

BEARING WITNESS

Definition.

Bearing witness implies having seen at close hand vital events to which one bears a moral weight to testify. The events to which one testifies involve life and death issues.

Closeness to them is such as to almost experience the life of another and needing to take compassionate action on the other's behalf.

Bearing witness may take different forms. It may be testifying in court in order to achieve justice. It may be to engrave memory such as of 9/11 by the National Museum of American History.

Bearing witness informs, declares, testifies, vouches for an important truth. The truth may be unpalatable. It may take courage to expose such truth and doing so may reflect on one's own character. But one may do so because the truth often implies life and death matters for many people.

Bearing witness may carry a sense of sacred mission; something universal may be at stake, such as justice in the world. The truth that must be acknowledged, however difficult, is ultimately for the sake of humanity.

Bearing witness may have religious connotations. When Pilate asked Jesus whether he considered himself to be king, Jesus answered, "To this end was I born, and for this cause I came into the world, that I should bear witness unto the truth. Everyone that is of the truth, heareth my voice." (*John 18:37*). Bearing witness to Jesus's life, death, and resurrection as if one witnessed them, or to the immediate experience of the

love of God can have spiritual benefit for believers who may see the solution to their own or the world's suffering.

Though there is no law to bear witness, but to be indifferent to those who suffer or to be disconnected bystanders, makes for being callous or soul-dead.

To bear false witness, on the other hand, is sacrilegious. One of the ten commandments is specifically devoted to prohibiting it. False witness is a sibling to lying, proscribed by another of the ten commandments.

The Holocaust added a new layer of meaning to bearing witness. Many survivors felt an intense need to bear witness to its horrors. Their mission was to preserve the memory of the dead, and to give their slaughter meaning. The meaning was preventing the recurrence of such an event in the future.

Survivors produced numerous articles, books, films, museums, and memorials which attested to the horror of the Holocaust. For instance three million names and stories of murdered individuals were recorded at Yad Vashem, the Holocaust museum in Jerusalem. Tens of thousands of testimonies of survivors were collected around the world by the Shoah Foundation in order to memorialise and facilitate research into the Holocaust.

The Holocaust has taught that the demand to bear witness may be passed on to subsequent generations. Children and grandchildren of Holocaust survivors are impressed to not forget what happened, and to learn the lessons of that history.

Since the Holocaust, many journalists, photographers, activists, and ordinary people have borne witness to human rights abuses, injustices, and atrocities around the world.

In summary, bearing witness has been a means of revealing extreme traumatic situations in order either to salve them through religious belief or to prevent them from continuation or repetition through social conscience and political action.

Bearing witness in traumatology

Helpers and healers have always been privy to people's sufferings and traumas. In the last century mental health professionals specifically witnessed and treated psychic wounds. Traumatology arose as the discipline whose concern was when, where, and how, the wounds were to be witnessed, and what to do about them. In time traumatology considered the cost to helpers of tending such wounds.

It was obvious almost immediately that to understand the emotional meaning of victims' wounds, healers required compassion and empathy, and this meant that they resonated in deep emotional, even physical ways with victims' wounds. In fact they bore witness to them.

Bearing witness took different forms, depending on when the wound was inflicted. In acute trauma and grief counselling the helper is immersed in victims' wounds in an immediate vivid manner. When time has elapsed since the wounds were inflicted and parts of the wounds and their ripples have been suppressed, or when wounds occurred in early childhood, the healer bears witness through the help of the survivor reliving the trauma in conscious memory, symbolic dreams and fantasies, or in unaware transference. The latter may involve re-enactments of the trauma, or in children communication through play and drawings. The helper's own responses (countertransference) are clues to what sort of trauma is being replayed.

Bearing witness in traumatology has similarities and differences to the types bearing witness considered above.

Similarities include victims having witnessed death and/or having faced the possibility of their own imminent death. Further, victims' assumptions of morality, justice, and meaning having been shaken to the core.

Differences include the fact that the survivor is actually the primary person who bears witness to the events he or she has experienced, while the healer bears witness in a secondary manner. Another difference is that the goal of the parties bearing witness to the events is not alerting society or spurring political action, but the healing of traumatized individuals. The therapist does not bear witness to the community (that would be a breach confidentiality). The therapist in fact bears witness to survivors of parts of their experience that have been too painful to acknowledge, but to which for survivors' health they have to bear witness themselves.

That week, a woman's skirt

was found at the Ghetto gate to be lined
with smuggled food...

The officers stripped her, spread her legs and probed with knives
before they let her go. She brought her shame

to me and I wrote it down, including her name. (Stviav, 1998 p
xxiv)

Poets write. Traumatologists help to bring awareness so that survivors can identify themselves and tell their stories. Survivors who feel guilt and shame can bear witness to themselves only if therapists empathise and bear witness secondarily. If they do not, or worse, if their stories are not believed, or if survivors are blamed or denigrated, they experience a second wound. This happens when Holocaust history is revised or when sexually abused are not believed.

This brings us to the last point of difference between traumatologists and other witness bearers. Traumatologists use all their intellectual and human capacities to bring traumas into awareness and bear witness to them, and they may do so for a plethora of different traumas in their working day. This puts helpers at risk to secondary traumatisation. Figley called this secondary post-traumatic stress disorder. The accompanying emotional draining he called compassion fatigue (Figley, 1995; 2002).

A traumatology view of bearing witness

Traumatology has the task of understanding and healing trauma. But trauma is overwhelming and unthinkable. Its wordless energy resides in black holes of the human mind.

Valent has used a three-pronged approach to provide language and understanding of the black holes of trauma. Such understanding prevents bearing witness being overpowering.

1. Trauma and the right hemisphere of the brain

Initial imprints of trauma in the midbrain limbic system (such as the amygdala and the hippocampus) become elaborated in the higher centres. For instance threatening facial expressions and attachment misattunements are stored in the right orbitofrontal area of the brain (Schoore, anzjp).

Valent (2001) suggested that much dissociated traumatic material resides in the non-verbal, non-thinking, time-unaware, self-unaware (unconscious) right hemisphere of the brain. Fragments that escape from there to the aware left brain are symptoms. They alert that all is not well. What remains in the right brain is referred to as the black hole, the overwhelming trauma.

These traumas are revealed through words that are supplied by the therapist who has translated his own right brain resonance into words for the survivor. The survivor, in an atmosphere of trust, imbibes the words and emotions of the therapist and re-establishes connections in her or his brain. This “reveals” the trauma, whose knowledge survivors frequently say, has “in some way always been there.”

2. Depth axis in the right brain

The trauma is not just the event and responses to it, but a gradient of meanings that reflect the evolution of the human brain. In trauma all of them are disturbed. Survivors need to bear witness to all of these: judgments of virtue and guilt, worth and shame, and fairness and injustice; ideals, values and principles; codes, dignity and rights; spirituality: myths, religion, ideology; sacredness and place in the universe; identity; existential meanings and purpose; truth and wisdom (Valent, 1998). Together, these factors are the secular articulation of the soul.

3. Survival strategies

Survival strategies (Valent, 1998; www.paulvalent.com /survival strategy table) are innate right brain drives that respond to threats to life. When they work they ensure survival and enhance fulfilment. When they are insufficient, they lead to distress and eventually trauma.

Valent described eight survival strategies: rescue/caretaking, attachment, goal achievement/assertiveness, goal surrender/adaptation, fight, flight, competition, and cooperation. Biological, psychological and social radiations of these survival strategies provide the fluctuating, variable manifestations of traumatic stress. These manifestations can be labelled (see Table). They can be traced back to survival responses in the original event, and followed to radiations into depth axis components (as well as into other people and across the generations).

Therapists' right brains reverberate in a mirror-like fashion with survivors' survival strategies, or therapists' own survival strategies are evoked to help the distress in survivors. For instance attachment needs of survivors (being held by a carer, having a universal protector) may either evoke resonance in therapists' own attachment needs, or stimulate their rescue/caretaking responses as carers or gods. Similarly, survivors' traumatic losses of meaning and purpose may evoke existential despair in therapists, or evoke a desire to provide such meaning and purpose.

Bearing witness in traumatology involves being open to survivors' words, non-verbal communications, emotions, images, as well as specific survival responses,

judgments, and radiations of traumatic events into utmost human depths. Therapists need to bear witness to all this, as well as to their own responses in all dimensions. They must transfer their verbal understanding in an emotionally appropriate way back to the client. Their translation of events must include hope and indications that the future will be different to the past.

We see that traumatology is a unique science in which healers' minds span two worlds. One world (right brain) witnesses, and through compassion and empathy resonates with, the victim's pain. Another part of the healer's mind (left brain) knows the common issues and progression of traumatic consequences, and can translate emotions into words. Through empathy and knowledge the healer helps to change the emphasis of the story, to change its narrative, to make it bearable and conducive to new adaptation.

Bearing witness in traumatology is a major challenge. Even with the best will in the world, therapists' responses may secondarily overwhelm them (secondary post-traumatic stress disorder). As for survivors, survival strategies help to hone the nature of this state. Compassion fatigue may stem from excess caretaker compassion; burn-out may be a result of excess effort to achieve goals; a sense of defeat may stem from excessive desire to win; depression may result from too much loss and grief (Valent, 2002).

Yet traumatology is a very rewarding profession. Bearing witness successfully leads to unique satisfaction, respect for survivors and humanity, and a wiser self.

Bearing witness to the outside world

Bearing witness within the therapeutic relationship is intense and all-absorbing. Even so, some traumatologists bear witness to the outside world of their professional findings. For instance Lifton (1973) collected stories of traumatic consequences of the Vietnam War: its failures of vision, cruelties, and atrocities- the implication being that such wars should not occur in the future.

Yael Danieli, the International Society for Traumatic Stress Studies representative to the United Nations on trauma, has frequently alerted the world body to the traumatic consequences of war and deprivation.

As noted, many non-traumatologists bear witness to trauma. For instance Cahill (2005), a doctor who treated victims of state atrocities, war, and underprivilege around the world, in his book *To Bear Witness*, makes a plea for human rights.

Bearing witness in the future

History has taught us that bearing witness to even the most horrific events does not prevent their recurrence. For instance bearing witness to the Holocaust has not prevented subsequent genocides. Similarly, understanding and even healing trauma does not prevent future trauma. Bearing witness to evil does not rid the world of it.

Yehuda Bauer (19), the foremost Holocaust historian said that we must extend our understanding to perpetrators and bystanders, the ones who produce and allow traumas to happen.

Truth and reconciliation commissions such as in South Africa may be one way to obtain perpetrator testimonies. Studies of criminals may be another.

Of course it is much harder to be compassionate and empathic to perpetrators. But traumatology has shown that perpetrators were themselves frequently victims.

Perhaps to accomplish the mission “never again”, which is the goal of bearing witness to victims, we must bear witness to all humanity.

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FURTHER READINGS

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