

**Is the Holocaust Traumatic?**

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**Abstract**

One of the most influential contemporary accounts of psychological trauma, that of Cathy Caruth, does not fit some of the most traumatized men and women of the twentieth century: survivors of the Holocaust. Since Caruth would transform trauma into an engine of history, it is fair to ask why her account fails. Basing her account of trauma on a theory intentionally lacking psychological depth, Caruth, like other trauma theorists, is unable to account for trauma as a crisis of confidence in the value of life over death. My research on historical trauma is primarily based on recorded interviews with Holocaust survivors held in the Fortunoff Video Archives for Holocaust Testimony at Yale University.

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Cathy Caruth, a literary theorist who combines literary criticism with neurobiology (a curious combination), has created a theory of trauma that is at the same time a theory of history. While Caruth is not as well known among psychoanalysts as she is among literary critics, her connection with Dori Laub psychiatrist, psychoanalyst, and co-founder of the Fortunoff Video Archives for Holocaust Testimony at Yale University, has made her work familiar to a larger number of analysts (Felman and Laub, 1992; Laub, 1995). My argument begins with the observation that Caruth's account of psychological trauma does not fit some of the most traumatized men and women of the twentieth century: survivors of the Holocaust? Should this lead us to rethink trauma theory, or would we instead decide that the Holocaust is a special case? About the last question the correct answer is both, but it will take a while to get there.

Narratives of survivors held in the Fortunoff Video Archive for Holocaust Testimony at Yale University are the primary source from which my examples of trauma are drawn. Over a period of several years I viewed about 150 testimonies, most around two hours long (author redacted).

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These accounts fit neither Caruth's theory, nor the usual way we think about Post Traumatic Stress Disorder (PTSD), at least not without qualification.

Already the reader may be asking him or herself if historical trauma, such as the Holocaust, really has anything to do with PTSD, a clinical diagnosis.<sup>1</sup> It is a question that occupies this essay. For now the simplest thing to say is that it is Caruth herself who assimilates them. Hers is an ambitious account of trauma as a historical relationship among individuals, generations, and societies.

If PTSD must be understood as a psychological symptom of the unconscious, it is a symptom of history. The traumatized, we might say, carry an impossible history within them, or they become themselves the symptom of a history they cannot entirely possess.' (Caruth, 1995, p. 5).

Trauma, from this perspective, carries with it the weight of history, and the traumatized are its representatives. Unfortunately, history's representatives, the traumatized, are (in this account) unable to testify in a coherent manner. That means abiding by the normal conventions of narrative, such as telling a story with a beginning, middle, and end, while being able to move back and forth in time, from then to now. The ability to shift tense, so that the trauma is narrated in the past-tense, while the telling remains in the present, turns out to be a significant marker of the narrator's ability to remember rather than relive the trauma.

According to Caruth (1996, pp. 4, 91-92), the victim of extreme trauma repeats an unassimilated experience that was unknowable in the first instance. By 'repeats,' Caruth and others seem to mean that the witness is frozen in time, unable to do more than tell the same story again and again. When he or she does so, the story is relived or re-experienced in an intrusive manner, involving flashbacks, the witness feeling and acting as if he or she is reliving the experience rather than narrating it. Often the present tense is mixed with the past. Frequently these intrusive flashbacks and memories seem to come out of nowhere, for example in the middle of family dinner, disrupting the ongoing experience of everyday life.

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Caruth's appears to be a version of the acting-out versus working-through theory of trauma, and it is. Acting-out refers to the tendency to relive the trauma, to exist in the present as though it were the past. Those who act-out tend to relive occurrences, not just in flashbacks, or nightmares, but in stories that are endlessly repeated, often with little variation, generally with no development. Statements along the line of 'then I was . . . , but now I am . . . ' are rare or non-existent. As has been wisely said, if there is any empirical meaning to Freud's (1920) death drive it may be this: the tendency to repeat or relive traumatic events in a way that is self-destructive, for it freezes the narrator in a hellish time and place he or she desperately desires to escape.

Working-through is expressed by the traumatized person's ability to say to him or herself something like the following. 'Something terrible happened to me back then, and I can never be free of its effects. But I exist in the here and now, which is different from the there and then.' The relief working-through brings is that of distance and perspective. Working through is not a cure. It is a way of living with the trauma one has undergone as history, rather than an endlessly repeated present experience.

Though acting-out versus working-through sounds Freudian (1914) in origin, as it is, do not be misled. There is nothing Freudian about Caruth's account. This is so even as she holds to the traditional view that absent intervention, the survivor will continue repeating the intrusive memories because they lack the quality of genuine memory, for they have not been fully transformed into symbols. They never were.

Caruth's account is not Freudian because there is no psychological depth to the experience of trauma. Trauma occurs when the traumatic event is experienced a moment too late, before the self was there to mediate it. Unlike Freud, this is not a developmental claim but a temporal one. Extreme trauma is inscribed upon an otherwise mature subject who was not there, because the experience was so far beyond the normal it could not be prepared for, categorized, or shared. This is not a Freudian account, even if familiar categories like acting-out versus working-through continue to appear. In what is now the most influential account of trauma among students of the humanities, there is no assumption that the victim of trauma is bringing deep, unconscious material to the surface, or that the truth lies buried deep within. On the contrary, the subject is a

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camera, the event etched into a portion of the memory that cannot be erased or transformed readily into narrative, as its basic elements are not linguistic symbols, but sensations.

Literary theorists such as Caruth have drawn upon a surprising source of support, the neurobiological research of Bessel A. van der Kolk and several of his associates (van der Kolk and van der Hart, 1995). For van der Kolk, traumatic memory is recorded in a unique way in the brain: imagistic, iconic, sensory. These are extremely accurate, almost camera-like images that are almost impossible to integrate into the signifying mind, at least not without extensive therapy. Both Caruth and van der Kolk treat pictures and visual images as though they were non-symbolic, standing in opposition to verbal images, when in fact the picture and the word stand very close together (Leys, 2000, p. 249). Good writing uses words to conjure images, and vice-versa. Not only do most scientific studies fail to support van der Kolk, but the literature on traumatic repetition is filled with the victim's speech, as Lawrence Langer's (1991) remarkable *Holocaust testimonies: The ruins of memory*, reveals. Caruth's emphasis on the importance of listening to the 'crisis of trauma' also recognizes that we must pay attention to the trauma victim's speech. But both Caruth and van der Kolk neglect this dimension of their own work when traumatic memory is defined as a literal impression that forever (or at least without intervention, which also uses speech) remains isolated from speech.

Nevertheless, one can see the purpose of the odd alliance between Caruth, the literary critic, van der Kolk, the neurobiologist, and Dori Laub, the psychoanalyst. What they share is the belief that trauma creates a wound, a structural deficit, where representation is not. The result is the 'crisis of witnessing,' in which the surviving witnesses to the most horrific events of the twentieth-century cannot narratively represent their experience (Felman and Laub, 1992).

A distinction can be drawn between 'cannot narratively represent' and impossible to believe what one knows to be true, a difference not developed by Caruth et al. As Eva L. put it, 'I can't believe it happened to me. . . . How can they believe if I can't believe?' (T-71) <sup>2</sup> Eva L. is referring to the difficulty she encounters trying to explain to others the horrors she has experienced and witnessed. How can she convince others if she can't even convince herself? And why wouldn't she be able to convince herself? Because she has gone through an experience

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that was unimaginable, as though it took place on another planet, to another person, in another world.

A careless observer might imagine that Eva L. is a perfect example of Freud's early experience with traumatized and hysterical patients. About such patients Freud said that they accept that an event must have happened, for it could not have been any other way, but they do not remember the event.

Patients themselves accept that they thought this or that, they often add: 'But I can't remember having thought it' 'It's easy to tell them their thoughts were *unconscious*' continues Freud, but how to make sense of the fact that these thoughts remain unconscious even after there is no need for repression? 'Are we to suppose that we are really dealing with thoughts that never came about . . . so that the treatment would lie in the accomplishment of a psychical act which did not take place at the time? (Freud, 1895, p. 300)

The problem of the patient's lack of confidence in the reality of his or her own memory of trauma continues to haunt not just psychoanalysis, 'but the entire modern discourse of trauma' (Leys, 2000, p. 103). But it does not haunt Caruth, and for quite different reasons it will not haunt my account. Eva L. does not fail to remember her experience. In fact, she can narrate it in great depth and with full conviction. She simply sometimes can't believe it happened because it is so utterly alien not only to her present experience, but to ordinary human experience for which she might otherwise find a context. The experience is not irretrievable, just unbelievable. This is not to say she doubts its reality, or is unable to articulate the traumatic experience in a sophisticated narrative, one that has all the signs of having worked through the experience, such as making a sharp distinction then and there and here and now. In fact, the sharpness of this distinction is precisely what troubles Eva.

In Caruth's account there is no 'unbelievable' to be narrated in the first place. Narrative is replaced in trauma by a neuro-camera that can only repeat itself. Actually, that's not quite true. In Caruth's account, the neuro-camera becomes a neuro-transmitter of hysteria, in which the only way the Holocaust is conveyed by those who experienced it is in the mode of horror so deep and

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terrible that it is at once overwhelming and contaminating. 'What is transmitted is 'not the normalizing knowledge of the horror but the horror itself.' (Leys, 2000, p. 268; internal quote from Michaels, 1996, p. 8)

For Caruth, trauma is an external force penetrating the psyche. Remembered is the literal truth engraved upon a fully developed psyche that cannot linguistically represent an experience that is essentially beyond words, or representation. The traumatized one repeats an experience he does not have access to in a conscious way. This theory depends on this literal, almost photographic quality of the penetrating experience. From another perspective, we may say that for Caruth trauma splits the mind, lodging itself in a part of the mind that cannot be assimilated.

Of course, the mind is not really a camera, and Caruth does not imagine that it is. Nevertheless, her language suggests a literalness to the process of traumatic memory that does little to clarify the experience. According to Caruth, trauma is experienced as the 'literal registration of an event . . . . Modern neurobiologists have in fact suggested that the unerring 'engraving' on the mind, the 'etching into the brain' of an event in trauma may be associated with its elision of its normal encoding in memory (Caruth, 1995, pp. 152-153). Generally employing a language that tends toward the physical reduction, or at least the material elucidation, of emotional experience, Caruth concludes that 'trauma is the confrontation with an event that, in its unexpectedness or horror, cannot become, as Janet says, a 'narrative memory' that is integrated into a completed story of the past.' (Caruth, 1995, p. 153) That latter claim, the unavailability of trauma to narrative memory, is reasonable, familiar, and in the case of the vast majority of Holocaust witnesses, false. The core problem with Caruth's claim is not, however, that she makes a false claim. An account can be fruitful but false. The core problem with Caruth's claim is that she couches it in a language that tends to mystify, rather than clarify, the experience of trauma. She does so by placing trauma beyond a phenomenological or experience-based account of extreme human experience, an account still within the province of the victim. The result is to render extreme trauma the subject of expert listeners, who must it seems take on the burden of the original victims.

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### **No Narrative About Auschwitz**

For Caruth, language testifies to severe trauma when its denotative and connotative functions fail, and what is transmitted is not a narrative of the trauma, but the intense emotions associated with it. An implication of this assumption according to Dori Laub is that we, the readers and listeners become participants and co-owners of the traumatic event (Felman and Laub, 1992, p. 57). In other words, listening to testimony about extreme trauma becomes a process in which the listener is willing to become traumatized him or herself, in order to feel what words cannot represent. This would imply that the listener and viewer of Holocaust testimony must partake of the Holocaust in a second-order fashion (admittedly an unclear term, but Caruth does not elaborate upon the process of transmission), for this is the only way the non-representable can be known—by allowing oneself to be infected by the emotional contagion of the trauma. Or as Caruth (1995, p. 11) puts it, ‘the history of a trauma, in its inherent belatedness, can only take place through the listening of another.’

Caruth does not mean that through the listening of another the victim of trauma can hear and understand him or herself, and in this way begin to work through the trauma. Or at least this is not her primary meaning. Caruth means that only the listener can experience the trauma that the original victim could not. The context of Caruth’s statement is her wider claim that trauma is the historical link not just between individuals, but between generations. While Caruth assumes that the listener may provide the link between generations, the link is less that of understanding, but of feeling. The trauma of the Holocaust, or Hiroshima is experienced by the next generation as inherited trauma, still felt more than understood (Caruth, 1995, p. 11).

‘To what extent does it make sense to conclude that the traumatized view of the world conveys a wisdom that ought to be heard in its own terms?’ In part the answer to Kai Erikson’s (1995, p. 198) wise question will depend upon whether trauma victims are, in fact, incapable of telling their own stories. For as Edward Said (1979) has taught us about the intellectual colonization of the Orient (a practice that inflicted its fair share of trauma), its greatest conceit was in thinking that the West could speak for those who presumably could not speak for themselves.

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Caruth would likely agree with Said. For Caruth, as for Berel Lang (2000), we respect the victims of extreme trauma best when we do not try to represent it. It is the gap, the wound, that in its silent unavailability around which we can try to speak, but about which we should remain silent. The result is to render trauma a silent sacred symbol, the place where narrative is not. This is particularly likely when the trauma has entered history, as in the case of the Holocaust.

Followers of Jacques Lacan (1977) would call this place the real, that about which it is impossible to speak, for the fears, needs, and desires that reside there are so primordial that they cannot be expressed in language. A particularly worrisome exaggeration of this way of thinking is found in Slavoj Žižek's (1989, p. 50) assertion that the concentration camp is itself but one more instance of the Lacanian real. The real may be a useful, albeit abstract, way of thinking about the psychological trauma that cannot be spoken, the trauma with which Caruth is concerned. However, transforming Auschwitz into but one more example of the real risks placing the Holocaust beyond rational discourse. Of course the Holocaust cannot be represented if Auschwitz cannot be 'attached . . . to a concrete image' in the first place (Žižek, 1989, p. 50; Lacapra, 1998, p. 48). But then it is we who have made unrepresentable what other human beings have created.

A consequence of this perspective is that the working-through of trauma, that is, coming to experience and express the trauma in the past tense, tends to be equated with a premature closure, a violation of the respect we accord to the silence of the sacred. Caruth puts it this way,

The danger of speech, of integration into the narration of memory, may not lie in what it cannot understand, but in that it understands too much. . . . The possibility of integration into memory and the consciousness of history thus raises the question, van der Kolk and van der Hart ultimately observe, 'whether it is not a sacrilege of the traumatic experience to play with the reality of the past?' (Caruth, 1995, p. 154)

If it becomes sacrilege to help others put their trauma into words, or to try to understand their trauma as narrative, by which I mean a story with a beginning, middle, and end, with protagonists (in this case victims and executioners), not just events that happen, then what are we

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to do? Silence may be a way of showing respect, but in the end nothing happens. And if silence is itself not an option, then what? How can we not betray the past by telling it?

In fact, this is misleading statement of the problem. The testimony of most survivors of the Holocaust is already in well-developed narrative form. They have already committed sacrilege, so to speak. The problem is not that survivors cannot put their experience into narrative. The problem is that doing so, often called working-through, does little to heal them. The problem is not that of experiences that cannot be put into words. It is about words that don't heal, and *not* because they are disconnected from the emotional experience of trauma.

### **'No One Can Understand Who Wasn't There' and Doubling**

There are no constants among survivor testimonies, no universal themes. The two that come closest, are 'no one can understand who wasn't there,' and 'even today I live a double existence.' About the first statement, people in everyday life often say to others things like 'you can't understand because you are a man.' Or a mother grieving over the loss of her son or daughter might say 'I wish you could feel my pain for just five minutes; then you might be able to understand what I live with every day.' To claim that another who has not undergone a similar experience cannot understand is no barrier to narrative. On the contrary, it is one of the main reasons people tell stories, in order to create a frame and form for an experience so that another person might understand it. It's not easy. Even the same words, such as 'I was thirsty,' mean two different things when you've been working in the garden for a couple of hours and really need a cold drink, and when you have been riding in a locked boxcar with 100 other people for days with nothing to drink. but your own urine to wet your lips (Max B. T-94). Or someone else's. Locked in a sealed box car to Treblinka with over 130 other people, Benjamin Piskorz says a friend would urinate in his mouth for water, and he would do the same for friend. 'The relief was great, because the urine absorbed the heat of the tongue, and the swelling went down.'<sup>3</sup>

The fact that we have all been 'thirsty' allows you to understand the thirst of the survivor. But it is at the same time a barrier to understanding, for it suggests a commonality of experience that is false. Few of us will ever understand Max's or Mr. Piskorz's experience of thirst, but like the

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translation of one language into another, their stories help us imagine what it must be like. This is part of the wisdom of trauma, a wisdom that can be communicated to those with ears to hear, but never shared. It is worth remembering this distinction.

About doubling, Robert Kraft (2002, p. 2) argues that it is the near universal theme of those who give Holocaust testimony.

Almost all witnesses state that they live a double existence. There is a Balkanization of memory, where Holocaust memories and normal memories are assigned to two, sometimes hostile territories . . . . Consider a few phrases that witnesses use: ‘a double existence,’ ‘another world,’ ‘a schizophrenic division,’ ‘two worlds,’ ‘two different planets,’ ‘double lives’.

Important but difficult to understand is not so much the frequency with which witnesses refer to ‘doubling,’ for that is an observational given, but whether they are all referring to the same process, and what that process or processes might be. Asked how she lives with Auschwitz, Charlotte Delbo (2001, pp. 2-3) replies,

Auschwitz is there, unalterable, precise, but enveloped in the skin of memory, an impermeable skin that isolates it from my present self. Unlike the snake’s skin, the skin of memory does not renew itself . . . Alas, I often fear lest it grow thin, crack, and the camp get hold of me again . . . I live within a twofold being. The Auschwitz double doesn’t bother me, doesn’t interfere with my life. As though it weren’t I at all. Without this split I would not have been able to revive.

Doubling allows life to continue, but it is always threatened by the intrusion of ‘the self who died at Auschwitz,’ as Delbo puts it. Only perhaps even the self who died at Auschwitz is wishful thinking, as though it were dead and buried. Even worse is the self who survived Auschwitz, and comes back to haunt the self who would dare to live a normal life. More than this I cannot say, for doubling is not so much an abstract concept as an empirical observation.

Splitting is a vexed concept in psychoanalysis. However, it is widely agreed that splitting is a defensive process in which the ego divides itself in order to correspond with an experience which

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cannot be integrated. Melanie Klein (1946) developed the concept further, but it is present in one of Freud's (1938) late theoretical contributions, Splitting of the ego in the process of defense. The concept of doubling resembles splitting in so far as it is a division of the self in order to come to terms with two incompatible experiences of the world: the Auschwitz self, and the post-Auschwitz self. In general, however, the term 'doubling' is not used here in a strict psychoanalytic sense as a synonym for splitting. Rather, doubling is an experiential term, a summary of all the different terms and ways survivors describe their post-Auschwitz experience of themselves. It is Delbo's non-technical, experiential use of the term 'splitting' that corresponds most closely to its relationship to doubling in this essay.

What is so puzzling about doubling is that everybody does it. Survivors don't double more than the rest of us, they double both less and more. The self is always dual, as almost every thoughtful writer from Plato on has recognized (*Republic*, 435a-443b). The cognitive psychologist Ulric Neisser (1994, p. 8) states flatly, 'Memory is always dual.' He means that the individual experiences the present self being aware of the past self experiencing the world. The ironic quality of the extreme trauma that induces doubling is that it results in what appears to be an absence of the usual distinction (doubling) between what is remembered and the remembering self. As seen by one who observes the witness testifying, particularly the witness who begins to become traumatized and overwhelmed as he or she recounts the experience, the distinction between the 'remembering self now' and the memories of the past self begin to fail. In other words, trauma is expressed through an absence of ordinary doubling.

Traumatic memory has the quality of what Delbo calls deep memory (*mémoire profonde*). It is body based, raw, visual, expressed in images, emotion, and physical sensations. These images are all too readily reactivated, and when they are it is as though the experience was happening all over again. Expressed in simpler language, instead of remembering the traumatic experience, the witness comes to relive it. Or as Bessie K. puts it, 'When it comes to me to start talking about it, right away I step into the camp.' (T-206) So far, this account of doubling, while not stressing the photographic quality of the memory, is compatible with Caruth's account, indeed with the diagnosis of PTSD.

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Where it differs is that many survivors seemed to have extensive narrative access to what Delbo calls deep memory, similar to the camera-like and body-based images to which Caruth refers, and yet this access does little to heal them. Survivors could recall their experiences in rich and evocative narratives. They did not remain frozen or stuck at the level of imagistic thinking, or simple repetitive story-lines. Images became worlds of words, even if present and past occasionally collapsed into each other. Nevertheless, these well-told tales did little to relieve them of their dread. Not just because there is comparability but no commensurability between the Auschwitz experience and ordinary experience. But because the Auschwitz self and the pre- and post-Auschwitz self suffers from the same problem, that of living in different worlds.

In the midst of her interview, Lorna B. brought out some burnt chicken bones from her purse to try to convey the smell of burnt flesh that she had lived with for months at Auschwitz-Birkenau, the smell that haunted her still every time she cooked (or at least burnt) the family meal (T-1126). She was trying, with some success (to hear the gasp of her interviewer), to convey a deep memory, a body-based sensual experience. And yet her success at this communication did little or nothing to relieve her of its burden. Having experienced the unthinkable, many survivors can never quite believe their own story, a story that they generally narrate in a sophisticated fashion. Not the inability to put words to their experience, and not simply an inability to believe their own experience, but an inability to conceive of their own experience as something that could happen to a human being in this world, is their problem.

About those arriving at the railroad station in the ghetto, about to be sent to Auschwitz, Delbo (1995, p. 4) writes simply ‘they expect the worst—not the unthinkable.’ Common memory can deal with the worst; it has no place for the unthinkable. It is, by the way, almost the same problem that the listener experiences. The survivor knows this, and this knowledge is the ultimate source of his or her doubt. Consider the larger context of a statement of Eva L, a portion of which was quoted previously:

The older I get, the more questions I ask. Why am I the only one of the whole family to survive? Who would believe if I can’t believe it myself? When I was young it was easier, I was busier. . . . I can’t believe it happened to me. . . . People ask me to tell the story, and I refuse. I can’t believe a human could go through this. . . . Every day was a year. How can

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they believe a human can survive under this if I can't believe it? How can they believe if I can't believe? (T-71)

Auschwitz for one who has lived inside it is evidently incomparable. Not merely the pre-Auschwitz self, but the post-Auschwitz self can hardly believe it. In a sense, this was the Nazis' greatest and most perverse victory. They created a regime of death so horrendous that not merely those who were not there, but those who were, can hardly believe it. Or as Eva L. puts it, 'if I could come here and have a family and live a normal life, more or less, then how could it have happened?' (T-71)

### **Doubling as the Loss of Value**

In doubling, deep memory is cast adrift from ordinary or common memory (*mémoire ordinaire*) because ordinary memory lacks concepts and categories to explain a world that is no longer meaningful in human terms (Delbo, 2001, pp. 2-3). 'Warum?' (Why?) asks Primo Levi (1996, p. 29) of a prison guard who has just snatched an icicle out of his hand as he was about to suck on it to relieve his terrible thirst? 'Hier gibt es kein warum' answered the death camp guard. (Here there is no why, no reason.) When the entire world has no 'Warum?' (no why), when the only answer is sadism, starvation, and death, then the self of everyday life possesses no resources to contain the experience, no moral framework by which to evaluate it, no chronological framework within which to say 'this too shall end,' no emotional framework with which to shield itself from unremitting terror and loss. Then pre- and post-Auschwitz self lack a sufficient vocabulary of value to communicate with the Auschwitz self. At issue is not soma versus psyche, or inscribed psyche versus narrative psyche. At issue is value.

The experience of the absurd, which Camus (1955, p. 45) defines in terms of the gulf between humanity's demand for meaning and nature's unreasoning silence, takes on a new and strictly human meaning. Humans demand a meaning comprehensible to the pre- (and post-) Auschwitz self. The world of death that was Auschwitz replies with a meaning no longer comprehensible in the discourse of ordinary human life and death, in which death is measured by individuals, not piles of nameless corpses. Or as Leon put it,

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People hadn't become ciphers yet. They were still, up to that moment, human beings. With a name, with a personality. And when they were gone, their image was retained. But the mass disappearing into the gas chambers--, they're just a mass of people going--, like into a slaughterhouse. There was a difference. A qualitative and quantitative difference.

(Greenspan, 1998, p. 159)

Doubling is the consequence of the clash of values, though that makes it sound too elevated, too abstract. At issue is the clash between the values of life and death, Eros and Thanatos, the will to live and the will to destroy. Doubling results when a world oriented to the values of life is conquered and overrun by a world in which the values of death reign. In order to know something, you have to have something to compare it to (Plato, *Meno* 80d-81e). If the new is entirely unrelated to the old, if there is no category belonging to the old world that resembles that of the new, then the new world will lack reality, for it is impossible to find a place for it in the story (narrative frame) of one's life.

In *The Nazi doctors: Medical killing and the psychology of genocide*, Robert Jay Lifton (1986, pp. 418-429) characterizes the doctors' key defense mechanism as doubling, the division of the self into two functioning wholes, each part acting as though it were virtually an entire self. Almost in passing, Lifton argues that doubling possesses an adaptive potential that may be life saving 'for a victim of brutality such as an Auschwitz inmate, who must also undergo a form of doubling in order to survive. Clearly the 'opposing self' can be life enhancing.' (1986, p. 420) Trouble is, the way in which Lifton develops the concept of doubling reveals that it is not some neutral defense mechanism employed by executioners and victims alike in order to adapt to extreme circumstances. For the Nazi doctors, doubling was a defense that operated primarily during the years they served in the concentration camps, helping them psychologically survive the world of death they were thrust into and made their own. For survivors, doubling is not so much a defense to be explained, as a way of living after having died at Auschwitz. For survivors, doubling serves Eros, allowing them to live with what are essentially unbearable experiences. Both experiences happen to be called 'doubling.' Both concern Auschwitz. There the similarity ends.

## Conclusion

Trauma, particularly large scale historical trauma such as the Holocaust, is an ethical experience. (I believe that this statement applies to all trauma, but there is not room to make that argument here.) Large scale historical trauma is a crisis of values, the contradiction between what one knows and what one can believe. Trauma is the inability to imagine the story one is narrating. Not for reasons suggested by Sándor Ferenczi, one of the founding fathers of trauma theory. For Ferenczi, trauma is dissociative, with the result that representation and affect belong to mutually incomprehensible worlds. This is why knowledge doesn't integrate. Representation belongs to a different emotional world than affect. Not only does knowledge, including that gained in psychoanalysis, not heal, but the attempt to bring knowledge to emotional experience only reinforces the split between knowledge and feeling (Ferenczi, 1988, pp. 39, 203). One can see how Ferenczi's view might have influenced Caruth. But it is not relevant to the trauma of survivors. Their narrative experience of trauma is filled, sometimes to overflowing, with sensual and body-based images, the language of affect, as the burned chicken bone story reveals.

The problem of survivors is their inability to believe what they know to be true, what they can say to be true. One might say this inability is the result of doubling. I would say that this inability is the cause. Doubling isn't splitting, at least in Ferenczi's sense of dissociation. It is a way of living with the unbelievable. And the unbearable. Knowledge as disaster, Michel Blanchot (1995, p. ix) calls it, the disaster of learning things about the world that a human isn't supposed to know. As Julia S. puts it, 'You're not supposed to see this; it doesn't go with life. It doesn't go with life. These people come back, and you realize they're all broken, they're all broken. Broken. Broken.' (T-934)

In fact, most are not broken. Doubling is the alternative to breaking. But it is a painful alternative, for it is never complete, and the survivor must live with a knowledge that does not enrich the self, but depletes it. As a survivor of another trauma put it when talking with Kai Erikson (1995, p. 197),

While it could be argued that it's not a bad thing to become more knowledgeable, it is, I think, certainly a bad thing to become knowledgeable in the way that we've become

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knowledgeable. It's like a person who's an agoraphobic. If you're terrified to go out of the house, you don't live a very good life.

Doubling is a way to go out of the house, to get on with life. Seen from this perspective, doubling is the salve for the wound that never heals. Which in this case is good, for lack of closure allows life to continue. Sometimes a full life, sometimes a quite restricted one. That depends upon this survivor and the nature of his or her experience (some went through more traumatic experiences than others; some are presumably more resilient than others). But for a vast majority, doubling allows life to go on. Doubling serves Eros in its largest sense, the drive for life after having lived through a world devoted to death.

Here Ferenczi is helpful, concluding late in his career that forgetting is sometimes the best path. 'Now is the time for encouragement to the tasks of life and future happiness, instead of pondering and digging in the past.' Ferenczi understands that the result is to 'sequester' or 'encapsulate' traumatic experience. But this is now the goal (Ferenczi, 1985, p. 181; Ferenczi, 1994, pp. 260-261). This isn't doubling, but doubling and Ferenczi's late conclusion have more in common than divides them.

Finally, what are we to conclude about Caruth's influential theory, as well as about the diagnosis of PTSD in general? Do they apply to 'ordinary' trauma, but not to extreme historical traumas such as the Holocaust? Or is it rather that this essay adopts a different framework within which to think about trauma? There is no simple answer. Since Caruth places her account of trauma squarely within history ('If PTSD must be understood as a psychological symptom of the unconscious, it is a symptom of history.'), it seems as if it ought to be able to explain extreme historical trauma, especially that passed down between the generations. That it doesn't explain the testimony of traumatized Holocaust survivors suggests that her explanation is based more on a literary-neurobiological account of trauma than the study of a large group of traumatized individuals.

On the other hand, a phenomenon such as trauma is subject to a potentially infinite variety of interpretations. The framework within which one approaches the phenomenon influences what

one will see. The experience of working with videotaped interviews with Holocaust survivors must inevitably (it seems) raise the question: how can someone who lived through such trauma, a trauma that has obviously left its mark, go on to live anything resembling a normal life? The answer is doubling, which explains how a survivor could be such a competent narrator of his or her own experience, and still be severely traumatized, but often without the symptoms of extreme trauma, such as a sense of a foreshortened future. On the contrary, almost every survivor said that it was the sense of a future that kept and keeps him or her going. If not for themselves, then for the children and grandchildren. In so doing, the survivor would be doing his or her part to defeat Hitler's mad dream.<sup>4</sup> Since survivors made this statement thirty to fifty years after the initial trauma, referring to the unfolding of their own lives, as well as the lives of their children and grandchildren, it is reasonable to assume that this hope was not only realized, but recognized and appreciated still.

Though survivors are generally able to tell their story in narrative form, characterized by a beginning, middle, and end, frequently drawing the distinction between then and there and here and now, the narrative form fails to offer the relief that narrative so often seems to promise, beginning with Aristotle's account in the *Poetics*. Why? Aristotle is particularly concerned with tragedy, famously arguing that the well constructed plot leads to the *katharsis* of pity and fear (chapter 6). By now it is generally agreed that the term *katharsis* refers not to purging, but to clarification or emotional enlightenment (Nussbaum, 1986, pp. 388-391). Surely the main reason the Holocaust does not lead to the relief of *katharsis* is that it is not tragedy, but atrocity (Langer, 1978, pp. xi-xiv). Tragedy requires identifiable characters, not piles of corpses, as Leon reminds us. There may however be another reason. Doubling, which saves the survivor, prevents emotional clarification, at least when emotional clarification is understood as emotional integration. This was not Aristotle's precise understanding of *katharsis*, but a modern twist; however, it does not seem an unwarranted stretch. Doubling, which allows the survivor to get on with his or her life, at the same time stands in the way of an integrated experience of the horror that required doubling in the first place. For most survivors, as well as for other victims of terrible trauma, it seems a fair trade.

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### Endnotes

1. According to the *Diagnostic and statistical manual of mental disorders IV-Text Revision* (DSM IV-TR) (American Psychiatric Association, 2000), PTSD requires that two criteria be fulfilled. First, that ‘the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.’ Second, ‘the person's response involved intense fear, helplessness, or horror.’ Symptoms of PTSD include the following: (1) Intrusive and recurrent recollections of the event, including dreams, and flashbacks. (2) Avoidance and numbing, in which people, places, activities, and even consciousness are avoided, the latter through drink, drugs, sleep. Feelings of detachment and estrangement from others, as though no one else could possibly understand. A restricted range of affect: all the emotions are turned down, including love, affection, pleasure, as though every powerful emotion were a danger. (3) A sense of a foreshortened future. ‘What’s the point in planning anyway? I don’t expect to be around that long.’ (4) Hyper-arousal: Difficulty falling or staying asleep. Irritability or outbursts of anger. Hyper-vigilance. Exaggerated startle response. These symptoms must last for at least a month for the diagnosis of PTSD to be met.

2. Interviews from the Fortunoff Video Archives are identifiable in the text by the prefix ‘T’- followed by the accession number. In each case, the full citation should read \_\_\_\_\_ [first name and last initial of witness] (T-XXXX), Fortunoff Video Archives for Holocaust Testimonies, Yale University Library. The interviews are not anonymous, but the Archives prefer this method of citation. For more on these testimonies see Alford, *After the Holocaust* (2009). I am not unaware of the irony that my argument makes use of materials in an archive co-founded by one whose work I criticize, at least by proxy, Dori Laub.

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3. Benjamin Piskorz was interviewed in 1946 by David Boder. See: <http://voices.iit.edu>. The limit of Boder's project, as far as this essay is concerned, is that of necessity it does not allow for the discussion of extended post-war trauma.

4. Overwhelmingly, it was those young enough to have first, and often second families who survived the concentration camps.

## References

Alford, C. F. (2009) *After the Holocaust: The Book of Job, Primo Levi, and the path to affliction*. New York: Cambridge University Press.

American Psychiatric Association (2000) *Diagnostic and statistical manual of mental disorders*, 4th ed., text revision. Washington, DC: American Psychiatric Publishing.

Blanchot, M. (1995) *The writing of the disaster*. (A. Smock, Trans.) Lincoln: University of Nebraska Press.

Camus, A. (1955) *The myth of Sisyphus and other essays*. (J. O'Brien, Trans.) New York: Vintage Books.

Caruth, C. (1995) *Trauma: Explorations in memory*. (C. Caruth, Ed.) Baltimore, MD: Johns Hopkins University Press.

———. (1996) *Unclaimed experience: Trauma, narrative, and history*. Baltimore, MD: Johns Hopkins University Press.

Delbo, C. (1995) *Auschwitz and after*. (R. Lamont, Trans.) New Haven, CT: Yale University Press.

———. (2001) *Days and memory*. (R. Lamont, Trans.) Evanston, IL: Marlboro Press/Northwestern University Press.

Fred Alford *Is the Holocaust traumatic?*

Erikson, K. (1995) Notes on trauma and community. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 183-199) Baltimore, MD: Johns Hopkins University Press.

Felman, S. and Laub, D. (1992) *Testimony: Crises of witnessing in literature, psychoanalysis, and history*. New York: Routledge.

Ferenczi, S. (1988) *The clinical diary of Sándor Ferenczi*. (J. Dupont, Ed.) Cambridge, MA: Harvard University Press.

———. (1994) *Final contributions to the problems and methods of psychoanalysis*.

London: Karnac Books.

Freud, S. (1895) Studies on hysteria. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud*. Vol. 2. London: Hogarth Press, 1953-1974. (*The standard edition* is hereafter cited as *SE*.)

———. (1914) Remembering, repeating, and working-through. *SE* 12, 145-156.

———. (1920) Beyond the pleasure principle. *SE* 18, 3-64.

———. (1938) Splitting of the ego in the process of defense. *SE* 23, 271-278.

Greenspan, H. (1998) *On listening to Holocaust survivors: Recounting and life history*. Westport, CT: Praeger.

Klein, M. (1946) Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis*, 27, 99-110. [reprinted in *Melanie Klein: Envy and gratitude and other works, 1946-1963*, vol. 3 of *The Writings of Melanie Klein*. New York: The Free Press.]

Kraft, R. (2002) *Memory perceived: Recalling the Holocaust*. Westport, CT: Praeger.

Lacan, J. (1977) *Écrits: A selection*. (A. Sheridan, Trans.) New York: W. W. Norton.

LaCapra, D. (1998) *History and memory after Auschwitz*. Ithaca, NY: Cornell University Press.

Fred Alford *Is the Holocaust traumatic?*

Lang, B. (2000) *Holocaust representation: Art within the limits of history and ethics*. Baltimore, MD: Johns Hopkins University Press.

Langer, L. (1978) *The age of atrocity: Death in modern literature*. Boston, MA: Beacon Press.  
----- (1991) *Holocaust testimony: The ruins of memory*. New Haven, CT: Yale University Press.

Laub, D. (1995) Truth and testimony: The process and the struggle. In C. Caruth, (Ed.), *Trauma: Explorations in memory* (pp. 61-75) Baltimore, MD: Johns Hopkins University Press.

Levi, P. (1996) *Survival in Auschwitz: The Nazi assault on humanity*. (S. Woolf, Trans.) New York: Touchstone Books.

Leys, R. (2000) *Trauma: A genealogy*. Chicago: University of Chicago Press.

Lifton, R. J. (1986) *The Nazi doctors: Medical killing and the psychology of genocide*. New York: Basic Books.

Michaels, W. B. (1996) 'You who never was there': Slavery and the new historicism, deconstruction and the Holocaust. *Narrative*, 4, 1-16.

Neisser, U. (1994) Self-narratives: True and false. In U. Neisser and R. Fivush (Eds.), *The remembering self*. New York: Cambridge University Press.

Nussbaum, M. (1986) *The fragility of goodness: Luck and ethics in Greek tragedy and philosophy*. Cambridge, UK: Cambridge University Press

Said, E. (1979) *Orientalism*. New York: Vintage Books.

Fred Alford *Is the Holocaust traumatic?*

van der Kolk, B. and van der Hart, O. (1995) The intrusive past: The flexibility of memory and the engraving of trauma. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 158-182) Baltimore, MD: Johns Hopkins University Press.

Žižek, S. (1989) *The sublime object of ideology*. London: Verso.