



## THE ENIGMA OF EXTREME TRAUMATISM: TRAUMA, EXCLUSION AND THEIR IMPACT ON SUBJECTIVITY\*

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My aim is to discuss the immediate effects of extreme trauma and to speculate on its long term effects. The formulations associated with the Post Traumatic Stress Syndrome generate an overly medicalized view of trauma, grossly underestimating its devastating impact. Catastrophic traumatic experience rips a hole in the representational continuity of psychic life; neither representations nor narrations are generated. Instead, a representational emptiness occurs, such that what has taken place cannot be shared or transmitted. The cathartic word becomes a robotic mocking of the interchange between human beings. There is no internalization, no ability to make the experience subjective. The resulting deep splitting in the psyche is characteristic of extreme traumatism, and its balance or perpetual working through is elaborated in this paper.

**KEY WORDS:** extreme trauma; state sponsored violence; impact of catastrophic trauma; trauma and exclusion; alienation; impact on subjectivity; testimonial literature and narrative

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The notion of trauma has acquired such a broad extension and range, both in the diversity of its causes and the magnitude or intensity of its effects, that it becomes necessary to acknowledge its heterogeneous character, in order to restore its accuracy, and to prevent it from becoming a wild card that transforms a problem requiring reflection into a Tower of Babel.

It is widely known that its use in the field of medicine is not the same as its use in psychoanalysis. While in medicine it is a question of repairing present harm and revolves around the adequacy or proportion between causes and effects, in our profession, deferred action (*après coup*) and

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re-signification—we usually say re-symbolization of the trauma—constitute the heart of the problem; in other words, it is a long-term repair work or scarring, constitute the heart of the problem; in other words, it is a long-term repair work or scarring, which can even affect traumatic transmission between generations.

The subject of primal seduction and the primary sexual shock (the conceptualization of which occupied Freud's mind for a long time and still occupies the minds of his successors, today, has only a remote connection with the horror of the concentration camps, genocide, and torture, which continues to occupy our minds. The coordinates that orient the analysis of a trauma that is displayed in the intimacy of incest are not the same as those that guide the analysis of mass traumas that result from political violence, natural disasters, or iniquitous, cruel and terrorizing human activities conceived in lucid and methodical ways. Therefore, the vastness of the issue of trauma compels us to fragment it into chapters or themes that can be encompassed and approached from a reasonably congruent perspective.

My aim is to discuss the immediate effects of extreme trauma and to speculate on its longterm effects, from political violence (torture and forced disappearance, war and genocide) as well as from the cold genocide of marginalization and exclusion that are characteristic of rigid social organization and hierarchies in different Latin American countries. The latter, perhaps, is a relic of the colonial mindset that believed in the alleged ethnic superiority of white-skinned Europeans over dark-skinned native populations of the continent.

To begin, I do not wish to turn this into a dispute over terms, or a terminology war, but I do need to express my divergent views on the notions of Post Traumatic Stress Syndrome (*Neurosis Traumática*) and resilience. I think the former has medicalized<sup>2</sup> the problem of trauma (and has promoted a taxonomy of symptoms and syndromes, and, by emphasizing the effects on the injured body, underscores what I believe to be accessory and overlooks what is essential. To me, the essential issue concerns the devastating effects on the psychic structure of the person affected and on his environment, both in the heat of its present and in the long term trans-generational transmission.

The most recent notion of resilience, inspired by physics, refers to the capacity, for instance, of a rubber band or a spring to recover its initial condition in terms of texture or resistance, after being submitted to extreme conditions. This is extrapolated to imply a the capacity for psychic regeneration subsequent to extreme conditions of violence. This notion has the virtue of combating the victim's perspective of harm and of denouncing the secondary gain of the symptoms. It aims at the opening of a creative outcome instead of the handicap that is ordinarily attributed to the

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result, but this implies a normalizing vocation that we find mistaken and even harmful.

It seems absurd to be paralyzed in a battle over names. However, this paper aims at resisting the medicalization of the problem which then contributes to the fiction of a society made up of the ones affected and the ones uninjured. Our attempt is to find another stance, using different logic. Our perspective emphasizes and underscores the notion of *mark* or *inscription*, harmful and/or healthy, and we postulate that, as a *consequence of a macro traumatism, everything we are becomes tinged, in an evident or concealed form, or surreptitiously by the traumatic experience that took place both in the suffering and in the sublimatory and creative experience*. This divergence in the initial stance is radical and bears heavy consequences on the aims of a therapeutic process and on the emphasis of the itineraries to take. Thinking in terms of PTSS (*neurosis traumática*) is not the same as thinking in terms of mark and inscription, and this clearly has consequences on the developments and understanding we draw from there.

Therefore, the dispute is not terminological, but it is doctrinary. One perspective emphasizes harm, cicatrization or the indemnity of the body and the soul (of the soma and the psychic apparatus). Its mission is to become part of the medical and psychopathological discourse. Our point of view emphasizes inscription in culture and in history. The change in the terms used also aims at a change of assessment, at avoiding the univocal consideration of deprivation or infamy, in favor of considering violence as capable of reverting its harmful dimension into a destiny of creativity.<sup>3</sup>

We believe that the effect of normalization sought by resilience, such as the abreaction cathartic action, on which the PTSS model works, dodges the essential dimension of the problem. It is true that catharsis is the recreation of the traumatic moment, but it is more than a hallucinatory repetition, since the witness (a fellow human being and co-participant) implies something new and unprecedented. However, achieving this intimate relational space is a starting point, not an endpoint. The witnesses—singular or plural—are crucial, so that the narrator can assume the transmission of his experience. There is no narrator without a listener, no humanity without narration. We are constituted as much by words as by flesh, in that intimate space where the psyche generates its plans and paths; where love and loneliness are built.

But the figures of evil (torture, forced disappearance, war, genocide) do not generate either experience or teachings, but representational emptiness instead. The catastrophic experience is a hole in the representational continuity inherent to psychic life. Horror and extreme pain generate fright rather than experience; neither representations nor narrations are generated, representational emptiness is to be found instead and, for this reason, what

took place can hardly be transmitted or shared. The cathartic word becomes robotic and takes the form of a parody, a mock of its value in the interchange between human beings. There is no process of (internalization subjectivation) of the experience. The soldiers who returned from the trenches in Verdun were speechless, as we were taught by the German philosopher, Benjamin (1930, p. 314). To make representable, in other words transmissible, that which suppressed the conditions for representability, for the production of an account that can be shared, is an arduous task. The compulsive display of a cathartic word is not the same as *insichgehen* (to get into oneself), which is an inward movement of self-examination and self-reflection. It is this movement that provides an event with density, signifying it, creating an alternation between the transitive and the reflective experience, or reinserting into the psychic apparatus the difference between thought and hallucination. This alternation is interrupted in the experience of horror.

It may be simpler and more eloquent to support my argument with the words of an anonymous survivor of a camp, “Those who were never in Auschwitz will never fully enter the place, and the ones who actually were there, will never fully leave it...” The concentration camp world—as a paradigm of horror—cannot be processed as memory; it is an unbearable and forever present pain (for example: Prince, 2009; Grünberg and Markert, 2012). Semprún wrote that a part of the self remains there forever, though another part can continue loving, hating, working, embarking in projects or getting furious (Semprún, 2007). This deep splitting is characteristic of extreme traumatism, and its balance or perpetual working through will be the core concern of the present text.

“Those who were never in the concentration camp universe will never fully enter the place, and the ones who actually were there, will never fully leave it”. How can we possibly understand this abyss between symbolic universes, so separate and unyielding, implied by this statement? Its words stuck to me like a leech (or a mite), and mentally harassed me, as an enigma to be deciphered. A German colleague, Hans Stoffels, refers to *Niederland* (1980) writing that after completing the *Divine Comedy*, Dante was avoided by the inhabitants of Verona because he had visited hell. How can we possibly conceive of the specificity of the memory of terror, then? The experience of fright, as already stated, does not generate teachings or experience, but representational emptiness. The original pain of the trauma is repeated in a hallucinatory way and psychic resources are slow in making that furious animal called *hallucination* metabolized so that instead of giving rise to the alienation of the subject, it can generate psychic representations that can acquire significance for the person affected.

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We know that words refer to and represent facts, sometimes in proximity and sometimes at an inexorable distance. I can say “I am in love” or “I am terrified”, or more specifically “Last night I made love, or I had an orgasm”, and I can provide these statements with the utmost trivialization, or, on the contrary, light up with emotion. In other words, out of these experiences we can produce a word that is full of meaning, or hollow. We do not possess an original element of information about that intimate space typical of symbolization that can be similar to what is available to us in connection with the air we breathe and the light and colors that we can see. It is rather an arduously constructed inscription and it is achieved randomly. This building process can succeed or fail. This implies the distance between ordinary and poetic communication. In order to talk, two are always needed, even if we, ourselves are the interlocutors, and this tension between immediate experience and thought is essential. However, if the distance between the fact experienced and its representation is always problematic, this difficulty is multiplied exponentially in the extreme areas of pleasure and horror. Paul Auster (1982, p. 161) says that language is not truth, but it is the way we exist in the world. And even when pathos inhabits and even floods words, it is still necessary to distinguish between the cathartic effect of the evacuative word and the hard inner experience of the word that expresses psychic pain. Reaching this point is an arid and laborious journey—perhaps it is the longest and most tedious part of a therapeutic process—but this is not a point of arrival but rather a point of departure. This is where the hallucinatory lanes of traumatic repetition end, and where the alienation of experience, which cannot bind or expel the fright, becomes paralyzed in terror. It is what some call the breakdown of the transition between hallucination and thought, which emerges as the most visible corner of the so-called traumatic (or war) neurosis. Once again, in the words of Semprún (1997):

It is necessary for an “I” of the narration to appear, an “I” that has been fed by my experience but can exceed it, that is capable of inserting the experienced and the imagined, the fiction, and as a result, the illusion. A fiction that can be as illustrative as the truth, which can contribute to making the truth plausible and not alienating (Semprún, 1997, pp. 181–182).

Nothing we suggest resembles the cicatrization of PTSS or the psychic normalization aimed at by resilience. Our attempt is to acknowledge that massive trauma of totalitarian brutality, not only the bodily injuries that medicine must recognize and heal as well as the psychic symptoms that integral medicine or psychiatry can contribute to mitigate, but rather to focus our attention there where the human being is a speaker, and on his condition as a political being. As we have known since Aristotle, this is not a

descriptive attribute but rather a constituting condition of his humanity. This utopia is as unreachable as it is essential, and unwaiverable. Without it, lucid and conscious solidarity fatally falls down the slide of altruistic assistentialism and turns the therapeutic couple back into the dichotomy of the sick and the well. And in this world of injustice, who is exempt from being the victim, the perpetrator, or the accomplice of political violence? That is why we find it necessary to maintain a therapeutic utopia as a reference: in the social bond, the victim is not the one who is sick. When the trauma of political violence reassumes its true status, as a political act and not an illness, then the therapeutic process will be interminable, as long as the history of the human kind. Hans Chaim Mayer, who then became known as Améry (1995) talked about not being sick, but the expression of his time.

The reader will probably remember Primo Levi's (1965) recurring nightmare being a concentration camp prisoner. He dreamt about the re-encounter with his loved ones and in the middle of the narration of his hardships, they would move away cold and indifferent. In connection with torture *nobody wants to know, nobody can believe*, hammered Michel de Certeau (1987) and the incredulous alienation doubles the pathogenic intensity of the traumatism. The implied empathy from the witness is essential for the recovery of the one affected.

The mothers and grandmothers of the disappeared ones,<sup>4</sup> changed the course of history on our continent with their incorruptible fight for remembering. Through their silent wandering, with the pictures of their disappeared children—socializing, mourning, and demonstrating their sorrows and pains, they flew in the face of the official memory of patriotic celebration that the military dictatorship imposed, they opposed it, and step by step, re-wove the social bond torn by tyranny. It takes decades of hard work and effort, to reverse the mandate for silence, to transform the proscription of memory into its prescription. "*Unfinished Business*" is the title of an allusive poem that Primo Levi (1981) wrote shortly before his death. It speaks to what has happened with the Armenian genocide (see Danielian, 2010; Prince, 2010), the Shoah (Grünberg and Markert, 2012; Prince, 2009, 2015), the forced disappearances in Latin America (Viñar and Ulriksen de Viñar, 1989; Puget and Kaës, 1989; Hollander, 1992), confirming the fact that three generations are needed to build and model the humanity of a human being.

We know that terror silences and locks the victim into his pain and his silence. This is the case with the burning horror of war, genocide, and torture, or in the icy horror of marginalization or exclusion, which deprive the subject of his rights. The cure, in medicine, is to silence the organs; in trauma, it is to help return the victim to his conditions of being a rightful

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member of the community, a speaking human being (*parlêtre*), and citizen with rights and obligations. Travelling the road of reparation, inch by inch, is unique to each situation and person but it always includes *rescuing the word* and *reinstalling a memory* that enables one to give shape to a present and to design a future.

Here is a quote from Jules Michelet:

*La foule de ceux qui n'ont pas vécu assez...*

[The crowd of those who haven't experienced enough...]

*Ce n'est pas une pleureuse qu'il leur faut c'est un devin*

[It is not a weeper that they need but a seer...]

*Il leur faut un Oedipe que leur explique son propre énigme dont ils n'ont pas le sens...*

[They need an Oedipus, who can explain their own enigmas to them, the sense of which they ignore].

*Il faut entendre des mots qui ne furent jamais dites, qui restèrent au fond des cœurs (fouillez le votre, ils y sont).*

[It is necessary to listen to words that were never said, which remained at the bottom of their hearts (search your heart, they are there).]

*Il faut faire parler les silences de l'histoire*

[It is necessary to talk about the silences of history].

(J. Michelet, January 30th, 1842)

I include this quote from Jules Michelet, in order to avoid any possible suspicion of psychoanalytic sectarianism. It was not invoked by a great psychoanalyst. Jules Michelet, the French poet historian in the 19th Century, wrote it in his Journal on 30th January 1842 (Michelet, [1815–1850](#)). For contemporary humanity, so boastful of its civilizing progress, the date of the quote is thrilling, and its pioneering message—that the creative word is a therapeutic factor—is groundbreaking.

I have chosen this quote, dated more than a century and a half ago, because it points in the direction that I find pertinent and precise in demedicalizing the problem of massive trauma: building a bridge over the apparently insurmountable abyss of the symbolic universes of those who have experienced the horror of the concentration camps, or the cold and sometimes imperceptible genocide of exclusion, which on so many occasions we face with “polite distraction”. I picked this quote because it tries to break the fallacious dichotomy between the affected and the uninjured, an inexorable and feared noxiousness that civilization continues

to produce—as discussed by Zygmunt Bauman in his *Wasted Lives: Modernity and its outcasts* (Bauman, 2004) and in *Modernity and the Holocaust* (Bauman, 2001).

I chose the Michelet quote because it implies re-establishing a human space—shared and colloquial—where there used to be alienation and ignorance (and, I include medicalization of trauma as pointing in that path). Furthermore, the essence of the quote places or reinstalls massive trauma back where it belongs, along two essential axes: *the speaking condition of the human being* and *his imperative of trans-generational transmission*. We are convinced that, before or post trauma, at least three generations are essential to build and model a human being, that our birth is not only the result of the union between an ovule and a sperm, or the genetic endowment inherent in them, but also the fact that we are heirs, messengers or spokespersons of parental wishes and prohibitions, whether explicit or unconscious, and it is through them that we receive the keys and mandates of language and culture. French anthropologist Marc Augé (1995), in his *non-places. Introduction to an anthropology of supermodernity*, explains that nature-culture is an enduring part of the human condition and coextensive to its speaking condition. There is no dichotomy between the individual man and the cultural man, according to Augé. Further, individual identity exists in and in the relationship with other men. The relationship with the other can have an external quality (the other as distant and external) or a participating proximity (empathy and interiority).

The panoptic reifying observation and the establishment of a dialogical field, are two opposing alternatives where an encounter or its failure is defined between human beings. The effects and consequences of trauma and exclusion represent but a single chapter, albeit a relevant and crucial one in this logic of our understanding of the genesis of the human condition that our clinical practice sometimes ignores. We can only become human through our sense of belonging and conflicting loyalties with our ancestors and contemporaries, inside a world of language and culture the world of a language and a culture, in a continuity or rupture with traditions, managing the joys and sorrows of our ascendants, and constituting a space of our own, which we will gradually transmit to our descendants. Hannah Arendt lucidly described that we have to abandon the notion of human identity as a self-referred sameness: the humanity of men only becomes evident in the frame of co-belonging with other men (Arendt, 1958).

Imre Kertész, survivor of the Holocaust (1998) and winner of the Nobel Price in Literature in 2002, said in a lecture in Munich in 1996 (Kertész, 1996)

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The French historian Renan, a great expert in the field, points out that neither race nor language determines a nation; men perceive in their heart that their thoughts and feelings are related, just like their memories and illusions. I, nevertheless, realized at a very early time that I remembered everything in a different way and that my illusions could be distinguished as well from that which my country demanded from me. This difference, considered shameful, burnt in me like a secret and excluded me from the grandiloquent consensus around me; from the unanimous world of men. I burdened my ego with a feeling of guilt and with the sensation of a split consciousness until—very much later—I realized it was not an illness, but rather a healthy state, and that any loss was rewarded by lucidness and spiritual gain. Living with a feeling of helplessness, today, is probably the moral state in which, by resisting, we can be faithful to our time (Kertész, 1996, Munich Lecture).

Freud used to muse that creative writers seem to know better than psychoanalysts, and the above quote from Kertész could well describe the very purpose of the therapeutic process.

It is within these coordinates—and not in the dilemma between silence and the shrillness of the symptoms—that the process of elaboration of the trauma and exclusion are defined; they are not illnesses of the psychic apparatus of a particular individual, but illnesses of the social bond. Because experiencing and managing the joyful legacy with which the human species is supposed to receive and provide for its offspring is not the same as being the heir to the disgrace, humiliation and shame of dishonored ascendants.

A century ago, in *Totem and taboo*, Freud (1912–1913) pointed out that no significant act of one generation, especially if it is infamous or disgraceful, can be hidden from the following generation. The intimate space of the family is a sound box that amplifies the inner pain of the traumatized person. The recurring harassment of a shameful and humiliating origin travels endlessly along generations, as sharply indicated by Michelet (1815–1850) a century and a half ago. Solidarity, is a noble and necessary task of our institutions and our consulting rooms, but it is not sufficient. I am not talking about the media's use of torture and genocide as a horror show—moving, but ultimately a show—but about defeating the scandal and the repugnance we feel when shedding light on or making public, one of the most heinous features that our species is capable of. What we call *civilizing progress* has sometimes moved in the direction of a return to brutality. A concerned community, may be comprised of indifferent spectators, or accomplices by omission, but as committed witnesses, we make up the pole that triangulates the repair work, and this should concern us not only as professionals but also as citizens. Denouncing crime promotes mass sensitivity and is as healing and therapeutic as is our

committed clinical work. It is a long-term task, perhaps interminable. We should remember the way in which the small first edition of the *Human Species* by Antelme (1996) took more than a decade to sell out before becoming required reading. The laws of impunity and dutiful obedience stifled public memory for decades in Latin America. For many years only a few of us addressed these subjects and the victims' outcries met distance, mockery, and hate from a sanctimonious majority. Today, a thriving human rights movement that advocates justice and condemns crimes against humanity is spreading throughout the continent and the world. It has become institutionalized in, among other forums, the Crimes Against Humanity Initiative, sponsor of the Proposed Convention on the Prevention and Punishment of Crimes Against Humanity and The International Criminal Court in The Hague, Netherlands, currently prosecuting numerous individuals for crimes against humanity.

We are all aware of the importance and limitations of this kind of institution, as well as the militancy of an anonymous mass that we call global public opinion. I wish to remind us that the horror of trauma grows with impunity in secrecy and darkness and declines when we assume the responsibility and the risk of denouncing it even with the shiver of scandal and shame. I will end with an epigraph from the book, *El terror y la Tortura*, by my friend Daniel Gil (1990), where he reminds us of a Chinese proverb: there are subjects nobody likes. I don't like them either.

## NOTES

1. Dr. Marcelo N. Viñar, M.D., is Psychoanalyst, Author and Trauma Expert. He was Professor in the Faculty of Medicine at Universidad de la República, Montevideo, Uruguay, from 1968 to 1997 and president of the Latin American Psychoanalytic Federation. He went into exile in France in 1976 and returned to Uruguay in 1989. He is full member of the Asociación Psicoanalítica del Uruguay.
2. Medicalization is a process in which human conditions and problems are treated as medical concerns, resulting in losing the connection to the social problems inherent in the condition.
3. We cannot, with any accuracy, include the long list of authors who have helped us understand that this distinction between medicalization and inscription in the field of culture which has led to a theoretical dichotomy and divergent treatment plans. Contributions have come from colleagues and those who have written about concentration camps, both European and Latin American, but I particularly wish to thank and pay tribute to the work of Janine Altounian (1990).
4. During the "Dirty War" in Argentina (1976–1983), the military junta (engaged in "Process of National Reorganization"), abducted, tortured and killed many they deemed political opponents of the regime. Many were young people, students, journalists, professors, who expressed dissatisfaction with the military. The military stole babies from pregnant

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prisoners and gave them to families connected to the dictatorship. The government destroyed all records that would help families to find their disappeared loved ones' bodies or their grandchildren. The 30,000 kidnapped became referred to as the "disappeared." In face of violent reprisals, a group of mothers of the *disappeared* started in 1977 to gather and walk in non-violent demonstrations every week on the Plaza Mayo. They became known as the Madres of the Plaza Mayo and have been demonstrating for the discovery of truth ever since. The government attempted to characterize them as lunatics (Gómez Mango, 2004). (Retrieved from <http://www.womenintheworldhistory.com>. Speaking truth to power. Madres of the Plaza Mayo).

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