this passage Ferenczi is exemplifying the fundamental status of the psychoanalytic practice as testimony, analyzed and discussed in recent years by several psychoanalysts, such as Dori Laub (2005b), Franco Borgogno (2006) and Judit Mészáros (2010); only in the connection with another person, who is benevolent and totally committed, can the truth of the patient regarding that event be recuperated; which in turn equates psychoanalysis with any practice of testimony and recuperation or retrieval or sustaining of memory.

On the disconnection between a truth that has not been validated for the child by a meaningful relationship with an authoritative adult and the resulting split in consciousness and fragmentation, once again, Ferenczi

was far ahead of his own time (as the dialogue with Freud proves). This is the Clinical Diary again, February 21, 1932, the remarkable entry on “Fragmentation”:

A child is the victim of overwhelming aggression, which results in “giving up the ghost,” ..., with the firm conviction that this self-abandonment (fainting) means death. However, it is precisely this complete relaxation induced by self-abandonment that may create more favorable conditions for him to endure the violence. ... Therefore someone who has “given up the ghost” survives this death physically and with a part of his energy begins to live again; he even succeeds in reestablishing unity with the pretraumatic personality, although this is usually accompanied by memory lapses and retroactive amnesia of varying duration. But this amnesic piece is actually a part of the person, who is still “dead,” or exists permanently in the agony of anxiety. The task of the analysis is to remove this split ... (Ferenczi, 1932, p. 39)

And again, March 25, 1932, from the entry, entitled: “Psychic bandage”:

From the moment when bitter experience teaches us to lose faith in the benevolence of the environment, a permanent split in the personality occurs ... Actual trauma is experienced by children in situations where no immediate remedy is provided and where adaptation, that is, a change in their own behavior, is forced on them—the first step toward establishing the differentiation between inner and outer world, subject and object. From then on, neither subjective nor objective experience alone will be perceived as an integrated emotional unit (except in sleep or in orgasm). (Ferenczi, 1932, p. 69, emphasis mine)

I think this last excerpt clarifies how the effect of trauma and the split of the Self, experiencing it and having to fragment itself to survive, results in a blurring of boundaries between reality and non-reality, about what is real and what comes to be believed as truth, what is perceived as internal and what is external.

This is the point, I believe, in which a second consequence of the damage of trauma to the Self emerges, and that is, the impossibility for the subject to clearly ascertain the truth, which might result in a permanent distortion of reality (which we clearly see in borderline patients, for instance, where reality testing in theory is retained but where the distortions of reality are very severe and impair the patient’s capacity to live a fulfilling life).

It is also a passage that makes clear how the distortion of truth calls for a change in personality and the necessity for the child to adapt to that distorted reality, the reality of what the perpetrator says is true, what for instance Jay Frankel recently called “compliance” with the aggressor (Frankel, 2011, p. 199), discussing in detail the consequences of this behavior not only for the subject but for society at large.

I am not considering here massive social trauma but trauma that is caused by abuse, both psychological and physical or sexual, the main example of this being incest. As Ruth Leys wrote, more fundamental than any other traumatogenic factor, including the actual sexual assault to which Ferenczi gave so much weight, “... was the lie and the hypocrisy of adults that, forcing the child to doubt her own judgement about the reality of her experience, fragmented and hystericized her” (Leys, 2000, p. 153) and, I would add, condemned her to silence and compliance.

I would simply say that what the child is deprived of is her own truth in connection with her experience of an event that is at its core relational and the implication of this is that the distortion is going to be repeated, without the child’s awareness of it, in future relationships, including the analytic one. In connection to this, Kirshner writes that, “trauma impairs the child’s capacity to evaluate reality, a tendency which may subsequently be reenacted in psychoanalytic treatment where the patient may conform to his analyst’s authoritarian interpretations,” and, Kirshner continues: “Unless the analyst actively establishes a different kind of relationship with her patient in which acceptance and equality are manifested, she has little chance of helping the analysand discover the historical truth of his traumatized past” (Kirshner, 1993, pp. 221–222).

Following Ferenczi's words, abreaction and repetition alone, as Freud seems to imply in his practice, will not initiate a change. For a change to take place, there must be a "repetition with a difference," to borrow Joel Fineman's words from the literary field (Fineman, 1988, p. 101). This change is fundamental to break the chain of identification with the aggressor. See Ferenczi's May 12, 1932 entry, with the title, "Compulsion to repeat the trauma":

What is fundamentally significant in all this is the fact that an abreaction of quantities of the trauma is not enough; the situation must be different from the actually traumatic one in order to make possible a different, favorable outcome. The most essential aspect of the altered repetition is the relinquishing of one's own rigid authority and the hostility hidden in it. The relief that is obtained thereby is then not transient, and the convictions derived in this way are also more deeply rooted. (Ferenczi, 1932, p. 108)

Therefore, splits in consciousness and, what we would nowadays call "personality disorders," distortions of truth and the condemnation to a pact of silence in the implicit identification with the aggressor (with all the consequences that have been identified with this Ferenczian term) are among the psychic sequelae of incest trauma.

Silence in particular, together with the blurring of boundaries we mentioned in our discussion of the *knowing and not knowing* of trauma, is what is going to cause the transmission of unconscious material from one generation to the other (and this happens both in massive social trauma and in incest). Survivors often claim that they belong to "a secret order" that is sworn to silence. They have become the "bearers of a secret." By never divulging their stories, they feel that the rest of the world will never come to know the real truth. It becomes a chain, transferred to the next generation, and so on. Giving testimony contributes precisely to the breaking of this pact of silence, inside and outside the survivor. It is also and above all part of a process of dealing with loss and separation.

The conviction, introduced by Freud and present in psychoanalytic thought for quite a long time, that it is *psychical reality which is the decisive kind*,¹ leads to the view that what is reconstructed in analysis is a narrative, whose truth is not necessarily verifiable and, which, in any case, is never the

object of attempts at verification. This becomes problematic when, in the words of two contemporary psychoanalysts, Peter Fonagy and Mary Target, we conclude with a statement like this: "there can be only psychic reality behind a recovered memory—whether there is historical truth and historical reality is not our business as psychoanalysts and psychotherapists" (Fonagy and Target, 1997, p. 216).

It is an extremely delicate, complex, and also an important ethical point; we are well aware of the consequences of extreme positions held in the context of what goes under the rubric of "the recovered memory debate," with real trials going on in several English-speaking countries in the 80s and 90s. But the question at issue here seems to me a very problematic one.

Although we agree that the kind of knowledge the psychoanalyst is looking for is not, and should never be treated as if it were, on the level of a deposition in a court of law, it is nonetheless important to stress the responsibility (civil/ethical) that the therapist has, especially in cases of victims of domestic violence, wars, political persecution, massacres and racial cleansing, to make sure that the victims are not surrounded by that silence that Ferenczi described as part of the tragic secondary aspect of trauma, creating in turn a vicarious traumatization. In other words, the analyst should never be in the position of the third term in the family, a potential witness who refused to see and negated reality.

This is where trauma, from being a private issue, acquires a social and political aspect with consequences for the community and collectivity. And this is how I believe the practice of psychoanalysis cannot but have an effect on collectivity, if it concerns itself with restoring a word of truth into the world. "Repression, dissociation, and denial are phenomena of social as well as individual consciousness," writes Judith Herman (1992, p. 9) and is echoed by Laub and Lee when they equate this mechanism of denial to another sign of

the death instinct at work: “We want to emphasize that it is not the lie itself, but the continual communal acceptance of the lie, that indicates the operation of the death instinct. This constant and relentless opposition to knowing compromises the ability to see and recognize truth. Indeed, we believe, it was death instinct—induced resistance to knowing that enabled to Holocaust to proceed further as if unnoticed” (Laub and Lee, 2003, p. 439).

The responsibility in psychoanalytic practice is always two-sided: towards the individual and towards the social group. The individual asks that her sufferings be understood and that her history be faithfully reconstructed with attention, sensitivity and care. The social group asks that the chain of

repetition be interrupted so that the “not knowing about the trauma” cannot go on causing damage. I agree with Judith Herman when she writes in her simple but extremely profound language: “Survivors also understand that those who forget the past are condemned to repeat it. It is for this reason that public truth-telling is the common denominator of all social action” (Herman, 1992, p. 208) and I would emphasize, telling lies about the trauma is an extremely serious individual and social violence.

The problem of whether the recovered memory is true or reconstructed through fantasy might exceed psychoanalytic theoretical discussion; but as Paul-Claude Racamier argues in *L’Incest et l’incestual*, without disavowing the very premises from which psychoanalysis stems, it is important to question also what happens when the event has in fact taken place, not only when it has been fantasied (Racamier, 1995).

Speaking to this concern, Werner Bohleber underlines: “Psychoanalysis, originally undertaken in order to discover repressed childhood memories, is now in danger of becoming a treatment technique that actually fades out history” (2010, p. 109). In fact, if there is a feature characteristic of psychoanalysis throughout its developmental phases over the years, it is its contribution to the discovery of a kind of disguised or repressed truth, therefore, an ethical commitment lies at the core of the psychoanalytic practice: psychoanalysis both in theory and in practice cannot but be a contributor to the restoration of truth in the individual and in society. I therefore fully agree with Ilse Grubrich-Simitis when she states that, when working with severely traumatized patients:

the analyst has to resist not only his natural need to protect himself but also the tendency, reinforced by his training, to bypass reality and to devote his attention, from the beginning to the patient’s fantasies. It is only to the extent that the historical reality is ascertained that the patient will be able to approach his own inner and outer reality. (Grubrich-Simitis, 1981, p. 440, emphasis mine)

After the Holocaust and the occurrence of post-war disorders in the survivors, disorders that sometimes came to the attention of psychoanalysts very late, as much as 25 years later, it was no longer possible to accept the idea that trauma and reality are not necessarily linked together. The fantasy aspect might be what emerges more in the second or third generations of traumatized persons, not in the first one; but not to acknowledge this difference becomes to my mind an act of hypocrisy or a denial of truth.

Therefore, in psychoanalytic practice, the recuperation of historical facts is fundamental, in opposition to something that has been and still is fashionable in psychoanalysis nowadays, that is, what is called “narrative truth” or narrativity, as was advocated by Donald Spence in the 1980s (Spence, 1984) and currently supported by Antonino Ferro (2003). In fact, the use of symbolic techniques in therapy—verbal narrative reconstruction on the part of the patient whenever possible, artistic expression and rendering of the emotions linked to the event, if suitable—remains a fundamental tool towards the recovery of the missing elements, that is the split-off elements that escape consciousness while at the same time haunting it with uncanny returns (symptoms, split images, sensations); nonetheless the reconstruction of truth should not remain vague and undetermined, thereby leaving the responsibility of others in the shadows. Symbolic means are necessary as a way for the subject to go deeper into her emotional life, but the final result needs to be a kind of historical, definite truth, attributing meaning and responsibility. In this, I disagree with Freud when, at the end of his long life of intellectual endeavors and clinical practice, he disclaims the validity of truth, stating, in “Constructions in the analysis,” that it is a “construction” when one lays before the subject

of the analysis a piece of his early history that he has forgotten. ... the question arises of what guarantee we have while we are working on these constructions that we are not making mistakes and risking the success of the treatment by putting forward some construction that is incorrect. ... we may lend our ear to some comforting information that is afforded by analytic experience. For we learn from it that no damage is done if, for once in a way, we make a mistake and offer the patient a wrong construction as the probable historical truth. A waste of time ... but if nothing further develops we may conclude that we have made a mistake, and we shall admit as much to the patient at some suitable opportunity without sacrificing any of our authority ... In this way the false construction drops out, as if it had never been made; and indeed, we often get an impression, as though, to borrow the words of Polonius, our bait of falsehood had taken a carp of truth. (Freud, 1937, pp. 261–262)

If, on the level of the technique, in order to reconstruct a symbolic truth for the patient, some levels of uncertainty are inescapable in certain moments of the therapy, nonetheless this should not give license to analysts to state that symbolic truth and real events are one and the same thing; it contradicts the ethics of the profession. In acknowledging and retrieving the truth of the event, the therapist becomes a witness to what the patient has experienced.

At the same time, we should not disclaim the experience of the patient that, when the truth of an historical event is ascertained, remembers something different from what reality attests to; while retaining the emotional validity of it, the therapist should gently work towards the re-establishment of the truth, granting that that piece of memory was a sort of emotional bridge towards her own experience and the reclaiming of her own truth (which is one of the final goals of therapy).

When dealing with people traumatized by massive psychic events, in fact, the theoretical question of fantasied truth (derived from Freud) has to recede, for ethical reasons, and the real events have to be reconstructed carefully and tactfully, with all the physical correlates (what was felt by the body, experienced sensorially) within the appropriate time-frame. The proper timing for the re-experiencing of the trauma and the putting together the fragmented piece of the self is in fact fundamental, as several clinicians remind us: to approach the traumatic event too soon or to search for details when the patient is not ready for them is not appropriate and might retraumatize the patient. The patient will be our guide also in this regard (as should always be the case), and working with trauma means working with cycles of pieces of truth to be reconnected: when the patient is more capable of putting more pieces together, they will come to the surface, but only when the fabric of the Self, so to speak, is stronger and can hold them together, retrieving the entire figure (see also Mucci, 2013).

At the same time, to deny the reality of trauma, as a way to avoid being in turn traumatized in some ways ourselves as therapists in the healing process, is not recommendable if the cure is to succeed; only within the field of a deeply empathic listening can trauma be re-expressed and worked through.

The pioneer work of survivor analysts such as Judith and Milton Kestenberg (1988), Bergmann and Jucovy (1982), Henry Krystal (1968), John Lifton (1988), and William G. Niederland (1968), to mention a few, have established a connection between their persecutions and their symptoms, and several therapists have indicated how traumatization is sometimes carried through generations, a point we will analyze in more detail in what follows.

After the Shoah, a new understanding of trauma within society had to be achieved; as Bohleber states: “the trauma theory that had been common up to then [before World War II] proved to be unsuitable to grasp the specific symptoms and the experience of the survivors” (Bohleber, 2010, p. 87). It was not possible to use Freud’s stimulus barrier concept or other known theories: the experiences of the survivors called for a change in the theorization itself, or a special effort in understanding and in “empathy” (also a concept used by Ferenczi in an exquisitely contemporary way).

When the traumatic event cannot be totally processed, the traumatization is carried through to the lives of the children and the next generations, in a play between reality and fantasy, meaning, in this case, that even though the second generation did not undergo the reality of trauma it has lived through it in fantasy, or in psychological effects transferred to the generations, what Judith Kestenberg has called “transposition of

symptoms” (1980) and Ilany Kogan has termed “concretization” (1995). Emotional numbing, inability to mourn, which ends in depression or melancholia, passivity and a masochistic life-style seem to be the major symptoms that are likely to be passed on. Laub and Auerhahn speak of “anunconscious organizing principle for future generations” (1984, p. 154).

In work with survivors a reconstruction of the reality of the event has therefore become fundamental: not only for the recovery of truth in the first generation, but for the future generations. Laub has written suggestively:

While the trauma uncannily returns in actual life, its reality continues to exclude the subject who lives in its grip and unwittingly undergoes its ceaseless repetitions and reenactments. The traumatic event, although real, took place outside the parameters of “normal” reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during and no after. This absence of categories that define it lends it a quality of “otherness,” a salience, a timelessness and a ubiquity that puts it outside the range of associatively linked experiences, outside the range of comprehension, of recounting and of mastery ... The survivor, indeed, is not truly in touch either with the core of his traumatic reality or with the fatedness of its reenactments, and thereby remains entrapped in both. To undo this entrapment is a fate that cannot be known, cannot be told, but can only be repeated, a therapeutic process—a process of constructing a narrative, of reconstructing a history and essentially, of re-externalizing the event—has to be set in motion. This re-externalization of the event can occur and take effect only when one can articulate and transmit the story, literally transfer it to another outside oneself and then take it back again, inside. Telling thus entails a reassertion of the hegemony of reality and a re-externalization of the evil that affected and contaminated the trauma victim ... In psychoanalytic work with survivors, indeed, historical reality has to be reconstructed and reaffirmed before any other work can start. (Laub, 1992, pp. 68–69)

The specific “belatedness” (Caruth, 1996) of trauma, linked to Freud’s *Nachträglichkeit*, or the two moments of traumatization (what Modell has called “retranscription,” 1990), has to do precisely with this inaccessibility of the experience of trauma within consciousness—displaced in splits, erased in silence and disguised in identification with the transgressor.

The paradoxical epistemological status of trauma is in a way the paradox of the postmodern existential condition, if I may say so; quoting Laub and Auerhahn: “If our ability to know is dependent on the language of the dead, which is absent, and the language of the survivors, which is inadequate and incomplete, how can we know?” (1985, p. 4).

It is also in this “liminal space,” I would say, not here nor there, not now nor then, that the creative working through of trauma might take place, contributing to a reframing and a reconstructing of the broken pieces of the self. In this decentering, so to speak, the self has to abide for a long time before it can reconnect and heal, before it can resume a position in the community.

But what is not truly understood and remains unconscious or split from consciousness is bound to return, and it could return as symptoms in the subject or in her children, who might be burdened unconsciously, with the task of relieving the parents of the pain of their experience and reprocessing it for them. Israeli psychoanalyst Ilany Kogan (1995, pp. 151–152) identifies four fundamental ways for secondary traumatization to be transmitted:

The child might repeat unconsciously issues connected to the trauma in the parent, through what is technically called projective identification.

If the parent is emotionally unavailable, emotionally frozen or alexithymic, the child might respond to the emotional needs of the parent, even when the child is very young (what Ferenczi called the “wise baby”).

Unconscious fantasies linked to past scenarios might be projected onto the child, who, for instance, may be referred to as a “little Hitler,” especially in connection with the aggressiveness of the child, which is understandably difficult to tolerate by the parent.

The child might identify himself/herself with a lost relative of the parent and in this way carry out the mourning in place of the parent, renouncing his own/her own life through the identification with the dead relative. He or she lives a life that is not his own/her own.

In other words, the children might be burdened with the unconscious ego identifications with parents who carry with them the perception of a life threatening inner and outer reality and they may be chained to their parents' experiences (conscious and unconscious) without being aware of it. The first generation is basically stuck in a phase of mourning that they cannot work through; this process and this painful separation with the lost objects is what the second generation is unconsciously in charge of resolving and elaborating.

These mechanisms explain why, in members of the second generation seeking help, false selves, narcissistic disturbances, borderline syndromes, hysterical and schizoid identities are very common; another common outcome in the second generation is the choice of a profession where they can be of help, like doctors, therapists, psychoanalysts. When this kind of reparative work is carried through, the third generation might be spared; if no work is done, it is possible that, even when the second generation does not present symptoms, the third one is going to be severely affected by the trauma of the first generations (for a discussion see Sagi-Schwartz et al., 2008).

Therefore not only the reconstruction of the details of the traumatic events are fundamental for the victim herself, but the careful reconstruction of truth, that is possible only at a certain stage of the therapy, has an impact on society at large, reconstructs a piece of larger history that was lost.

This is why Laub, who is also the cofounder of the Fortun off Archive for Holocaust Video-Testimonies at Yale University, and has conducted several interviews with survivors offering testimonies of their own experiences, speaks of "history in the making" for the forgotten pieces of personal and collective history that the testimonial dialogue might retrieve (Laub, 1992).

Reconstructing the truth as carefully as possible is the only way to avoid the compulsion to repeat through generations and, therefore the devastating effects of the death principle at work, which, once again, as Ferenczi had demonstrated, manifests relationally and is not an innate instinct. (Clinical Diary, February 21, 1932, pp. 38–40)

What was lost in the traumatic experience is the trust in the other, in the bond with other human beings, which under certain conditions might be restored, through the silent participation of a listener, a psychotherapist or a witness to the testimony, who is totally present and totally committed. The core of trauma in fact resides in the breaking of the empathic dyad, the loss of the I and the "internal thou" (Laub, 2005a).

This is an important change from Freud's theory of trauma, which can still be defined as psycho-energetic, to the object-oriented concept of trauma initiated by Ferenczi. From a relational perspective, Laub sees trauma precisely as a break in the empathic relationship with the other: the other as a good object no longer exists (see also Kirshner, 1994), and this fundamental loss of trust in the other returns even when the survivor seems to be perfectly reintegrated.

While trauma is characterized by a "knowing and not knowing" (as in Laub's own childhood; he had completely cancelled and cut off from his consciousness the years of deportation and remembered only "green lawns and blue skies"), remaining in this state of not knowing, or encouraging this state, is equivalent to an act of destruction of the truth (that is, of pieces of history that are not only individual but also collective).

The process of testifying, then, is essential to re-establish an internal dialogue with the self, to find again the connection with the outside and with the other. Améry put it this way: "[After the Holocaust], I was a person who could no longer say 'we'" (1980, p. 44). Under certain conditions, video testimony allows for a dialogue not only with the victim, but also an internal dialogue with the self and a dialogue with a future audience. It may in some way serve to repair the fabric of trust and safety that was lost because of the trauma. It may, in fact, serve the community as a reclamation, reparation and recuperation of the truth.

Laub concludes his writings on testimony with an exhortation: "What is needed for healing is the creation of a testimonial community" (2005b, p. 264). I agree with him completely. It is, above all, a moral

admonition that applies to everyone—psychoanalysts as well as lay people—because it is an admonition to bear witness, to recount, to affirm and confirm the truth. In order to overcome the trauma both the victims themselves and their children need a testimonial community in which each of us can be that careful listener who is “fully present and committed” (ibid.), creating an environment that permits memory and stories to flow, allowing the truth to be spoken, making it representable, allowing it to return to its rightful place.

In recounting his visit to a psychiatric hospital in Israel, where many survivors had been hospitalized for psychiatric disorders, Laub speaks of a man who had spent his last 35 years in the psychiatric facility, and had not spoken in all of that time; he had been circling around Laub, communicating a feeling he wanted to meet him. When they went to a private room, the man asked Laub if he knew so and so from Brooklyn; Laub was very surprised, and said, “No, why do you ask?,” and the man replied: “This person might be the only one remained alive of our entire family. We were all deported to Auschwitz.” When Laub asked the man why he hadn’t said this to anybody, the man replied: “Nobody ever asked my story” (Laub, 2005a, pp. 259–261). This is to say that when the listener is there totally present and totally empathic to the testimony being rendered, a piece of life story and of truth may be regained and recuperated for the world and the community, a piece of human history that would otherwise be erased. Only in a testimonial society, in which each of us is struggling to become a “fully present and fully committed” witness, according to our position, as psychotherapists, as parents, as teachers, as “simple” citizens, can we recuperate some truth and reconnection within society.

This same image of a recovered community is found at the end of Primo Levi’s *If This is a Man*, when finally bread is broken and shared for the first time:

When the broken window was repaired and the stove began to spread its heat, something seemed to relax in everyone, and at that moment Towarowski (a Franco-Pole of twenty-three, typhus) proposed to the others that each of them offer a slice of bread to us three who had been working. And so it was agreed. Only a day before a similar event would have been inconceivable. The law of the Lager said: “eat your own bread, and if you can, that of your neighbour,” and left no room for gratitude. It really meant that the Lager was dead. (Levi, 1996, pp. 159–160)

With Herman I would conclude that “remembering and telling the truth about terrible events are prerequisites for the restoration of the social order and for the healing of the individual victims” (Herman, 1992, Introduction, p. 1).

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Notas al final

1.- 1. It is probably worth citing at length what Freud wrote in “Introductory Lectures on Psychoanalysis”, (1916–17), translated and edited by James Strachey (New York and London: Norton) p. 458: “It remains a fact that the patient has created these fantasies for himself, and this fact is of scarcely less importance for his neuroses than if he had really experienced what the fantasies contain. The fantasies possess psychical as contrasted with material reality, and we gradually learn to understand that in the world of the neuroses it is psychical reality which is the decisive kind”. (Emphasis in the text.)