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## PODĚKOVÁNÍ

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## 1. Introduction

Although the memory of humankind contains many terrible events, none of them has received so large attention as the Holocaust. This event of the 20<sup>th</sup> century is significant not only for the enormous number of people who died during Nazi systematic liquidation of Jews and other ethnic groups. The whole world has been influenced by the Holocaust. Despite the fact that about 6 million Jews were murdered in Nazi concentration camps, there are those who survived. Some people could think these are the lucky ones. Nonetheless the reality is quite different. Most of the survivors have been affected by the Holocaust so much that they could not return to a normal life. Therefore the Holocaust is associated with the term trauma. As a clinical term of psychology and psychiatry it refers to a stress response to an extraordinary life event. Although there is a wide range of events which can initiate a trauma, two historical events led to a deeper research of the phenomenon of trauma – the Holocaust and the Vietnam War.

The Holocaust has traumatized the survivors, their families, friends, spectators and the whole society, as well. But not only medicine and science has paid attention to it. Many artists tried to depict this event and thus we can find imprints of the Holocaust in a number of literary works. One of them is William Styron's well-known novel *Sophie's Choice*. The novel narrates a story of Sophie Zawistowka, a survivor who spent 20 months in Auschwitz and later committed a suicide.

Styron admitted that there was a real Sophie underneath the character in the novel, who inspired him to write the story.<sup>1</sup> Several questions arise here: How much of real Sophie did Styron describe in his novel? And how accurately did he portray her and her trauma?

Psychiatry has researched the topic of stress and its impact to psyche from the very beginning of its birth in the 19<sup>th</sup> century. The first terms that physicians started to work with were “*railway spine*” or “*traumatic neurosis*” and they assigned unusual behaviour caused by high-impact accident. There were some endeavours to describe person's reactions. For

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<sup>1</sup> PHILLIPS, Robert S. *The Madness of Aart: Interviews with Poets and Writers*. 1st ed. Syracuse, N.Y.: Syracuse University Press, 2003, p. 182.

example, after the U. S. Civil war physicians observed that often reaction of military veterans includes fatigue, shortness of breath, heart palpitations etc.<sup>2</sup>

The researches of the 19<sup>th</sup> century were then enriched by the work of two great psychiatrists Sigmund Freud and C. G. Jung who gave birth to psychoanalysis which followed early traumas of the patients. In the beginning of the 20<sup>th</sup> century trauma was considered as one of the sources of neurosis.

Next psychological and psychiatric researches of trauma were connected with war conflicts which brought many opportunities to study and explore trauma. After the First World War, another terms were created – “*Soldier’s heart*” or “*shell shock*”. Many years trauma was considered to be a specific disorder connected with war and fields of combat. That changed after the Second World War when some psychiatrists began to discover that war experience does not have to be the only source of trauma. From 1950s psychologists and psychiatrists were developing a conception of PTSD. Nonetheless, as a specific disorder PTSD was accepted much later in 1980s.<sup>3</sup>

During that time and later many psychologist approaches to trauma has been created. One of them, which put trauma into its centre, is called Jungian school and it is based on the works of C. G. Jung. It focuses on deep analysis of impacts of trauma to person’s psyche.

After the Second World War, combat stress was widely explored but not only war veterans have been traumatized. After the liberation of German concentration camps there were survivors suffering from depression who were not able to return to life they lived before the war. Many of them were treated from trauma. In a post-war era trauma of the Holocaust was called *Concentration Camp Survivor Syndrome (CCSS)*.

The aim of this work is to analyze Sophie’s trauma depicted in the novel and discover whether Styron’s description corresponds to the description of trauma presented by psychologists and psychiatrists.

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<sup>2</sup> ROSEN, Gerald M a B FRUEH. *Clinician's guide to posttraumatic stress disorder*. Hoboken, N.J.: John Wiley, c2010, p. 5.

<sup>3</sup> ROSEN, Gerald M a B FRUEH. *Clinician's guide to posttraumatic stress disorder*. Hoboken, N.J.: John Wiley, c2010, p. 5.



## 2. Trauma

### 2.1 Definition of trauma

Trauma is commonly defined as a stress response to an extraordinary life event. This negative reaction is caused by outer stressors and it manifests mentally and also physiologically. McCann and Pearlman suggest this definition:

*“An experience is traumatic if it (1) is sudden, unexpected, or non-normative, (2) exceeds the individual’s perceived ability to meet its demands, and (3) disrupts the individual’s frame of reference and other central psychological needs and related schemas.”*<sup>4</sup>

Trauma, as an individual’s psychological response, emerges from reciprocal confrontation of outer stressors and individual’s personality. Individual approach to trauma is necessary because the same event can have different impacts on different personalities. However, in most cases the traumatic event exceeds everyday experience and thus is becoming traumatic for every person who goes through that.<sup>5</sup>

In many cases violence becomes the dominant stressor. Although sometimes trauma can be caused by divorce, losing a job, serious illness, financial problems (or combination of some of these and similar aspects), Resick states that usual traumatic experiences are *“life threatening (and/or threatening to “self” as is the case with incest or other intimate assaults) and that are accompanied by intense fear, helplessness or horror.”*<sup>6</sup> Most often trauma affects victims of crime, victims of war, survivors of human cruelty and other forms of violence. The risk of emergence of trauma is also high for survivors of natural disasters or accidents. The emergence of trauma doesn’t depend on particular environment – it can be extraordinary (war) or everyday and common (domestic assault).<sup>7</sup>

The impact of trauma can be very destructive – it attacks the structure of the personality and touches the psychological core – the self. Trauma influences personality characteristics, ego-

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<sup>4</sup> MCCANN, I. *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*. New York: Brunner/Mazel, c1990, p. 10.

<sup>5</sup> MCCANN, I. *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*. New York: Brunner/Mazel, c1990, p. 10-13.

<sup>6</sup> RESICK, Patricia A. *Stress and Trauma*. Philadelphia, Pa.: Psychology Press, 2001, p. 2.

<sup>7</sup> OCHBERG, Frank M. *Post-traumatic Therapy and Victims of Violence*. New York, p. 4-6.

processes, personal ideology, and identity configurations.<sup>8</sup> The victims of trauma usually need help of a psychotherapist to be able to recover from the stress event.

See Appendix 1<sup>9</sup>

## 2.2 Trauma in Jungian psychology

There are many theories regarding trauma and its therapy. Jungian psychoanalytic approach offers one of the most detailed systems. As the introduction of various psychological theories of trauma is not the aim of this work, this part focuses on Jungian theory of trauma, which became one of the most widespread approaches in the therapy of trauma. This chapter introduces the most important ideas of some significant Jungian psychoanalysts such as C. G. Jung, Donald Kalsched and others.

### 2.2.1 Dissociation

To present Jungian approach, it is necessary to introduce a psychological phenomenon of dissociation, which creates the basis of this psychoanalytic system. Dissociation is also a generally accepted approach to trauma and its therapy. DSM-IV-TR<sup>10</sup> defines dissociation as

*“a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment.”*<sup>11</sup>

Regarding to the definition given above, five main symptoms can be stated: amnesia, identity confusion, identity alteration, depersonalization and derealisation.<sup>12</sup>

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<sup>8</sup> WILSON, John P. *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*. New York: Routledge, 2006, p. 12.

<sup>9</sup> MCCANN, I. *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*. New York: Brunner/Mazel, c1990, p. 11.

<sup>10</sup> Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) represents a guide for classification and diagnosis of mental disorders.

<sup>11</sup> DELL, Paul F a John A O'NEIL. *Dissociation and the Dissociative Disorders: DSM-V and Beyond*. New York: Routledge, c2009, p. 522.

Jung assumed that a normal reaction of a person's psyche to a traumatic experience is to withdraw from the environment where the stress event occurs. When it is impossible, a part of the self must resign – that means integrated ego must dissociate (ego divides itself into fragments).<sup>13</sup>

*“Dissociation is a trick the psyche plays on itself. It allows life to go on by dividing up the unbearable experience and distributing it to different compartments of the mind and body, especially the “unconscious” aspects of the mind and the body. This means that the normally unified elements of consciousness (i.e., cognitive awareness, affect, sensation, imagery) are not allowed to integrate.”*<sup>14</sup>

Another mental process strongly influenced by dissociation is a memory. Some memories concerning trauma are dissociated and saved in unconsciousness. However, psyche has a system which could be called self-helping. There is a plenty of hidden mechanisms which psyche uses to return to its integrated state. Memories appear through flashbacks or dreams and they try to return to a conscious part of the mind.

Despite the repression of thoughts, memories and images to unconsciousness, an individual is forced to reexperience them over and over again. This is a moment when therapist can help. Some people incline to isolate themselves from any thought connected with their traumatic experience – that can lead to reinforcement of symptoms. Barret presents an example of such an attitude:<sup>15</sup>

*“After a hurricane, an adolescent boy had hurricane nightmares for two months. During that time, his mother would not allow him to talk about the hurricane. In therapy, which provided the opportunity to discuss and process his experience, the nightmares disappeared after the third session.”*<sup>16</sup>

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<sup>12</sup> DELL, Paul F a John A O'NEIL. *Dissociation and the Dissociative Disorders: DSM-V and Beyond*. New York: Routledge, c2009, p. 522.

<sup>13</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 12-13.

<sup>14</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 13.

<sup>15</sup> BARRETT, Deirdre. *Trauma and Dreams*. Cambridge, Mass.: Harvard University Press, 1996, p. 15.

<sup>16</sup> BARRETT, Deirdre. *Trauma and Dreams*. Cambridge, Mass.: Harvard University Press, 1996, p. 15.

Dissociation refers to a state of mind which the victims of trauma usually describe as “being without soul” or “losing a soul”. Due to the symptoms like identity confusion, identity alteration or depersonalization victim or survivor is not able to find himself where he or she was before the trauma emerged.

A defence comes as a result of the experience of unbearable pain. When the person has no defence in outer world (in his surroundings), it comes from the inside of his psyche. Dissociation is such a psychological defence. Although life of an individual continues in new environment without stress events, psychological sequelae of trauma are surviving both in conscious and unconscious part of psyche. The traumatic experience in outer world has finished, but not in the inner world.<sup>17</sup>

### 2.2.2 Complex and its emergence

Jung initiated his praxis with therapy of patients suffering from neurosis. He discovered that repression is a frequent phenomenon and it originates as a response to childhood trauma. His theory of neurosis was developed simultaneously with his concept of trauma.<sup>18</sup>

According to Jung, when the dissociation occurs, a complex is born. Complex is a group of reciprocally linked emotional images, which are concentrated in the unconscious part of psyche. When they penetrate to the consciousness, they appear as thoughts and emotions uncontrollable by a will. Thus, complex has a certain psychological autonomy.<sup>19</sup> In other words, the complex represents a part of psyche, which separated from consciousness as a result of dissociation. It possesses some energy and it should be joined to the consciousness again. Jung commented that “*the via regia to the unconscious however is not the dream... but the complex, which is the architect of dreams and of symptoms.*”<sup>20</sup>

As the complex is deposited in unconsciousness, it takes the form of archetypal images.<sup>21</sup> Jung discovered that the archetypal images don't occur only in a therapy of patients who went through a traumatic event recently, but they attack the patients, who didn't experience any unordinary event as well. In the latter case the patients had experienced a childhood trauma,

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<sup>17</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 13.

<sup>18</sup> JUNG, C, Sonu SHAMDASANI, R HULL a JUNG. *Jung contra Freud: The 1912 New York Lectures on the Theory of Psychoanalysis*, p. 12.

<sup>19</sup> CASEMENT, Ann. *Who Owns Jung?*. New York: Karnac, 2007, p. 356.

<sup>20</sup> CASEMENT, Ann. *Who Owns Jung?*. New York: Karnac, 2007, p. 355.

<sup>21</sup> Archetypal images are motifs or universal patterns of behaviour coming from the collective unconsciousness – they create basic contents of religions, mythological stories, legends and fairy-tales.

which they repressed entirely to the unconsciousness and later they didn't even know a traumatic event had occurred in their life. During that period of time the complex was growing in their unconsciousness and then it was suddenly activated and caused neurosis or delayed traumatic response.

There is one more category of patients – those who really didn't experience a traumatic event, but still suffer from trauma. Unconscious fantasy has become the source of their trauma. Jung said: *“It now appears totally irrelevant whether the trauma really occurred or not.”*<sup>22</sup> Jung and Freud agreed that unconscious fantasy can have a traumatic effect.

*“Both men saw in their patients how the memory of traumatic events was often confabulated with unconscious fantasies, making it difficult to distinguish fact from fiction and making the trauma worse. Both agreed that these fantasies could be just as traumatic in their effects as outer traumata, often continuing the trauma internally after the outer event.”*<sup>23</sup>

### **2.2.3 Self-care system and archetypal images**

Jung discovered that in the inner world of patients suffering from trauma very similar motifs and archetypal images appear repeatedly. This mythopoethic imagery led Jung and other Jungian psychoanalysts to a deeper exploration of the inner world of trauma. They discovered that unique self-care system exists inside dissociated psyche – a system of processes attempting to establish a balance in the psyche again.

According to Jungian psychoanalyst Winnicott, the dissociation divides ego into the progressed part and the regressed part. The regressed part Winnicott called “true self” – a part of personality which regresses to infantile period and represents the core of personality. Conversely, the progressed part called “false self” is unauthentic, grown up too fast to adapt to expectations of the outer world.<sup>24</sup> In other words, the “false self” exists to protect infantile “true self”, but in case of trauma it often becomes terroristic, too demanding or diabolic.

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<sup>22</sup> In: KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 71.

<sup>23</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 71.

<sup>24</sup> ALFORD, C. *Trauma and Forgiveness: Consequences and Communities*, p. 47.

Kalsched calls this dyadic structure as the psyche's archetypal self-care system. The regressed part appears in dreams and fantasies of patients as *"vulnerable, young, innocent (often feminine) child- or animal-self who remains shamefully hidden."*<sup>25</sup>

On the contrary, the progressed part appears as great and strong being that can represent either protective figure (god, angel, strong animal or man) or a persecutor (devil, demon, evil animal, murderer).<sup>26</sup>

The major function of the progressed part is to protect the person's psyche and to preclude another traumatization. Kalsched describes this function and its manifestation:

*"No matter how frightening his or her brutality, the function of this ambivalent caretaker always seems to be the protection of the traumatized remainder of the personal spirit and its isolation from reality. It functions, if we can imagine its inner rationale, as a kind of inner "Jewish Defence League" (whose slogan, after the Holocaust, reads "Never again!"). "Never again", says our tyrannical caretaker, "will the traumatized personal spirit of this child suffer this badly! Never again will it be this helpless in the face of cruel reality... before this happens I will disperse it into fragments (dissociation), or encapsulate it and soothe it with fantasy (schizoid withdrawal), or numb it with intoxicating substances (addiction), or persecute it to keep it from hoping for life in this world (depression)..."*<sup>27</sup>

The self-care system ensures the survival and the existence of ego. Moreover, this defence against trauma becomes the major resistance in therapy as well.<sup>28</sup>

Although the progressed part can appear as cruel and brutal, it represents a part of psyche which should collaborate with the regressed part. Thus, the aim of therapy is not to destroy the inner figure of persecutor, but rather to create healthy relationship between both parts of psyche. According to Jung, psychic health of a person is based on a union of opposites, which operate inside psyche. One of the ways how to reach this goal is to work with inner images which come through unconscious fantasies and dreams. As these images are very symbolic

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<sup>25</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 3.

<sup>26</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 4.

<sup>27</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 5.

<sup>28</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 4.

and metaphorical, they allow identifying inner processes not only in persons suffering from trauma, but in works of art dealing with trauma as well.<sup>29</sup>

## 2.3 Post-Traumatic Stress Disorder

### 2.3.1 Clinical history

Post-Traumatic Stress Disorder (PTSD) as a mental disorder was initially connected with war veterans. Nearly a century ago physicians discovered that the source of health problems of veterans is a combat stress. Before this discovery, military physicians diagnosed maladaptive soldiers as “insane” or “nostalgic” - they weren’t able to work or fight, after their return from combat field they couldn’t adapt to non-war conditions.<sup>30</sup>

Anxious soldiers suffered from repetitive war dreams, sexual impotence, quasi-epileptic fits or disturbed heart beat.<sup>31</sup> Many further researches in this field has led to the conclusion that these soldiers suffer from war stress producing various symptoms. The disorder caused by traumatic war experiences was called Post-Traumatic Stress Disorder.

However, psychologists soon discovered similar symptoms in patients who never experienced war. Their traumatic experience had a different source– these patients survived a natural disaster or different violent or life-threatening event. Nowadays PTSD represents the most commonly diagnosed stress disorder.

### 2.3.2 Diagnostic criteria

For PTSD, diagnosis duration of symptoms is one of the most important aspects. The symptoms must be present for a month or more. Shorter presence of symptoms is usually diagnosed as acute stress disorder.<sup>32</sup>

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<sup>29</sup> STEIN, Murray. *Jungian Psychoanalysis: Working in the Spirit of C.G. Jung*. Chicago: Open Court, c2010, p. 20.

<sup>30</sup> FINLEY, Erin P. *Fields of Combat: Understanding PTSD Among Veterans of Iraq and Afghanistan*. S.I.: Ilr Cornell, 2012, p. 5.

<sup>31</sup> SHEPHARD, Ben. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge, Mass.: Harvard University Press, 2001, s. 112.

<sup>32</sup> TAYLOR, Steven. *Clinician's Guide to PTSD: a Cognitive-Behavioral Approach*. New York: Guilford Press, c2006, p. 4.

According to DSM-IV-TR<sup>33</sup>, diagnostic criteria of PTSD are divided into six groups:

A) Traumatic stressor – A person has been confronted with a traumatic event – either as a direct participant or witness. This event was connected with actual or imminent death or serious injury. The person’s response consisted of intense fear, helplessness, or horror.

B) Reexperiencing: The traumatic event is persistently experienced in different ways: A person is intruded with recurrent recollections of the event which manifest themselves through images, thoughts or perceptions. The traumatic event appears in dreams as well. The person acts or feels as if the event hasn’t finished yet (a sense of reliving the experience, illusions, hallucinations, dissociative flashback episodes). When exposed to inner or outer aspects symbolizing the traumatic event, the person’s reaction comprises intense distress and physiological reactivity.

C) Avoidance and numbing: A person makes persistent effort to avoid thoughts, feelings, activities, places or people associated with trauma. Some important aspects of trauma seem to be impossible to recall. The person feels isolated, unable to live a normal life or have feelings (restriction of affect range) and his interest in significant activities is diminished.

D) Hyperarousal: Presence of symptoms of increased arousal – a person can suffer from deteriorated quality of sleep, outbursts of anger, and problems with concentration, hypervigilance and undue alertness.

E) Presence of symptoms for more than 1 month.

F) Presence of symptoms leads to a deterioration of quality of life in various areas (social, occupational).<sup>34</sup>

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<sup>33</sup> See above.

<sup>34</sup> TAYLOR, Steven. *Clinician's Guide to PTSD: a Cognitive-Behavioral Approach*. New York: Guilford Press, c2006, p. 5.



### 2.3.3 Therapy and treatment

The person suffering from PTSD usually needs a help of therapist to cope with the symptoms and return to a normal life. The therapist can help in many ways – he helps to accept the traumatic event, exposes the patient to aspects associated with trauma and helps to find appropriate strategies to alleviate the symptoms. In the PTSD therapy, the most common is the cognitive-behavioural approach. Its aim is to work with cognitive structures and patterns of patient – to change those which support PTSD or to create new ones reducing the stress response.

There is a strong connection between the self and cognitive schemas. They work on the principle of repetition: The more a person activates a particular schema (an unpleasant thought about traumatic event), the more fixed the schema becomes.

*“The self schemas, those beliefs and expectations that relate directly to the self capacities and ego resources, are part of the individual’s way of understanding and experiencing himself or herself. If, for example, one of the self schemas is, “I can’t handle emotion”, this will result in either serious anxiety or emotional numbing from time to time, at the very last.”<sup>35</sup>*

Some schemas can be so fixed (in the case of schemas which were maintained from childhood) that a therapist can suggest a psychoanalysis. This therapeutic approach allows deeper insight to patient’s inner traumatic world. Psychoanalysis is based on reexperience of the very first life trauma (childhood trauma) in a safe ambience of therapy.

As the trauma penetrates the psyche to its very core, a new post-traumatic self must be created. That requires many changes on cognitive and behavioural level. When these changes do not occur, there comes what many psychologists call *the compulsion to repeat the trauma*. Even when the victims of trauma usually try to avoid aspects of the past traumatic event, they unconsciously seek other situations which will be traumatic as well. Some of the reasons are dissociation or chronic states of helplessness or depression. According to van der Kolk, an addiction to trauma can be developed. The traumatized self can identify itself either with victim again or with victimizer.

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<sup>35</sup> MCCANN, I. *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*. New York: Brunner/Mazel, c1990, p. 26.

*„Some traumatized people remain preoccupied with the trauma at the expense of other life experiences and continue to re-create it in some form for themselves or for others. War veterans may enlist as mercenaries, victims of incest may become prostitutes, and victims of childhood physical abuse seemingly provoke subsequent abuse in foster families or become self-mutilators. Still others identify with the aggressor and do to others what was done to them.”<sup>36</sup>*

Three major wherewithal of the compulsion to repeat the trauma can be defined:

1. Harm to others – Re-enactment of trauma causes a lot of violent behaviour. Studies demonstrate that many sexually abused children became criminals in their later life.
2. Self-destructiveness – The compulsion to repeat the trauma can manifest itself by alcohol or drug abuse, eating disorders and various kinds of self-harm.
3. Revictimization – The person who became a victim of particular traumatic experience is more likely to become a victim of similar experience in future.<sup>37</sup>

Wilson and other psychoanalysts who are interested in the very core of the inner world of trauma suggest that the therapy focusing on creation of post-traumatic self can become a process of important self-transformation. When the negative aspects of the trauma are transformed and integrated into post-traumatic self, the person learns how to create positive emotional states. It helps to heal the trauma complexes and negative PTSD syndromes. Apathy can be replaced by a deep sense of spiritual vitality. The person tends to create a meaning of life and live with joy right here and right now. The feeling of isolation is superseded by a sense of connection with others, humanity and altruism.<sup>38</sup>

*“In a metaphorical sense, one consequence of the trauma experience is that it has altered the prism by which the survivor filters experience. In the transcendent post-traumatic self, the world is viewed through the eyes of human kinship, recognizing the beauty and fragility of others and life itself.”<sup>39</sup>*

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<sup>36</sup> VAN DER KOLK, B. A. The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism. *Psychiatric Clinics of North America*. 1989; 12(2), p- 389-411.

<sup>37</sup> VAN DER KOLK, B. A. The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism. *Psychiatric Clinics of North America*. 1989; 12(2), p- 389-411.

<sup>38</sup> WILSON, John P. *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*. New York: Routledge, 2006, p. 453.

<sup>39</sup> VAN DER KOLK, B. A. The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism. *Psychiatric Clinics of North America*. 1989; 12(2), p- 389-411.

### 3. Holocaust trauma

#### 3.1 Phenomenon of the Holocaust

Many examples of man's inhumanity could be named throughout the history, for example the enslavement of African peoples or the decimation of Indian peoples in North America. However, none of these obtained such a consideration as the Holocaust.<sup>40</sup>

The Holocaust was officially initiated by racist and anti-Semitic Nuremberg laws passed in 1935. It continued until the liberation of concentration camps by victorious armies after the defeat of Germany.<sup>41</sup> This systematic dehumanization process had started long before with German anti-Semitic campaign which portrayed Jews as evil, degenerate and dangerous creatures who should be eliminated from society. The Nazi ideological machinery has produced a number of concentration camps which were earmarked for the systematic destruction of the Jewish race. Elsie and Davidson indicate that

*“Life in the concentration camps involved deliberate, systematic, maximal debasement, degradation, and humiliation of the victims, who were stripped naked, shaved, whipped and brutalized, forced to brutalize each other at gunpoint, forced to drink out of toilet bowls and become covered in excrement.”*<sup>42</sup>

Holocaust is an unprecedented event which is commonly described as catastrophic, traumatic and inhuman. The extent of this mass murder is tremendous – about 6 million Jews were murdered. Those who survived will never forget. Moreover, the Holocaust has become a phenomenon which affected and influenced not only the Jewish race, but imprinted into the consciousness and memory of the whole western civilization.

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<sup>39</sup> WILSON, John P. *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*. New York: Routledge, 2006, p. 451.

<sup>40</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 35.

<sup>41</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. iii.

<sup>42</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 34-35.

### 3.1.1 Naming of unnameable: The Holocaust and Shoah

This phenomenon becomes obvious when searching for the appropriate term for such a gigantic mass murder which has no analogy in the past. The most common term is the *Holocaust*, but there is a problem which aroused with using this term. Many Jews refused to accept the term Holocaust, because it is a word of Greek origin denoting a fiery sacrifice. Bettelheim says that

*“To call these most wretched victims of a murderous delusion, of destructive drives run rampant, martyrs or a burnt offering is a distortion invented for our comfort, small as it may be.”*<sup>43</sup>

The term *Holocaust* implies sacralisation. From this point of view it refers to a meaning which was familiar to Nazi understanding of the Holocaust. The discomfort with this term led to alternative terms as *Event* or *Shoah* (in Hebrew).<sup>44</sup>

*“Shoah has only two syllables and four letters, but it is a very emotionally loaded concept. With the addition of the holy letter H’(Hebrew: ה), the Shoah has five letters. This clarification emphasizes that the Shoah is still incomprehensible and has no rational explanation. It remains a gigantic riddle.”*<sup>45</sup>

The term Holocaust has been used from the 18<sup>th</sup> century and refers to murders of a large number of people. Some events have been indicated as holocausts before the Second World War (for instance, W. Churchill used it to describe the Armenian Genocide of the First World War).<sup>46</sup> This term has been widely used from the 1970s.<sup>47</sup>

There are other terms referring to this event, for example *Final Solution* (1941). It was a part of the Nazi terminology and describes a mass murder of Jews. This term is broader

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<sup>43</sup> In: MANDEL, Naomi. *Against the Unspeakable: Complicity, the Holocaust, and Slavery in America*. Charlottesville: University of Virginia Press, 2006, p. 40.

<sup>44</sup> MANDEL, Naomi. *Against the Unspeakable: Complicity, the Holocaust, and Slavery in America*. Charlottesville: University of Virginia Press, 2006, p. 40-41.

<sup>45</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. iii.

<sup>46</sup> EL-SHAHAWY, Anwar. *Allah and Space*. Xlibris Corporation, 2012, s. 137.

<sup>47</sup> SCHWEBER, Simone a Debbie FINDLING. *Teaching the Holocaust*. Los Angeles, CA: Torah Aura Productions, c2007, s. 28.

because it refers to the plan of murder of all Jews. Auschwitz is another term of German origin – initially was used only as a name of the largest Nazi concentration camp, but later was modified to refer to the Holocaust as a whole.<sup>48</sup>

*“In the 1950s, it was quite common for people to refer to the atrocities in general through reference to the largest concentration and death camp, Auschwitz. Though it’s uncommon today to speak about the Holocaust as Auschwitz, the use of the term then highlights how little was known in the immediate aftermath of the events.”*<sup>49</sup>

### 3.1.2 Difficulty of research about the Holocaust

The phenomenon of the Holocaust has become the object of many scientific studies and works of art as well. Despite powerful motivation to write about it, there is the nature of the Holocaust – it represents inexpressible horror. Those, who study various aspects of the Holocaust (historians, writers, psychiatrists) and who are not survivors, are afraid of being overloaded by thoughts and emotions, because to research the Holocaust means to be confronted with despair and inhumanity. On the other hand, those who have the experience of the Holocaust, don’t want to vivify their memory.<sup>50</sup>

In following citation Davidson and Charny describe the difficulty of Holocaust research:

*“In our work on the Holocaust, we experience fear, anxiety, guilt and shame, helplessness and hopelessness. All our basic premises for functioning become threatened. We are afraid of what we may uncover in our research. We are afraid to stand alone, lonely, before the ununderstandable.”*<sup>51</sup>

Another difficulty in the research is an understanding of idea of the Holocaust. Kellermann suggests that this unprecedented event is impossible to imagine. Even if we read all narratives

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<sup>48</sup> SCHWEBER, Simone a Debbie FINDLING. *Teaching the Holocaust*. Los Angeles, CA: Torah Aura Productions, c2007, s. 28.

<sup>49</sup> SCHWEBER, Simone a Debbie FINDLING. *Teaching the Holocaust*. Los Angeles, CA: Torah Aura Productions, c2007, s. 28.

<sup>50</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 8.

<sup>51</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 9.

about the Holocaust, we would not feel what the victims felt.<sup>52</sup> According to Mandel, western society commonly imagines the Holocaust as an event which occurred inside the concentration camps in isolation – this image includes the process of unloading the victims of trains, undergoing a selection process, herding the victims into gas chambers and their cremation. This represents the most limited image of the Holocaust – it strongly affects families, friends of the victims and others who never witnessed a concentration camp - some researchers of the Holocaust committed a suicide; thus the phenomenon is much broader.<sup>53</sup>

The Holocaust is often denoted as unspeakable. That refers to the very nature of a traumatic event as psychiatrists understand it. The nightmarish experience is impossible to describe to those who do not have the same experience. The difficulties of the research lead to impossibility to depict the Holocaust adequately – the victims cannot step out of their emotions and offer complete testimony, the researchers cannot enter inside the memory of the Holocaust.

### **3.2 The Holocaust as a social trauma**

When thinking about the Holocaust in all its contexts, not only the impact on the individuals, but also on larger groups of people should be considered. According to Elsie and Davidson, the entire society is still struggling with the evil of the Holocaust – both victims and spectators are traumatized. It is visible in language of mankind in which expressions as *Auschwitz*, *survivors*, *genocide*, *Nazis* or *Mengele* were incorporated and moreover, the terms as *Holocaust* or *survivor* have been applied to a wide range of situations and sometimes are used as metaphors for description of everyday stresses.<sup>54</sup> On the one hand it illustrates that the Holocaust has become a symbol of great suffering, on the other hand it conceals the real meaning of these expressions.

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<sup>52</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p.3.

<sup>53</sup> MANDEL, Naomi. *Against the Unspeakable: Complicity, the Holocaust, and Slavery in America*. Charlottesville: University of Virginia Press, 2006, p. 35.

<sup>54</sup> DAVIDSON, Shamaï a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamaï Davidson Papers*. New York: New York University Press, c1992, p. 8.

### 3.2.1 The Holocaust as a Jewish trauma

As the biggest group of victims of the Holocaust were Jews, this event has become a collective trauma of Jewish people.<sup>55</sup> Jewish history has been associated with repressions from the very beginning – a closer look to it allows seeing generations of Jews struggling for survival or their position in society. Thus Jewish identity has been associated with fight, endurance and overcoming various obstacles in the name of God and Jewish faith. Although the idea of getting rid of Jews is obvious throughout almost all historical periods, the Jewish identity has never been confronted with such a gigantic terror.

The traumatic effects of the Holocaust are not obvious only in survivors – many Jews suffered from nightmares, feelings and thoughts connected with the Holocaust. In the words of Jung, the Holocaust trauma entered the collective consciousness and unconsciousness as well. Rabi Yehuda Amichai said:

*“I wasn’t one of the six million who died in the Shoah; I wasn’t even among the survivors. And I wasn’t one of the six hundred thousand who went out of Egypt. I came to the Promised Land by sea. No, I was not in that number, though I still have the fire and the smoke within me, pillars of fire and pillars of smoke that guide me by night and by day. I still have inside me the mad search for emergency exit, for soft places, for the nakedness of the land, for escape into weakness and hope... Afterwards, silence. No questions, no answers. Jewish history and world history grind me between them like two grindstones, sometimes to a powder... Sometimes I fall into the gap between to hide, or sink the way down.”*<sup>56</sup>

### 3.2.2 The Holocaust as a trauma of the entire society

The Holocaust has not affected only the Jewish people. There are many aspects of the Holocaust which are relevant for a non-Jewish world. Firstly, this phenomenon is associated with war terror of the Second World War which intervened into lives of people all around the world. Secondly, the Holocaust is connected with totalitarian regimes which aroused in many

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<sup>55</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 5.

<sup>56</sup> In: KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 5.

countries throughout the 20<sup>th</sup> century and many of the Second World War victims were non-Jewish. And finally, the Holocaust represents extraordinary inhumanity which doesn't leave people indifferent."<sup>57</sup>

In a moral, theological and existential context, many questions connected with the Holocaust have aroused, although they are not easy to answer. Kellerman offers a few of them:

*“How could it have happened at all?*

*Specifically, what happened then and there?*

*What do we remember? And how could we forget? [...]*

*How could the perpetrators have been so cruel?*

*Where they not human? Did they have no compassion?*

*Why did the victims not resist? And why did they not escape when it was still possible?*

*How did some people survive despite everything? Why did they survive?*

*Could more people have been saved? Why were they not?*

*Where was God?”<sup>58</sup>*

All these and similar questions have been discussed in western societies. Moreover, there is one which gained an extreme importance: *Could it happen again??* The Holocaust represents an event of ultimate evil and nobody knows how he would act in a position of victim or perpetrator. From a psychoanalytical point of view, a person tends to project his own negativity to his outer environment – events and people. When he or she is confronted with an extraordinary evil in outer world, there is a necessity to face the evil (negativity) which is stored in a person (usually on an unconscious level).

The Holocaust has had a big impact on psychiatry as well. PTSD, “survival syndrome” and a trauma itself have been deeply explored. As a result, many new treatment opportunities have been discovered.<sup>59</sup>

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<sup>57</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 7.

<sup>58</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 7-8.

<sup>59</sup> KRELL, Robert, Marc I SHERMAN a Elie WIESEL. *Medical and Psychological Effects of Concentration Camps on Holocaust Survivors*. New Brunswick, N.J.: Transaction Publishers, c1997, p. 15-16.



### 3.2.3 The avoidance of the Holocaust trauma

The avoidance and denial represent general feature of trauma. After the Second World War the avoidance of the Holocaust trauma has been obvious throughout the western society.

Elsie and Davidson state that the general pattern of denial of the Holocaust trauma was reinforced by:

1. The deficiency of knowledge and information about the Jews living in isolation of ghettos and camps
2. The Nazis' attempt to conceal the perpetration of genocide
3. The collective historical "memory" of Jewish persecution and pogrom
4. The impossibility of escape or physical resistance for the victims<sup>60</sup>

During the Holocaust, the denial became one of the strategies of prisoners in concentration camps. Extreme conditions led to mechanisms of denial which helped to cope with unbearable pain. These mechanisms were manifested through a cognitive constriction or blocking the ability to feel emotions. Many of the prisoners used these strategies to prevent a suicide, which was quite logical in such conditions. Nonetheless, many people killed themselves in a concentration camps.<sup>61</sup>

After the Holocaust, a great question aroused in society: To forget or to remember the Holocaust? The main reason why not to forget is not to allow repetition of such a horror. The tendency to preclude similar events in the future caused worldwide discussion about the Holocaust. But this motivation collided with the social inclination to deny the Holocaust or to avoid the discussion. Many people attempted to repress their memories associated with the Second World War. What is worse, much of the society acted as if the Holocaust never happened.<sup>62</sup>

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<sup>60</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Mmessage of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 9.

<sup>61</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 10.

<sup>62</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 6.

The Holocaust provided a *raison d'être* for creating the Jewish state of Israel and it has become a factor of its legitimization.<sup>63</sup> But the general avoidance to trauma itself made the integration of the survivors to society difficult. Elsie and Davidson point out that in Israel a responsibility for causing the trauma was assigned to the survivors; they were blamed for not escaping or resisting. According to “defensive attribute” theory, when people are confronted with trauma as spectators, they are afraid of the possibility of becoming a victim too. Thus, they attempt to assign the responsibility to the victims (“*It couldn't happen to us*”<sup>64</sup>). Moreover, in Israel many Jews, who left Europe before war, felt guilty because of their abandonment of their relatives and friends. The social climate of denial and avoidance led the survivors not to speak about their experiences or more, conceal their personal history.<sup>65</sup>

The general avoidance complicated lives of the Holocaust survivors in different parts of world. In the post-war era many survivors settled in democratic societies and as citizens they obtained rights and opportunities. But there wasn't a space for expressing their survivor experiences and coping with their survivor identity.<sup>66</sup>

### **3.3 The Concentration Camp Survivor Syndrome**

Although the massive traumatic effect of the Holocaust could be diagnosed as PTSD, after the Second World War psychiatrists focused on specifics of the Holocaust trauma and began to use the term Survivor syndrome. Survivor Syndrome (SS) represented traumatic response caused by the Holocaust. In narrower definition SS was related to the survivors, but witnesses or relatives of the survivors could suffer from SS as well. The term Survivor Syndrome was also used for the survivors of various aggressive events and life threats. The psychiatrists discovered that trauma caused by the Holocaust is so specific that it should be interpreted

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<sup>63</sup> KELLERMANN, Natan P. F. *Holocaust Trauma: Psychological Effects and Treatment*. New York & Bloomington: iUniverse, 2009, p. 6.

<sup>64</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 15.

<sup>65</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 15.

<sup>66</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 20.

separately from traumas caused by different kinds of events. Thus, they created a term Concentration Camp Survivor Syndrome (CCSS).<sup>67</sup> The main symptoms of CCSS are:

- intense feeling of fear, terror and abandonment
- reliving of the traumatic event
- avoidance of stimuli linked to the event
- reduced interest in current activities
- neurovegetative hyperactivity
- traumatic dreams
- recurring memories
- periods of stress around anniversary dates
- dissociative states
- acute irritability
- loss of ability to concentrate
- mood changes
- reduced ability to modulate affect
- irrational and excessive fears and anxieties<sup>68</sup>

Many survivors lived after the Holocaust with no symptoms. The CCSS appeared after a period of time because of prolonged stress response. The main feature of the survivors with the CCSS is what could be called “living in two worlds”. As it was demonstrated in Chapter 2, the traumatic event finished in the outer world, but not in the inner world of the survivor. The life of the survivors represents a mixture of present and past – life in a concentration camp and life in new safe conditions. The survivors have created new lives for themselves, but part of their personality still lives in a concentration camp. They try to forget the past, but regressed memories are coming back throughout everyday and they experience often very trivial details. Therefore perceptions as a loud barking of dogs, calling out of their names, newspaper article or certain smell cause intense stress or a flashback – a sensory perception of

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<sup>67</sup> LANGTON, Edited by Jean-Marc Dreyfus and Daniel. *Writing the Holocaust*. London: Bloomsbury Academic, 2011, p. 62.

<sup>68</sup> LANGTON, Edited by Jean-Marc Dreyfus and Daniel. *Writing the Holocaust*. London: Bloomsbury Academic, 2011, p. 62-63.

the past which is as vivid as when it occurred.<sup>69</sup> The following citation contains a demonstration of this aspect of CCSS from praxis of a therapist:

*“An experienced nurse, an ex- Auschwitz inmate, unexpectedly exposed to a skin cautery, suddenly ran out of the clinic in horror when she smelled the burning flesh. States of great mental distress arise in this way, often requiring emergency psychiatric treatment. At night, many survivors awaken, overwhelmed with panic and rage from persecutory nightmares.”*<sup>70</sup>

Dreyfuss and Angton call it the “Victim-reflex”.<sup>71</sup> Many clinical studies have shown that when a person experiences an acute stress, the sensual perception is increasing and thus the memories of acute stress situations are more vivid and colourful.

Elsie and Davidson offer following list of syndromes of long-term psychological effects of massive trauma caused by the Holocaust:

1. Traumatogenic Anxiety Syndrome: Reexperiencing of traumatic events triggered by memory associations
2. Anxiety phenomena
3. Psychosomatic manifestations
4. Persecutory experiences and fears, for example, persecutory nightmares
5. Prolonged-Interminable Mourning Syndrome: Loss and suppression of mourning for massive losses of loved ones and community. It was impossible to mourn in the concentration camp or on liberation, and thereafter the mourning continued to be postponed. Symptoms include
  - a. Depression and preoccupation
  - b. Grief over life and death
  - c. Guilt at survival (active and passive)
  - d. Inability to enjoy pleasure
6. Difficulty making new relationships. Symptoms include

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<sup>69</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 29.

<sup>70</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 29.

<sup>71</sup> LANGTON, Edited by Jean-Marc Dreyfus and Daniel. *Writing the Holocaust*. London: Bloomsbury Academic, 2011, p. 65.

- a. Fear of separation
- b. Psychic numbing

7. Blocking of aggression. Symptoms include suppressed rage, irritability and free-floating rage, an inability to deal with aggression in one's family.

8. Ontological insecurity: Insecurity resulting from a massive constellation of uprooting, loss of community, dehumanization, undermining of basic trust and identity in the face of relentless persecution, and in many cases even a further ("double") uprooting after the Holocaust.

9. Difficulties in aging: Aging in itself is further traumatic for the survivor: the shift from doing to thinking and from preoccupation with everyday events and long-range planning to reviewing and thinking over one's life make old age specifically more difficult for survivors if they haven't come to terms with the past.<sup>72</sup>

One of the most widespread symptoms of CCSS is called "*Survivor Guilt*". It describes feelings of guilt associated with the survival of the Holocaust. The survivors are often filled with remorse and shame and compare their fate with the fates of those who didn't survive. These feelings of guilt are linked with unexpressed anger and aggression toward the perpetrators which is directed toward the self. This symptom becomes for many survivors so agonizing that they are not able to live further and commit a suicide.<sup>73</sup>

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<sup>72</sup> DAVIDSON, Shamai a Israel W CHARNY. *Holding on to Humanity--the Message of Holocaust Survivors: The Shamai Davidson Papers*. New York: New York University Press, c1992, p. 32-33.

<sup>73</sup> HASS, Aaron. *The Aftermath: Living with the Holocaust*. 1st pbk. ed. Cambridge [England]: Cambridge University Press, 1996, p. 24-25.

## **4. Sophie and her Holocaust trauma**

### **4.1 Personal anamnesis**

Sophie Zawistowska grew up in middle-class family in Krakow. She obtained a good education, but quite strict and catholic. Later she got married and gave birth to two children, Jan and Eva. She planned to go to study Music abroad, but her plans were destroyed by Nazi occupation of Poland. Her father and her husband were murdered by the Nazi at the beginning of the Second World War.

Sophie and her children moved to Warsaw where she found a job. In 1943 Sophie was arrested when illegally transporting a ham for her ill mother. Sophie and her children were deported to Auschwitz where she was forced to make a choice which of her children would be killed. Sophie spent 20 months in Auschwitz.

In 1945, Sophie was sent to Swedish displacement camp where she tried to commit a suicide for the first time. Later she moved to New York where she started to work as a secretary of a Jewish chiropractor. Few months after her arrival, she met Nathan who tried to treat her from anaemia and became her lover. Although Nathan took care about her, this relationship soon appeared to be very unhealthy and violent – Nathan suffered from a mental disorder and tried to persuade Sophie to commit a conjoint suicide.

Sophie's mental state was gradually deteriorating and after a number of break-ups with Nathan Sophie started to overuse an alcohol. Despite Stingo's attempts to protect her from Nathan's destructive influence, Sophie and Nathan committed a suicide in their flat in Flatbush.

### **4.2 Symptoms of Sophie's trauma**

As the previous part of this work<sup>74</sup> examined the characteristic of trauma itself, PTSD, the Holocaust trauma and CCSS, a comparison with the mental health condition of Sophie can be made. This chapter will compare Sophie's symptoms of PTSD according to the diagnostic criteria of DSM-IV-TR and her main symptoms of CCSS according to Elsie and Davidson.

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<sup>74</sup> See Chapter 3

## 4.2.1 Sophie and PTSD

### A) Traumatic stressor

Sophie is a survivor of the Holocaust. The experience of concentration camp leads to her stress response which manifests itself through many symptoms. The nature of this unprecedented event has been explored in the Chapter 3.

There are many Sophie's descriptions throughout the novel:

*“I did not die. I suppose I had more good fortune than others. For a time I have a more favored position than many of the other prisoners [...] But this situation did not last too long, really, and in the end I was like all the rest. I starved [...] As I say, I was there for twenty months, but I survived.”*<sup>75</sup>

### B) Avoidance and numbing

The avoidance of the trauma is obvious in Sophie's thoughts and behaviour in many ways. For example, this symptom manifests itself by Sophie's concealment of some parts of her story – when describing her life to Stingo, Sophie tells different versions of her personal history. That is why her character can be considered as an unreliable storyteller.

*“Sophie, too, is a fabulist. She has created a series of fantasies about her life and family, each of which Styron gradually peels back to reveal the bitter truth around her proto-Nazi and viciously anti-Semitic father and husband, her moral cowardice, and the devastating facts underlying her survival.”*<sup>76</sup>

Schwarz suggests that Sophie is as unreliable as Nathan who tells false stories about his work of scientist and important medical research. But it would not be precise to identify these two manners as the same thing.<sup>77</sup> Nathan's “storytelling” has something to do with his need to exhibit himself, while Sophie, even when she can be seen as a liar at the beginning, is

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<sup>75</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 174-175.

<sup>76</sup> ROSKIES, David G a Naomi DIAMANT. *Holocaust Literature: A History and Guide*. Waltham, Mass.: Brandeis University Press, c2012, p. 284.

<sup>77</sup> SCHWARZ, Daniel R. *Imagining the Holocaust*. 1st ed. New York: St. Martin's Press, 1999, p. 100.

struggling with her memory and some of its aspects are so traumatic or perplexing that Sophie feels they should be rather concealed.

*“You may as well know now, Stingo, about another lie I told you weeks ago. I really had no love for Kazik either at that time, I had no more love for my husband than for a stone faced stranger I had never seen before in my life. Such an abundance of lies I have given you, Stingo!”<sup>78</sup>*

In many moments Sophie refuses to talk about her past, because it is impossible to recall the memories due to the pain they cause. Some of them are impossible to describe – Sophie knows that to depict the reality could let to a great misunderstanding. Traumatic event often force people to behave in an extraordinary manner which could be, without full context of the event, misinterpreted. Thus Sophie’s “storytelling” should be seen as a symptom of traumatic stress response.

*“Now we understand that Sophie’s choice includes not only whether at any moment to narrate the truth as she knows it, but also how much of the truth to narrate. Yet she is not in control of her telling, and her own trauma shapes not only her efforts to recapture the truth and concomitant repression and sublimation, but also her conscious lies and evasions.”<sup>79</sup>*

This Sophie’s way of describing her past is present throughout the novel. Moreover, it creates the narrative structure of the story. She describes to Stingo the less painful moments at first or their “alternatives”, which she later corrects admitting her lie. She continues to tell the most concealed traumatic experiences and finishes with the description of her most difficult choice- which of her children will die. This moment represents the climax of the story.

### **C) Reexperiencing**

Even when Sophie tries to avoid her Holocaust memory, she is intruded with recurrent memories. One of the stimuli, which often brings the feelings and images inevitably back is music. Sophie loves classic music and in some moments, music becomes her support when trying not to fall down to depression. On the other hand, many music compositions are

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<sup>78</sup> STYRON, W. *Sophie’s Choice*. London: Vintage, 2004, p. 245.

<sup>79</sup> SCHWARZ, Daniel R. *Imagining the Holocaust*. 1st ed. New York: St. Martin's Press, 1999, p. 201.



associated with particular feelings and situations from the time she spent in Krakow and Warsaw. Sophie is obsessed with listening symphonies in radio or Nathan's gramophone, despite it sometimes makes her cry and she is overwhelmed by memories of the time before her deportation to Auschwitz.

*“Often I cry alone when I listen to music, which reminds me of Cracow and those years past. And you know, there is one piece of music that I cannot listen to, it makes me cry so much my nose stops up, I cannot breathe, my eyes run like streams.”*<sup>80</sup>

The exposition to outer aspects which remind her of the Auschwitz experience creates in Sophie intense distress and physiological reactivity. The aspects are varied and represent an unexpected exposition.

These associations to Auschwitz can complicate survivor's daily life and it can be difficult to overcome the panic which appears in the moment of exposition. One of the examples of this symptom is Sophie's dread connected with New York subway trains.

*“She detested New York subway trains for their grime and their noise, but even more for the claustrophobic nearness of so many bodies, the rush-hour jam and jostle of flesh which seemed to neutralize, if not to cancel out, the privacy she had sought for long [...] But there it was, she could not get rid of the feeling; it was a part of her new a transformed identity.”*<sup>81</sup>

Another example:

*“She had been thumbing through a copy of Look magazine several weeks old, when the image of Hoss burst out from the page, causing her such shock that the strangled noise which came from her throat made the woman sitting next to her give a quick reflexive shudder...”*<sup>82</sup>

Another symptom of reexperiencing are flashbacks, short and vivid dissociative periods. That happened when Sophie suddenly saw a photograph of Rudolf Höss in a magazine and she reacted with panic, referring that the experience came back as live as it happened.

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<sup>80</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 102-103.

<sup>81</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 108.

<sup>82</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 177-178.

Another example of flashback is Sophie's visit of library described in the book. This situation demonstrates that almost anything can become a starter of flashback, and thus survivor is not able to anticipate it.

*"...she encountered the librarian behind the desk – a Nazi. No, of course he was not Nazi, not only because the black-and-white engraved nameplate identified him as Mr. Sholom Weiss [...] But Sholom Weiss, a pallid dour thirtyish man with aggressive horn-rims and a green eyeshade, was such a startling double of every heavy, unbending, mirthless German bureaucrat and demi-monster she had known in years past that she had the weird sense that she had been thrust back into the Warsaw of the occupation. And it was doubtless this moment of déjà vu, this rush of identification, that caused her to become so quickly and helplessly unstrung."*<sup>83</sup>

The flashback is linked with increased physiological reactivity. After Sophie had been confronted with it, she fainted. It is a demonstration of flashback stress situation which leads to a loss of consciousness for a short period of time. There are many examples of manifestation of this symptom in the story. However, Styron endeavours to be creative; therefore he does not describe the repetition of these manifestations which, unfortunately, does not allow us to consider how intense Sophie's reexperiencing is.

#### **D) Presence of symptoms leads to a deterioration of quality of life in various areas**

There are many symptoms which complicate Sophie's life. For example, it is difficult for her to care about her lifestyle. Despite the doctor's recommendation to control her eating habits, she suffers from overeating.

*"There was so much to eat, such variety and abundance, that each time her breath stopped, her eyes actually filmed over with emotion [...] Some sardines. Hot pastrami. Lox. A bagel, please. Clutching the brown paper bag, the warning like a litany in her mind - 'Remember what Dr. Bergstrom said, don't gorge yourself'..."*<sup>84</sup>

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<sup>83</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 123.

<sup>84</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 106-107.

Besides various symptoms manifesting themselves on a daily basis, from time to time Sophie's depression forces her to a suicidal attempt. The first of them happened when she was in Sweden.

*“So then I started to cut my wrist. And do you know something, Stingo? I did cut my wrist a little and it hurt and bled some, but then I stopped...”*<sup>85</sup>

Other two attempts described in the novel happened after argues and break-ups with Nathan. Sophie's relationship with Nathan helps her to cope with the symptoms of trauma. On the other hand, it leads to deterioration of quality of her life and enhances Sophie's mental exhaustion. How her state deteriorates, she searches for an escape from unfavourable reality. As a result, she begins to overuse an alcohol.

*“I stuck my customary beer and only casually noted Sophie's new inclination. I would doubtless have overlooked her drinking anyway...”*<sup>86</sup>

## **E) Hyperarousal**

Stingo as an observer bears witness of Sophie's behaviour which appears to him sometimes very surprising. Although Sophie is usually rather calm and passive, Stingo points out to her exaggerated quick-tempered responses. When Nathan's friends at the beach start to talk about their sufferings and advices they got from their psychoanalysts, she reacts with surprising anger and verbal aggression. From time to time her behaviour is coloured by these outbursts of anger which are, in most of cases, completely irrational.

Inability to control person's reactions is connected with hyperarousal. It is not only the inability to control anger, but other emotions as well. Stingo describes manifestation of this Sophie's symptom in following citation:

*“He maladroit fumbings appalled her, and once she burst into tears when, trying to squeeze out some cosmetic lotion from an ordinary plastic tube, she applied such careless force that the stuff gushed out all over her and ruined a new dress.”*<sup>87</sup>

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<sup>85</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 502.

<sup>86</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 345-346.

## **F) Presence of symptoms more than 1 month**

The period described by Stingo takes place more than a year after Sophie's departure from Auschwitz. She endeavours to cope with the symptoms including recurrent memories, inability to control her emotions etc., and sometimes her struggle with trauma seems to be successful. However, her past mingles with the present and despite of her effort to be happy and healthy, the symptoms of trauma are still present.

*“She was feeling her way. In every sense of the word having experienced rebirth, she possessed some of the lassitude and, as a matter of fact, a great deal of the helplessness of a newborn child. Her clumsiness was like that of a paraplegic regaining the use of her limbs. Small things, preposterous tiny things, still confounded her.”<sup>88</sup>*

### **4.2.2 Sophie and CCSS**

Some of the symptoms of CCSS are very similar to those which represent the diagnosis criteria of PTSD. As the symptoms overlap themselves, following text will mention only those which haven't been already described.

#### **Guilt at survival**

The Survivor Guilt is obvious in Sophie's thoughts and behaviour. Stingo reflects it:

*“... but the word 'guilt', I discovered that summer, was often dominant in her vocabulary, and it is now clear to me that a hideous sense of guilt always chiefly governed reassessments she was forced to make of her past. I also came to see that she tended to view her own recent history through a filter of self-loathing...”<sup>89</sup>*

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<sup>87</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 107.

<sup>88</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 107.

<sup>89</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 176.

When she speaks about herself, she describes herself as very bad, full of evil, guilty or worthless. Sophie's contempt by herself arises from a great anger and aggression which has been suppressed. In following citation Sophie describes Auschwitz to Stingo:

*“What the people done was not so noble, or even was like animals, then you have to understand it, hating it maybe pitying it at the same time, because you knew how easy it was for you to act like an animal too.”*<sup>90</sup>

The feeling of guilt can become a reason to commit a suicide. Survivors cannot find a way how to cope with an enormous guilt and it seems impossible to live with that. Sophie describes this:

*“I just knew that only a God, only a Jesus who had no pity and who no longer care for me could permit the people I loved to be killed and let me live with such a guilt. It was terrible enough they died like they done, but this guilt was more than I could bear.”*<sup>91</sup>

The enormous extent of this subjective feeling of guilt is obvious then in quarrels with Nathan. In his attack of madness and aggressiveness towards Sophie, he asks her repeatedly how she could survive Auschwitz.

Sophie is tortured by Nathan's judgement; he accuses her of infidelity and prostitution. No matter that his accusations are generally false – they become a reminder of a situation when Sophie tried to prostitute herself in Auschwitz in order to save her son.<sup>92</sup>

Morris and Malin point out the role of Nathan as Sophie's judge. There is another important fact – Sophie wants to be judged and confronted with her guilt; whether she is really guilty or not, she feels to be – and thus, on the one hand she is comfortable with Nathan's accusations and manipulation with her feeling of guilt.

*“It is indeed disturbing to see Nathan taking the role of the God of the Old Testament, the stern Father and omniscient Judge, although it is in just this role that he compels Sophie to confront the actuality of her guilt...”*<sup>93</sup>

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<sup>90</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 286.

<sup>91</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 102.

<sup>92</sup> STYRON, William, Robert K MORRIS a Irving MALIN. *The Achievement of William Styron*. Rev. ed. Athens, Ga.: University of Georgia Press, c1981, p. 292.

## **Prolonged-Interminable Mourning Syndrome**

During the war era Sophie lost many of her relatives – parents, husband and her children. Although her very first description of her family presented harmonic relationships with all her relatives, Sophie later revealed unpleasant true. She hated her despotic father and didn't feel love for her husband at all. Despite this fact, Sophie mourned for them heavily, especially for her father.

The major feature of her trauma was the loss of her children. The context of this reality Sophie reveals to Stingo at the very end of the story because it represents the most painful memory for her. The consciousness of this loss makes her life unbearable.

Prolonged-Interminable Mourning Syndrome can manifest itself by reduction of emotional reactions or lose of ability to feel or express some emotions. Sophie describes how she lost her ability to cry:

*“...when the war was over and I was in this center for displaced persons in Sweden, I would think back to that time when my father and Kazik were murdered and think of all the tears I cried, and wonder why after all that happened to me I couldn't cry no longer. And this was true, Stingo, I had no more emotions. I was beyond feeling, like there was no more tears in me to pour on the earth.”<sup>94</sup>*

The inability to express emotions is connected with a feeling of depersonalization. A person can feel like being a human no longer, because mourning is considered as an expression of love for the people who died.

*“Funny, Stingo, you know I have learned to cry again and I think perhaps that means I am a human being again. Perhaps that at least. A piece of human being but yes, a human being.”<sup>95</sup>*

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<sup>93</sup> STYRON, William, Robert K MORRIS a Irving MALIN. *The Achievement of William Styron*. Rev. ed. Athens, Ga.: University of Georgia Press, c1981, p. 292.

<sup>94</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 101.

<sup>95</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 102.

## Difficulty in making new relationships

Sophie's relationship with Nathan, in which Hadaller points out to its "*tragic pattern*"<sup>96</sup>, represents a destructive addiction, a vicious circle of new suffering. Sophie suffers from intense fear of separation – the vision of separation from Nathan is so horrible for her that she rather accepts Nathan's cruel and brutal behaviour. Therefore she becomes submissive, addicted to his decisions, unable to live without him. When he leaves, Sophie balances between two extremes – psychic numbing and hysterical attacks.

*"But when I woke I was feeling so terrible and in Despair about Nathan, bei that I mean so filled with Gilt and thoughts of Death it was like Eis Ice flowing in my Blut. So I must be with Nathan for whatever that mean."*<sup>97</sup>

## 4.3 The compulsion to repeat the trauma

When analyzing Sophie's trauma, we can see what psychologists mean by a compulsion to repeat the trauma. Sophie's Holocaust trauma represents the major topic of this work, nonetheless trauma as a psychological phenomenon, with its roots and consequences, should be presented in wider context - trauma, even when in this case seems to be caused only by outer political and social conditions, never occurs out of the blue. As Jung discovered in his praxis, in most of cases adult patients suffering from trauma had experienced early childhood trauma which then led to another traumatic situation. The compulsion to repeat the trauma is also obvious in adults. When the survivors don't cope with the dissociative state of their psyche, they direct themselves to a new traumatisation. This chapter focuses on Sophie's compulsion to repeat the trauma. It can be useful when trying to understand her Holocaust trauma and her possible chances for recovery.

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<sup>96</sup> HADALLER, David. *Gynicide: Women in the Novels of William Styron*. London: Associated University Presses, c1996, p. 144.

<sup>97</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 499.

### 4.3.1 Sophie's early childhood trauma

Sophie's early childhood traumatising can be seen in relationship with her father. When Sophie describes it to Stingo for the very first time, she offers a picture of perfect and loving father, but it is only one of her lies. Later she confessed that she didn't love her father at all. Conversely, she felt hatred towards him. She describes some details of this unhappy relationship and portrays her father as a dominant man requiring obedience from both his wife and his only child as well. This "family dictatorship" led Sophie to suppress all aggressive aspects of her personality, she did not protest and did everything her father desired. But this blind obedience, suppressing her Self and creating a dissociative state of her psyche, began to appear to her very uncomfortable. Sophie didn't sympathize with her father radical anti-Semitic opinions, but she was forced to help him with writing of his pro-Nazi academic articles and pamphlets.

Sophie grew up in an atmosphere of manipulation. Through her relationship with her father she developed a great fear of opposition and protest, particularly in confrontation with men. That represents the very root of her passive and masochistic Self.

*"Styron describes further "her virtually menial submission, the 'Yes, Papa's' and 'No, thank you, Papa's' she was compelled to say daily, the favours and attentions she had to pay, the ritual respect, the enforced obsequiousness she shared with her mother."*<sup>98</sup>

The destructiveness of the early childhood trauma lies in its strength which is obvious in the creation of cognitive and behavioural schemas and patterns (that happens on an unconscious level). The child then applies these schemas in his later adult life. Such a person is not aware of his or her non-functioning, maladaptive schemas and patterns until the new traumatic experience emerges, as it would like to point out to these inner errors and fragments of pain concealed in the unconsciousness. In Sophie's later life we can see how much she was influenced by this early childhood cumulative trauma. Not to resist, accepting everything – this cognitive pattern is guiding her throughout the next years. In Warsaw she meets Wanda, sister of her lover Josef, who tries to persuade Sophie to join to an illegal anti-Nazi national revolt and later Wanda appeals to her in Auschwitz to cooperate with her again. Although Sophie states that her isolation from such an effort is motivated by her fear about her

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<sup>98</sup> CAPLAN, Paula J. *The Myth of Women's Masochism*, p. 69.



children's fates, the truth is that breaking of any rules brings her to the painful childhood situation, where she awaits punishment and dehumanization (unconsciously from her father).

Also in Auschwitz, Sophie does not resist, rather she accepts new conditions of life in the concentration camp. But then there comes a moment in which revolt and fight are necessary. Sophie desperately wishes to save her son Jan. For this purpose, Sophie breaks her moral rules and tries to prostitute herself in order to protect her child. Despite of the challenges to get rid of the passivity and inability to govern her own life and defend herself, after Auschwitz she falls back to her stereotypical patterns of behaviour. That is later obvious in relationship with Nathan.

#### **4.3.2 An addiction called Nathan – a new version of trauma**

The experience of the Holocaust has so massive traumatic effect that without a help of a therapist it can be impossible to overcome it and get back to a normal life. When Sophie arrived to New York, she was in a desperate situation – she had nobody to help her except of friendly chiropractic who employed her. At first Sophie tried to get rid of physical illnesses she had brought from Auschwitz. Nonetheless, she suffered from depressive episodes and many others PTSD and CCSS symptoms. According to Kasched<sup>99</sup>, long-termed dissociation of psyche leads to one or several of these states- dissociation, depression, schizoid withdrawal or escape from unbearable pain – addiction. These processes function unconsciously, and thus when Sophie met Nathan she couldn't have known she was running towards a new traumatisation. Moreover, Nathan, who firstly acted as he was her personal physician and began to take care for Sophie's physical health, appeared to her as a saviour – a hero who comes to solve all her problems and fulfil all her needs. Sophie didn't recognize that she felt in love with mentally ill, violent and manipulative man. Nathan has his own pathology and thus their relationship becomes pathological too.

*“Her lover Nathan is mentally ill, suffering from a severe form of manic-depressive schizophrenia that he often pushes to the limit with drugs. Although on one level Nathan*

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<sup>99</sup> See Chapter 2

*expresses deep love for Sophie, he brutalizes her physically and verbally during the extreme phases of his illness.*”<sup>100</sup>

Nathan comes with a pleasant offer to care about Sophie. In fact, with Nathan Sophie becomes a little girl – but with loss of responsibility for her own fate she loses her independence as well. Nathan offers her everything, but for the price of addiction to him. There we meet Sophie’s passivity and submissiveness again. Sophie quietly accepts Nathan’s moods and his inscrutable behaviour. In his depressive states of mind or outbursts of anger he treats with Sophie as with unworthy animal; with unprecedented cruelty. In other words, despite Nathan’s mental disorder and his addiction to drugs, this relationship represents a typical example of domestic violence. Sophie becomes a victim of Nathan’s violent attacks and she is being hurt, whether physically or emotionally. Nathan periodically leaves her – these break-ups are connected with Sophie’s episodes of deep depression. In these moments, Sophie states she cannot live without Nathan (one of the break-ups led to her suicidal attempt). More than a melodrama these after-break-ups episodes appear to be another falls back into the world of the past, overwhelming memories and feeling of her guilt and worthlessness. They show that the relationship with Nathan represents an escape from reality and from the experience of the latest trauma – the Holocaust.

The consequences of this new traumatising are fatal. As Nathan’s mental state deteriorates and the relationship becomes more and more demanding for Sophie, she discovers there is no way out from this vicious circle. She becomes resigned when she realizes her inability to overcome her withdrawal symptoms after she left Nathan with Stingo. She writes to Stingo “*I must be with Nathan for whatever that mean.*”<sup>101</sup> Increasing apathy leads to her calm acceptance of Nathan’s decision to commit a suicide together.

*“Sophie presumably chooses suicide, for she knows that by returning to Nathan, her saviour and destroyer, she may be required to carry out the suicide pact to which she had agreed in the past. Sophie makes two terrible choices, the first in Auschwitz, the second in Brooklyn, and in both cases she is swayed by the thinking of a man who is not in his right mind.”*<sup>102</sup>

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<sup>100</sup> NEMETH, Sharon Therese. *Transforming the Rebel Self: Quest Patterns in Fiction by William Styron, Flannery O’Connor, and Bobbie Ann Mason*. New York: Peter Lang, c2010, p. 27.

<sup>101</sup> STYRON, W. *Sophie’s Choice*. London: Vintage, 2004, p. 499.

<sup>102</sup> BERMAN, Jeffrey. *Surviving Literary Suicide*. Amherst: University of Massachusetts Press, c1999, p. 237.

Except this addictive relationship another manifestations of the compulsion to repeat the trauma should be mentioned. Shortly before Sophie met Nathan she had been raped in a strange manner. The fact that an unknown man abused her with his finger didn't reduce the traumatic effect of this event. Moreover, this trauma shows the mechanism of the compulsion to repeat the trauma. From an objective perspective, it could seem that Sophie had experienced more horrible events in Auschwitz. But here is something very specific about trauma and its influence on the person. When trying to analyze the person's traumatic experience, subjective perception of the event has to be considered.

Sophie's stress response to the rape shows that it was even worse than her latest traumatic experiences. How is it possible? It is not just because of damage of the spirit which affects women who have been raped. This new return of an experience of shame, cruelty and dehumanization demonstrates that the suffering has not finished yet, trauma is still present and all her hopes for a new life suddenly vanish.

*“But now her distress was compounded by the way it upset the fragile balance of her newly renovated psyche, by the manner in which this looting of her soul (for she felt it to be that as much as her body) not only pushed her back toward the cauchemar, the nightmare from which she was ever so delicately and slowly trying to retreat, but actually symbolized, in its wanton viciousness, the very nature of that nightmare world.”<sup>103</sup>*

It is a reminder of earlier trauma which has begun long time ago. And here is an important feature of trauma revealed – other repetitions of trauma bring more massive stress attack to person's psyche, the effect is always stronger than in the case of the latest trauma.

When considering Sophie's reactions to the break-ups with Nathan, an important question can arise: Why is Sophie so destructed from the relationship with Nathan when she has experienced much more terrible things in her life? The answer is given above – every next trauma is becoming worse than the latest one, bringing more intense dissociation and causing more intense psychic exhaustion. And thus, without a treatment, the series of traumatic events still continues.

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<sup>103</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 110.

#### 4.4 The inner world of Sophie's trauma –a psychoanalytic perspective

According to Jung<sup>104</sup>, traumatic experience causes the emergence of the complex – group of emotional images in archetypal form. The aim of this chapter is to discover whether Styron's depiction of Sophie's trauma includes such archetypal images and how widely they are described.

We can initiate this analysis with an archetypal image which appears in the story when Stingo and another house-mate talk about Nathan. The house-mate describes Nathan as a golem.

*“You know what I think he is? A golem, that's what. Some kind of golem [...] only he looks like a human. Anyway, you can't control him. I mean, sometimes he acts normal, just like a normal human. But deep down he's a runaway fuckin' monster. That's a golem. That's what I mean about Nathan. He acts like a fuckin' golem.”*<sup>105</sup>

The wider description of the symbol of *Golem* is not necessary – it represents evil and inhuman being. Later Stingo realizes that this Nathan's description was very reliable and he thinks about Nathan as Golem many times. There appears similar symbol in the novel when Sophie speaks about Nathan:

*“He always had this demon, this demon which appeared when he was in his tempetes. It was the demon in control, Stingo.”*<sup>106</sup>

The meaning of the symbol of *demon* is analogous with the previous one. But there is one more archetypal image linked with the character of Nathan and its nature appears quite different. It is a doctor. After Nathan meets Sophie and endeavours to help her after she fainted, he calls himself *doctor*.

*“Don't move now, you're all right, you just had a funny little spell. Just lie still, let the doctor take care of everything.”*<sup>107</sup>

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<sup>104</sup> See Chapter 2

<sup>105</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 69.

<sup>106</sup> STYRON, W. *Sofie's Choice*. London: Vintage, 2004, p. 375.

As a consequence, Sophie later thinks Nathan is a real doctor. Although it can appear to be just an unimportant joke, the usage of the symbol is relevant.

Now we can approach to archetypal imagery linked with the character of Sophie. Styron describes her often as childish. Child is an important archetype.

*“Le scorbut – scurvy I mean – I had. I lose my teeth! And typhus. And scarlet fever. And anemia. All of them. I was a real wreck.” Sophie uttered the litany of diseases with no self-pity yet with a certain childish earnestness, as if she were reciting the names of some pet animals.”*<sup>108</sup>

And in another place:

*“Her love for Nathan was so totally consuming, yet at the same time was defined by such childlike dependence in a hundred ways, that the terror that surrounded her in his unexplained absence was utterly demoralizing, like being caught in that strangling fear – the fear that she might be abandoned by her parents – which she had often felt as a little girl.”*<sup>109</sup>

Nathan calls Sophie “dollbaby”<sup>110</sup> Styron uses opposite archetypal images to depict Nathan and Sophie. Nathan is associated with Golem, demon, inhuman being, on the contrary Sophie is described as a child, sweet doll. Several critics pointed out that Nathan and Sophie represent fantastical characters, because their depiction refers to depersonalized forces:

*“The sadistic and insane Nathan Landau can be seen as an embodiment of anti-Semitic fantasy, and he is paired with Sophie Zawistowska, a beautiful and masochistic misogynist’s fantasy.”*<sup>111</sup>

However, it would be misleading to consider these symbols as artistic means only. This archetypal imagery represents what Winnicott calls *progressed part* and *regressed part*. In psychoanalysis the widely used term is *projection*. It represents a process of assigning

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<sup>107</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 126.

<sup>108</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 76.

<sup>109</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 388.

<sup>110</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 74.

<sup>111</sup> VICE, S. *Holocaust Fiction*. London: Routledge, 2000, p. 117.

person's characteristics to another person. Patients suffering from trauma are often involved in relationships in which the dichotomy of dissociation is visible. The relationship between the progressed part and the regressed part of psyche is disharmonic, we can say sadomasochistic.

Sophie identifies herself with the regressed part. Generally, she is unable to take care about herself and she looks for someone to protect her. Nathan comes as such a protector, but soon becomes her persecutor. The relationship clearly demonstrated the inner struggle inside Sophie's dissociated psyche. She projects her unconscious progressed part to Nathan.

*"Nathan is her other self: the Jew who has been trying to rescue her from her own history and whom she has been unsuccessfully trying to insulate from her history..."<sup>112</sup>*

The regressed part is commonly described as childish or feminine. Sophie represents an archetype of little innocent girl who became a victim of violence. She does not express any aggressiveness. Therefore another part, in her outer and inner world as well, has to exist to complete her. Sophie's inner persecutor manifests in her life through her father, other men she meets and finally through Nathan.

Sophie herself describes her father as a persecutor:

*"...this man, this father, this man which give me breath and flesh have no more feeling for me than a servant, some peasant or slave [...] And I was a grown woman and I wanted to play Bach, and at that moment I just thought I must die – I mean, to die not so much for what he was making me do but because I had no way of saying no. No way of saying – oh, you know, Stingo – "Fuck you, Papa."<sup>113</sup>*

Another character of persecutor, linked again with Sophie's inner persecutor, is Rudolf Hoss. It is interesting that Hoss is also depicted as depersonalized force.

*"The Commandant was a homebody, as we shall observe, but one dedicated blindly to duty and a cause, thus he became a mere servomechanism in which a moral vacuum had been so successfully sucked clean of every molecule of real qualm or scruple that his own descriptions of the unutterable crimes he perpetrated daily seem often to float outside and apart from evil,*

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<sup>112</sup> SCHWARZ, Daniel R. *Imagining the Holocaust*. 1st ed. New York: St. Martin's Press, 1999, p. 201.

<sup>113</sup> STYRON, W. *Sophie's Choice*. London: Vintage, 2004, p. 299.

*phantasms of cretinous innocence. Yet even this automaton was made of flesh, as you and I, he was bought up a Christian...*”<sup>114</sup>

Finally, there is a doctor in Auschwitz who lets Sophie choose between her children. After he had made some sexually toned commentaries to her, he asked Sophie:

*“So you believe in Christ the Redeemer?” The doctor said in a thick-tongued but oddly abstract voice, like that of a lecturer examining the delicately shaded facet of a proposition in logic. Then he said something which for an instant was totally mystifying: “Did He not say, “Suffer the little children to come unto Me”?” [...] “You may keep one of your children.”*”<sup>115</sup>

There is one common feature throughout the description of those characters that are linked with Sophie’s inner persecuting figure. The description of persecutor is often followed by religious and sexual connotations.

The inner figure appears also in her dreams. In one of them an unknown man appears and demands sex from her in a church. When talking about this dream Sophie admits she was excited by an aggressive manner of stranger’s behaviour. In the context of psychoanalysis, this moment of excitement is nothing else than her discovery that the stranger is her inner protector-persecutor – the inner figure she is addicted to, loving and hating him at the same time.

In another recurrent dream Sophie hears her father speaking about her worthlessness and stupidity. Later this dream comes again, but the content of father’s speech has changed – he is speaking about her death. However, Sophie’s father is the main character of her dreams, which refers to the root of her trauma in childhood. Moreover, Styron uses term *obsession* when writing about father’s presence in her dreams.

*“She recalled clearly of that morning that in her febrile doze – a half-sleep in which the past of Cracow was curiously, senselessly intermingled with the smiling presence and sculpting hands of Dr. Blackstock – she kept dreaming with mysterious obsessiveness of her father.”*<sup>116</sup>

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<sup>114</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 179.

<sup>115</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 594.

<sup>116</sup> STYRON, W. *Sofie’s Choice*. London: Vintage, 2004, p. 119.

The archetypal imagery in the novel refers to Sophie's complex, which, in terms of Jung's theory, can be described as *parental complex*.<sup>117</sup>

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<sup>117</sup> KALSCHED, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. New York: Routledge, 1996, p. 72.



## 5. Conclusion

The Holocaust and the Holocaust trauma have been discussed a lot in western societies and many historians, writers and other scientists have tended to research and write about the Holocaust. Despite the difficulties some of them have endeavoured to work with testimonies of survivors.

The novelist William Styron was not a survivor. Although he had no direct experience of the Holocaust, he decided to write a story of a Holocaust survivor which he called *Sophie's choice*. The novel was published in 1979, just after the broadcast of the TV series Holocaust in the United States and it was accepted ambiguously with a mixture of acclaim and outrage. None of Styron's previous novels caused such a controversial reaction. For over forty weeks *Sophie's Choice* was on the New York Times best-seller list. However, Styron had to face many critical voices. Many critics asked about Styron's right to present the Holocaust without his personal experience. Moreover, they criticised that his main character, Sophie, is not Jewish. On the other hand, another Jewish character in the novel, Nathan, is depicted as insane. Styron insisted that he had the right to write about the Holocaust. Although the main part of the Holocaust victims were Jews, the Holocaust affected the whole western society, and thus the Holocaust is not Jewish phenomenon only. He also insisted on the factual accuracy of his story.<sup>118</sup>

The expression *Holocaust* appears in the novel very rarely . This work mentioned various expressions of naming this unprecedented event as *Shoah*, *Final Solution* etc.<sup>119</sup> The most widely term used in the book is *Auschwitz*.

The expression *Holocaust* has begun to spread during the 1970s. Probably therefore Styron used it in his novel so rarely. On the other hand, Schweber and Findling stated that the expression *Auschwitz* has been widespread from the 1950s. In post-war years people had almost no knowledge about the Holocaust, number of concentration camps and their victims. *Auschwitz* was the most known camp and thus its name became denomination of the whole event.<sup>120</sup>

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<sup>118</sup> VICE, S. *Holocaust Fiction*. London: Routledge, 2000, p. 117-118.

<sup>119</sup> See Chapter 3.

<sup>120</sup> SCHWEBER, Simone a Debbie FINDLING. *Teaching the Holocaust*. Los Angeles, CA: Torah Aura Productions, c2007, s. 28.

The theoretical part of this work focused on trauma which was defined as a stress response to an extraordinary life event. Inasmuch as there are many approaches to trauma and its treatment, a Jungian theory of trauma was chosen. C. G. Jung spent his time on research of traumas hidden in the depths of the psyche. His praxis allowed him to explore trauma, its emergence, consequences, manifestations and possible therapy. Regarding to his achievements in therapy of traumatized patients, many later psychologists followed Jung's approach and have merits on deeper exploration of this topic. Psychoanalysis has offered the most detailed and complex understanding of traumatic experience and its influence to person's psyche.

The first segment of the analysis focused on diagnostic criteria of PTSD according to DSM-IV-TR<sup>121</sup> which include these symptoms: Traumatic stressor, avoidance and numbing, reexperiencing, presence of symptoms leading to deterioration of quality of life in various areas, hyperarousal, presence of symptoms more than 1 month. All of these symptoms are present in Styron's depiction of Sophie's trauma. Traumatic stressor – Sophie's experience of the Holocaust is extensively described in the novel. One of the symptoms widely depicted in the novel is Sophie's avoidance to her trauma. The author used presence of this symptom for creating the narrative composition of the story. Sophie begins to tell Stingo about her past, but because of her effort to avoid some parts of it, she alters the facts. Nonetheless, later she returns in her storytelling and describes the situations and facts she has altered before. There is also an evidence of reexperiencing the Holocaust experience through flashbacks and recurrent memories. Sophie's past complicates her daily routine in many ways. For example, to travel by subway train to work is a great mental ballast for her, because she associates the nearness of many bodies in a small space with the experience of concentration camp. On the other hand, Styron did not pay much attention to the description of the manner of reexperiencing traumatic event. This segment of the analysis discovered that Sophie fulfils the diagnostic criteria of PTSD.

Another segment of the analysis focused on symptomatology of CCSS according to Elsie and Davidson.<sup>122</sup> Again, Sophie would fulfil all diagnostic criteria. This part analysed only some of them, because the symptoms of PTSD and CCSS overlap themselves. Particular attention was provided to some symptoms such as guilt of survival, prolonged-interminable mourning symptom and difficulty of making new relationships which weren't included in the previous part of analysis concerning PTSD.

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<sup>121</sup> See Chapter 2

<sup>122</sup> See Chapter 3

In following part of the analysis Sophie's trauma was analyzed from the inner perspective. Sophie's mental state includes a dissociation of psyche which is obvious from archetypal images depicted in the novel and also from Sophie's dreams and other symptoms. The archetypal imagery includes symbols as *Golem*, *demon* or *doctor* representing the progressed part of Sophie's psyche. On the contrary, there are symbols as *child* or *innocent girl* referring to the regressed part. However, Styron did not describe many dreams of Sophie, despite the fact that traumatic dreams are one of the means of reexperiencing trauma.

Although the major topic of this work is Sophie's Holocaust trauma, Jungian psychoanalysis has shown that this trauma does not represent an isolated event with its consequences in Sophie's life. The roots of her Holocaust trauma can be seen in her childhood when the dissociation of her psyche was initiated and later continued. The analysis discovered what psychoanalysts call a compulsion of trauma – it is obvious in Sophie's inability to cope with the childhood dissociation and repetition of various traumatic experiences in her life. Jungian approach has not shown only that Sophie suffered from the Holocaust trauma; it also revealed why Sophie did not recover and committed suicide. Her Holocaust trauma led to a new traumatisation in a relationship with Nathan Landau – an attempt to escape from the traumatic past. That led to her psychic exhaustion finished by her suicide.

When summarizing the analysis, both chosen approaches confirmed Sophie suffered from PTSD and CCSS as well. This work analyzed Sophie's symptoms, their presence and intensity, and archetypal imagery arising from her trauma complex.

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