

Counter-Testimony, Counter-Archive

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For the last fifteen years, Dori Laub has been recording the testimonies of chronically hospitalized Holocaust survivors in Israeli psychiatric institutions. This project is a late extension of another project Laub had initiated in the 1970s: The Holocaust Survivors Film Project, later to become the Fortunoff Video Archive for Holocaust Testimonies at Yale University. It is hard to imagine contemporary memory of the Holocaust without the prevalence of what Geoffrey Hartman (1996) aptly termed “videotestimony.” This distinctive genre, which could be described as a cross between a television interview, oral history, and a psychoanalytic session, is now almost synonymous with Holocaust testimony itself. The Yale archive was also the context of a seminal book, *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (1992), coauthored by Laub and Shoshana Felman, which founded a new discourse of trauma and testimony. In the following, I want to suggest that the recent project dedicated to the testimonies of hospitalized survivors is nothing short of a radical revision of the widely recognized type of testimony produced by the Yale project. Laub’s engagement with these previously misdiagnosed victims of war throws a new light not only on Holocaust testimony but also on his lifelong work on the subject. The full consequences of this project become clear when employing a perspective never considered by Laub himself, but one that is nevertheless fundamental to his entire testimony project: The technical media at the base of videotestimony.

Employing a media perspective to testimony involves a Gestalt shift: What is background becomes foreground, and what is taken for granted is precisely what demands explication. Such is the audiovisual media technology that makes the production of survivors' testimonies possible: The presence of the video camera, the receptivity of videotape recording, and the archiving and dissemination potential that audiovisual technology affords. Despite the focus on technology, this is hardly a "technical" matter: The audiovisual media apparatus is the condition of possibility—the media a priori—of both the object and the genre identified as Holocaust testimony. Precisely because embedded in the scene of testimony, media are never mentioned as such; like the background, they are what allow other things to show up. Yet the media of witnessing interestingly crop up by way of metaphors: Displaced from their original technical function, they are conjured to describe the inner workings, or unworkings, of human memory. Consider Laub's seminal essay in *Testimony* (1992) on the vicissitudes of listening, which begins with the memorable phrase: "A record that has yet to be made." Whether the reference is to the mind or to the videotape remains constructively vague. He then describes trauma as situation in which "the observing and recording mechanisms of the human mind are temporarily knocked out, malfunction" (the failure to record traumatic memory is a recurring theme in Laub's writing). The listener is portrayed as "the blank screen on which the event comes to be inscribed for the first time" (p. 57). Metaphors such as "records" and "screens" are key markers of the "audiovisual unconscious" of Laub's trauma and testimony discourse (Pinchevski, 2012).

Audiovisual media go deep into the structure of testimony. Laub describes the listener as performing a maieutic function: Midwifing the emergence of a narrative whose telling has been impeded by the pains of survival. The listener comes to

partake in bearing witness by acting as a restorative addressee—as a Thou in Martin Buber’s terms—thereby making testimony a profoundly dyadic process. But there is another witness to the witnessing process: The video camera bearing witness to the listener’s bearing witness to the witness. If the listener, as second witness, facilitates the testimony of the first, the audiovisual technology, as the third witness on scene, is what facilitates the entire process of witnessing. Indeed, it is for the sake of recording that the testimony dyad came together in the first place. It is the television screen that literally inscribes the event of witnessing for the first time. The camera acts as a surrogate audience for the survivor, providing the potential of numerous addressees. Hartman describes the Yale archive as constituting “a provisional ‘affective community’ for the survivor” (Hartman, G., & Ballengee, 2001, p. 220). The profound meaning of this phrase becomes evident when considering audiovisual media as the enabling platform for a remembering community.

The third witness provided by media is therefore integral to the witnessing scene. As opposed to confidential therapy, testimony is conceived from the outset as public speech *in potentia*. Rather than dyad, the testimonial process comprises of a triad. If the listener acts as the Buberian Thou, the camera and the recording device act as what Emmanuel Levinas called “le tiers”: The always already present third-party. Just as society begins with the presence of the third person, testimony commences with the attendance of media as third witness. Charles Sanders Peirce’s (1931) concept of thirdness is instructive here: If firstness is the quality of feeling as distinct from of objective conditions, and if secondness is externality as experienced by means of resistance and reaction, thirdness is “the medium or connecting bond between the absolute first and last” (p. 170). Thirdness is what joins first and second, inside and outside, while remaining independent of both; hence, whatever involves

mediation and representation involves thirdness. This tripartite scheme applies directly to the testimonial process: Traumatic experience is firstness; the enabling of witnessing by the listener is secondness; and the media context of testimony is thirdness. Thirdness entails generality and publicness, the birth of style and convention, as well as the conditions for comparison and judgment. Thirdness is what makes testimony collective.

The video camera and the attendant recording device do not bear witness in the same way that human eyes and ears do. Capturing acoustic and optical effects of reality, they are unselective inscription devices: What they put on record are both intended and unintended expressions, the narrative together with the minute incidents accompanying its telling—the data and noise of testimony. The significance of the decision to use audiovisual technology—rather than transcription or voice recording—cannot be overstated. For what this media choice enables is direct access to the survivor’s “embodied voice” (Hartman, 1996, p. 117); that is, the speaker’s distinctive cadence and tone together with the puncturing gaps, halts, parapraxes and silences that coincide with bearing witness. Audiovisual recording picks up these haphazard cues and allows for their replaying and analysis. Videography is thus the *sine qua non* for the study of the performing of trauma in testimony. In Lacanian terms, this technological mediation registers what is left outside the realms of both the Symbolic and the Imaginary, namely, the realm of the Real: “It forms the waist or residue that neither the mirror of the imaginary nor the grid of the symbolic can catch: The physiological accidents and stochastic disorder of bodies” (Kittler, 1999, pp. 15-16). The audiovisual bears witness to the crisis of testimony by mediating the vacillations of narrative in giving an account of trauma.

These media considerations become ever more critical when it comes to videotaping hospitalized survivors. To begin with, in contrast to the Yale project, where filming was done in a studio on campus, the filming of hospitalized survivors is conducted in the psychiatric ward. Laub and his colleagues seek out and go to the survivors, rather than the survivors coming to them. This is a significant difference that places Laub in a long tradition of introducing cameras into the mental institution, which goes back to the 19th century and to figures such as Hugh W. Diamond in England and Jean-Martin Charcot at the Salpêtrière clinic in Paris (Gilman, 1976; Didi-Huberman, 2003). For Charcot, photography provided a means to get as close as possible to an objective description of mental pathology, serving simultaneously experimental, taxonomical and didactic functions (Didi-Huberman, 2003, p. 30). The tradition continued by other means in the 1960s and 70s with the introduction of closed-circuit television (CCTV) and videotape recording (VTR) into psychiatric training and treatment. Videotape proved valuable in allowing both therapist and patient to watch and analyze recorded sessions. Videotape replay supplied a feedback mechanism for the therapeutic process: “The use of video both compels the therapist to see more of what goes on nonverbally than he had previously realized and demands of him an increasing alertness to the nonverbal signs and communication which are ever present” (Berger, 1970, p. 144). Audiovisual media opened up a non-symbolic channel into the manifest reality of mental pathology, realizing an unbounded interpretative potential of numerous reproducible moments of psychological behavior.

The videotaping of hospitalized survivors shares some of the characteristics of traditional videotape techniques in psychiatry. The introduction of cameras into the ward, the integration of recording into the session, and the attention to nonverbal and paraverbal expressions are among the obvious similarities. In some cases there were

even shared viewings with survivors, in a similar vein to the aforementioned technotherapeutic feedback mechanism (Greenwald et al., 2006). However, there are profound differences that set Laub's project apart from previous psychiatric use of videotape. First of all, the ultimate goal of interviewing and recording survivors is not strictly therapeutic: Recorded sessions are not part of individual treatment program intended for the betterment of emotional wellbeing. Nor are they produced as a diagnostic tool for the use of the psychiatric profession. The potential audience envisioned is much broader. Psychotherapy is what opens the door for Laub but not what keeps him there. The camera is employed as a redemptive rather than a surveying medium. The confidentiality of the session is breached—from the outset—in favor of public exposure (whether or not with the survivors' conscious consent is to be debated). Laub's combination of media and psychiatry diverges from that of his predecessors in that what is at stake for him are historical and moral concerns more than merely clinical ones.

These concerns, however, are not always easily discernible. Consider the case of Yehiel Dinur, the writer known by the penname Katzetnik. His memorable testimony at the 1961 Eichmann trial, during which he termed Auschwitz as “the other planet” before collapsing on the stand, was a defining moment in Holocaust memory in Israel (Bartov, 2000; Felman 2002; Pinchevski and Liebes, 2010). But Katzetnik performed another, less known, testimony. In 1976 he underwent a series of LSD treatment sessions conducted by Dutch psychiatrist Jan Bastiaans at Leiden University, in the course of which he was recorded while in trance. After each session the two met to listen and analyze the tapes. Bastiaans's use of tape-recording is akin to the psychiatric use of videotape as a feedback device. Transcripts of the recordings comprise the bulk of Katzetnik's book *Shiviti* (1989) where he renounces

the cosmological separateness of Auschwitz: “Wherever there is humankind there is Auschwitz” (p. 111). In the book Katzetnik reports that the treatment cured his nightmares and contributed to a fundamental shift in his approach to past events. This case represents a situation where therapy and testimony coalesce, with recording technology partaking in the recovery of traumatic memory. And yet, there is a crucial difference: In Katzetnik’s case recording is subordinate to therapeutic concerns: The dedicated audience is doctor and patient with little, if any, intention of addressing a wider public (Katzetnik’s book was written only a decade later). The project of hospitalized survivors rests on the opposite premise: If for Bastiaans testimony is at the service of psychiatry, for Laub psychiatry is at the service of testimony. It is not therapy per se that Laub seeks; or better, a different sense of therapy is sought: Not that of the individual survivor but of testimony itself. And since testimony is never only personal or individual, its remedy requires the availability of both second and third witnesses.

It is worth lingering for a moment on the use of “testimony” in recorded interviews with hospitalized survivors, for it is far from obvious. It does not take more than a few viewings to see that the interviews collected in mental hospitals are very different from those recorded at Yale; so different, in fact, that one could even question whether these are testimonies at all. It is for this reason that the equivalence of testimony between “the Israel video testimony project” and “the Yale testimony project” is nothing less than dramatic. For what this suggests is a profoundly revisionist, if not revolutionary, understanding of testimony. If the spasmodic narratives of hospitalized survivors are on a par with the articulate narratives of the so-called normative survivors, if the two join to form a unified category, then the

result is a thoroughly unsettled notion of testimony—and of the effect of trauma upon it.

It would be hard to find a better demonstration of the disparity between the two testimonial projects than the exemplary cases of Menachem S's testimony for the Yale project and Rafy Rakovsky's for the Israeli project. The former is the subject of Laub's extended discussion in *Testimony* (1992, pp. 75-92), and a widely cited example of the vicissitudes of witnessing; the latter is at the heart of Laub's current preoccupation and a subject of recent discoveries. Menachem S. is a child survivor who became a doctor and a high-ranking officer in the Israeli army; Rakovsky, also a child survivor, was briefly an actor at Habima national theater before hospitalizing himself in a psychiatric institution, where he remained until his death. (It is not surprising that Laub, a child survivor himself, has found interest in these two cases). Menachem S's edited testimony can be seen online on the Fortunoff Video Archive webpage (HVT-8063)¹; until recently Rakovsky's testimony, together with two and a half scores of the project's testimonies, was kept in Laub's basement. Menachem S's testimony is eloquent and self-reflexive, copiously containing the seeds of Laub's analysis of it: An astonishing story of survival and triumph, which is also the story of the persistence of trauma despite the survivor's remarkable achievements. Watching this videotestimony, the viewer accompanies the survivor as he unfolds an account of coming to grips with traumatic memory. Watching Rakovsky's testimony, on the other hand, is an entirely different experience.

The frame is of Rakovsky in medium close-up; his voice is slightly muffled due to the distance from the microphone. The picture is grainy; an on screen

¹ The video is linked with YouTube at:
<https://www.youtube.com/watch?v=UdBqOibdIfU>

timecode adds to the rawness of the image. What immediately stands out is the amount of turn taking during the interview: The interviewers seem to do most of the talking while Rakovsky's answers rarely exceed a couple of sentences. This makes for a strangely acousmatic experience for the viewer, hearing Laub's and his colleague Irit Felsen's voices without ever seeing them. In stark contrast to Menachem S's gripping testimony, following the narrative here is an excruciating task; perhaps narrative is not the appropriate word. If it were not to the interviewers' empathic but persistent questioning, even these fragments would not have been enunciated. Rakovsky sits with his head tilted back, looking at the interviewers obliquely. A recurring chewing-like tic hinders his already slurred speech. From the fragments arises a sketchy story: Prewar childhood in Czechoslovakia; separation from parents at the age of 8; hiding in a monastery while concealing his Jewish identity; reuniting with his mother after the war, who later remarries; immigrating to Israel at 15 with a group of Zionist activists; working on a Kibbutz; a few years of marriage followed by divorce; short career as a stage actor; and more or less continuous hospitalization since the late 1960s. Whenever Laub asks him about his feelings having had to endure such agonizing experiences, Rakovsky's repeated reply is: "*shivion nefesh*," "equanimity." Rakovsky's acting career draws the attention of the interviewers, who proceed to probe the mindset that allowed him to play the role of many different characters. "It comes by itself" is his reply. But a recently published short memoir by the late Habima actor, Misha Ashrov, sheds some light on the parts left dark in the testimony.²

It is a Saturday night a few hours before the play "The Deputy" is about to start in Jerusalem (*Der Stellvertreter* by Rolf Hochhuth deals with the Catholic

² <http://www.haaretz.co.il/short-story/.premium-1.2619482>

church's denial of the fate of the Jews during the war). The cast is waiting on a bus for the understudy playing Pope Pius XII: Rafy Rakovsky. They finally head out to his apartment, where they find him in total disarray: Lying on the floor naked, laughing inexplicably, spouting obscenities. On the way back they come by another actor who knows the part and is willing to take over. A few days later they receive a phone call from Rakovsky's psychiatrist informing them that he had hanged himself. The story is striking, even if its accuracy is questionable. It is hard to miss the melodramatic element of an actor, who as a child had been hiding in a monastery during the war, and years later, when about to play the part of Pius XII being accused of ignoring the Jewish Holocaust—fatally breaks down. Remarkably, none of this comes up in Rakovsky's recorded testimony. No less striking is the fabricated ending: Whether invented or based on rumors, the suicide of the psychotic survivor provides a climactic closure to the story, denoting what would seem as an inevitable fate—or perhaps a wish fulfillment on the part of the narrator.

Obviously Laub did not know about the details presented in the story when interviewing Rakovsky. Had he known would it have changed the course of the interview? Would such knowledge have served his listening to Rakovsky? Knowledge has a precarious status for the listener: Knowing about the witness or the event told might hinder listening. As Laub claims in *Testimony*, "it might be useful, sometimes, not to know too much" (1992, p. 61). In the case of hospitalized survivors, who are longtime psychiatric patients, the precariousness of knowledge is even more acute. When watching Rakovsky's testimony a certain suspicion arises: Maybe he is acting all along? At one point he even says something to that effect. The question is never stated but is nevertheless felt, certainly by the viewer—and arguably also by the interviewers. All testimonies are plagued by factual errors and

inconsistencies, but here it is the witness who raises the suspicion. Doubting a Holocaust survivor is a difficult feeling to bear, almost sacrilegious. While the viewer is left to deal with such feelings within the context of viewing, if the interviewer happens to feel that way the entire interview would be affected. That the witness might be acting, knowingly or unknowingly, must have crossed Laub and Feltsen's minds. Other testimonies in this project might also raise suspicion as to reliability of the witness. Maybe they are too sick to remember? Maybe the long hospitalization muddled their memory? None of the testimonies of hospitalized survivors is free from such questioning. Their condition as psychiatric patients inevitably plays into their believability as witnesses—and into the way both interviewers and viewers relate to them.

What, then, is the significance of the Israel video testimony project to the entire testimony and trauma discourse? What insights can the testimony of those “on the far end of the continuum of witnessing,” as Laub puts it in Introduction to this collection, offer to the understating of Holocaust testimony in general? The clinical contribution, which may well be considerable, is beyond the scope of the present discussion. But insofar as the media perspective is concerned, the project bears critical import. It is not strictly in what survivors say about their experiences (which were not expected to be more horrendous than those of “normative” survivors), but rather in the consequences the project entails. As with the Yale project more than 30 years ago, testimony requires an empathic listener, a second witness to facilitate the survivor's bearing witness to traumatic experiences. In a time when numerous “normative” Holocaust testimonies are being collected and widely disseminated, there are still, shockingly, Holocaust survivors who are not granted listening—who are denied the status of witness because deemed as having nothing to say. The Israel

testimony project attempts to correct this wrong, even if belatedly, by providing a holding environment for listening to these testimonies, jumbled and spasmodic as they are.

The consequences of thirdness, the media context of this project, are no less crucial. Audiovisual recording proved essential in detecting the distinctive “trauma signature,” as Laub puts it in his introductory essay, marking these spasmodic narratives. Seeking such “trauma signature” has been a dominant theme in the analysis of the testimonies recorded at Yale (see Langer, 1991)—a “signature” unattainable, to be sure, without the unselective technical inscription of audiovisual recording (Pinchevski, 2012). As Laub affirms, retroactive inspection of recordings from the Israel testimony project reveals a markedly different kind of parapraxes when compared to the Yale testimonies, and hence an entirely different manner by which trauma comes to inscribe itself audiovisually. But what it also reveals is a phenomenal amount of unconscious countertransference, of redirected responses toward the hospitalized survivors. Here we arrive at one of the most provocative issues of this project.

Listening to traumatic experiences no doubt entails the risk of countertransference. Understood from a media perspective, countertransference could manifest itself as identification, especially when it comes to the more communicatively compelling testimonies; indeed, this was the subject of a recent criticism leveled against Laub’s earlier work (Trezise, 2008).³ It could also manifest

³ What this criticism misses is that every empathic listening involves some degree of countertransference, which could then be processed through interaction. See Laub’s rejoinder (2009). This debate could be described as a clash between secondness and thirdness: Laub’s personal memory of the testimonies as an interviewer vis-à-vis Trezise’s retrospective analysis of videotaped testimonies.

itself as resistance, which is precisely the case with the Israel project, according to Laub. Countertransference is not limited to secondness but extends to thirdness—to the media-enabled conditions for social recognition. The testimonies of hospitalized survivors may well be described as the counter model of the publically accepted and documented testimonial genre: They are the counter-testimony of the popular Holocaust testimony. As such, they are bound to be rejected, as they unsettle the prevailing sense of how Holocaust testimony should look like. Questions about believability as raised in Rakovsky's testimony are one example of such resistance. Countertransference might take the more general form of public avoidance or dismissal, as was the case until recently.

Yet the distinctive considerations of countertransference associated with counter-testimony have implications not only for this relatively small collection but to testimony in general. Counter-testimony puts the widely established variety of testimony in a new light. It is as though Laub brings his recent project to bear on his earlier one, as a commentary on the existing testimony and trauma discourse to which he himself had been a key contributor. As if saying: Notwithstanding previous discussions on the crisis of testimony, this is the true face of massive trauma, this is the ultimate crisis of testimony. Bringing forth this new type of testimonies is epideictic in the literal sense: It declares by showing, asserts by indicating; it demands public attention and recognition. The lesson it sends is of the twofold problem of countertransference: Identification with the conventional, "normative" testimony on the one hand, and resistance to the "abnormal," nonconforming testimony on the other. Calling attention to the risks of countertransference, both of the second and third witnesses, is arguably the underlying motivation behind the entire project.

With each of these testimonies constituting counter-testimony, combined together they form counter-archive. As mentioned, the videotapes recorded in Israel had been initially denied deposit, and until recently were kept in Laub's basement. Here resistance takes a most concrete, material form: Exclusion from the archive, from the kind of testimonies worthy of archiving—indeed, exclusion from thirdness. The basement archive is in this sense the counter-archive to the Yale archive: Inaccessible and unwanted, just like the testimonies it holds. After a long postponement, the testimonies have finally been admitted into the Yale archive. And yet, does the recent admittance mean the assimilation of the counter-archive into the archive? Will the counter-archive retain its exception to the rule of the archive? These questions go to the very essence and meaning of the archive.

As Jacques Derrida (1996) argued, the archive, every archive, is both conservative and revolutionary: It preserves and safeguards but at the same time institutes the conditions for archiving, the rule of the archivable. The archive does not simply store but shapes the very things it so stores. The Yale archive is no different: It was devised with the explicit intention of archiving something beyond the strictly factual, historical dimensions of loss and survival. The result was an archive of trauma, literally: The archiving of the attempts and failures of narrative in giving voice to trauma. Videography captured the audiovisual effects of the witnessing performed by survivors, thereby giving expression to the performing of trauma. With the admission of the counter-archive into Yale's depository, the archive expands to incorporate a most fatal strand of trauma: Not just interrupting and puncturing narrative, but altogether damaging the possibility of its telling. The archive now stores "the far end of the continuum of witnessing," the point where testimony

practically recedes from narrative structure. At the far end lie neither recovery nor redemption, only the incapacitating power of trauma.

Laub's revisionary impulse can now be seen as exemplary of what Derrida called "archive fever," a veritable *mal d'archive*:

It is never to rest, interminably, from searching for the archive right where it slips away. It is to run after the archive, even if there's too much of it, right where something in it anarchives itself. It is to have a compulsive, repetitive, and nostalgic desire for the archive, an irrepressible desire to return to the origin, a homesickness, a nostalgia for the return of the most archaic place of absolute commencement (p. 91).

Archiving trauma suggests a special case of archive fever whereby what evades proper registration in the mind—trauma—is sought through audiovisual traces on tape. In seeking the archive despite the archive, despite the impossibility of complete archiving, Laub exhibits symptoms of archive fever: The cofounder of the Yale archive, the father of videotestimony, is the one to introduce the counter-archive into the archive. The archive is thus undone from within by the drive to archive. And the deeper the glimpse into the depth of trauma, the more trauma "anarchives" itself, skirts its registration.

The future of Holocaust testimony is no doubt tied to digital technologies and the affordances they offer. Accessibility, searchability and shareability are likely to be the matching properties of audiovisual testimony, like any other online audiovisual data. Digital media invite new opportunities for, as well as new challenges to Holocaust remembrance (Presler, 2015). Thus, one project uses cutting-edge technology to produce a 3D hologram of a survivor, coupled with a voice-recognition

algorithm to simulate a conversation with the audience.⁴ Clearly, the media context of testimony, the technology allowing for thirdness, has gone a long way since the video camera and videotape. Attending to the testimonies of hospitalized survivors ends a latency period that included both the first and second generations to the Holocaust, reaching well into the third. And the media context of the third generation is new media and hypermedia. The cultural logic of digital media might not bode well for these patently uncommunicative testimonies: They are unlikely to be posted on a Holocaust related website or to attract online viewers; they are too few and too scarce to provide adequate material for data mining or metadata indexing. Yet precisely for this reason, the testimonies of hospitalized survivors illustrate most starkly the challenge facing future mediation of Holocaust testimony: The growing accessibility of media on the one hand, and the persistent inaccessibility of trauma on the other. What hangs in the balance is the shape of Holocaust testimony to come.

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⁴ <http://ict.usc.edu/prototypes/new-dimensions-in-testimony/>

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