Survivor’s Witness

A conversation with Dr. Robert Jay Lifton

April 1, 1997 By Walter Armstrong

For almost half a century, distinguished psychiatrist Robert Jay Lifton, 70, has studied the atomic bombing of Hiroshima, the Nazi Holocaust and other extreme events. His research into the wound such lasting encounters with death leave on the soul -- and the wisdom to be wrenched from it -- is the rock upon which all survivor theory is built. POZ asked Dr. Lifton to consider the AIDS epidemic in light of what he has learned.

What does it mean for those of us inside the AIDS epidemic to think of ourselves as survivors?

You become a survivor by experiencing death or the threat of death and remaining alive -- that’s the simple definition. Inevitably that death encounter leaves an indelible imprint. It never goes away. And the more grotesque, premature and unnatural the suffering associated with the death, the more painful and permanent the image. For instance, there’s an entire community that lives daily with a very powerful set of images derived from HIV-related infections and illnesses. There’s also what I call the image of ultimate horror -- a single incident or moment that survivors focus on because it left them with a profound sense of pity, guilt and shame. This response to an acute or prolonged immersion in death isn’t pathological. It’s the situation in which one feels one’s whole world is dying -- the Holocaust, Hiroshima and, for a generation of gay men, the AIDS epidemic -- that’s abnormal.

AIDS activists call the epidemic genocide and compare it with the Holocaust.

You never want to say AIDS is exactly the same as Hiroshima or the Holocaust. But to the extent that gay men have been especially vulnerable to the disease, and this has led the powers-that-be to neglect it, there are definite similarities. As with large-scale killings, there may be a sense of being victimized and abandoned by a world that derives no profit from your suffering. Survivors may lose faith or trust in the human order.

One way Hiroshima survivors have attempted to extricate themselves from this victim consciousness is to compare their catastrophe with other situations of mass death. Another way is to become activists, to bear witness. And indeed for more than 50 years, these survivors have spoken out, and their speaking out does a double service -- first, to themselves psychologically because they’re no longer passive. But they’re also serving society by providing a warning about the destructive power of nuclear weapons and the impossibility of a meaningful nuclear death. It’s

a service to humanity, and there are parallels with AIDS when people who have HIV or have seen friends and lovers die speak out. Some Holocaust and Hiroshima survivors say they're never free of that very painful set of images, but they are energized by the commitment to bear witness. It's a triumph over death.

Bearing witness makes us feel better. But it doesn't save our friends' lives, and society doesn't always hear our message.

Bearing witness to the massive dying around one is always incomplete and frustrating. In a sense, it's almost impossible because the full story of the tragedy can never be told, and there's a limit to what people can or wish to take in. But in another sense it's always necessary -- not only because people are dying and deserve to be heard, but because if society becomes numb to the suffering in the AIDS epidemic, we become more brutal and brutalized as a people. We become numb to other kinds of suffering, like the genocide in Serbia and Rwanda recently acted out on our television sets. So it's at a very great cost if societies don't hear this witness.

After 16 years of AIDS, many gay people feel we live in a different world from everyone else.

Holocaust survivors often speak of the death camps as a separate planet. The experience was so radically different from ordinary existence and the loss of a sense of safety so profound that in order to survive, an altered set of psychological defenses had to be developed. If you live in a community where many young men are dying of AIDS or fear they may become infected with the virus, the experience is of a separate planet. In ordinary life, we don't live with the fear of grotesque death overwhelming us so much of the time. That fear can cause a psychic numbing -- it becomes too painful to feel. There's also an identification with the dead -- not merely with a particular loved one, as in normal mourning, but a lasting sense of affiliation with the dead. And that can cause paradoxical forms of survivor guilt. Faced with the task of dealing with this guilt, with the problem of re-establishing faith in the human order and with the continuing encounter with death, survivors need nothing less than a new identity.

The first demand activists made was to be called people living with AIDS, not AIDS victims.

There's a political and psychological need to diminish the horror. Hiroshima survivors have often told me, "We don't like having the grotesque side of our suffering emphasized alone. What we want to emphasize is how we've become active and expressed ourselves." But I believe one has to take in the ultimate horror in order to be most effective in one's own way of life and as an activist. Taking steps to avoid infection, maintain one's health and combat AIDS each requires that one acknowledge the grotesqueness of the disease -- at the same time that one sees oneself as fighting this plague and allying oneself with others who are doing the same.

Some people say getting HIV or an AIDS diagnosis is transformative.

That feeling is expressed by many who have an experience that brings them close to dying. One may see things in a more primal way, and with more clarity. Most of life is 80 percent clutter and 20 percent meaning -- on a good day! But when you survive a death encounter, you may cut

through the clutter to an appreciation of the aspects of life that are most connected to what we call ultimate concerns. The experience can show us what we really care about in our life and, when we're up against it, what we really want to struggle to hold on to. It can take the biological form of living on in one's children. It can take the activist form of living on in the larger cause that one is part of. So, in that sense, one can derive value from an experience that is terrible. I'm differentiating between AIDS and death, because we all die and we have to take that fact in even as we combat the disease. We die, but we don't have to die of AIDS.

A friend who's in the hospital says he gets hope from looking forward to certain things -- taking that first breath of fresh air or running down the sidewalk.

Such things are very real, concrete and immediate. To breathe fresh air or to run is to feel human, to experience the body's vitality. But it also connects us with something larger, though we may not be aware of it as such. You're not part of any community lying on a hospital bed. It's the most isolating anti-community I can think of. Survivors of Hiroshima weren't just thinking right after that bomb fell, "I've got to tell the world about this." They were thinking, "How can I live and help my wife or husband and children to live? By walking one step after another on this ground, how can I get from here to a safe place?" These concrete, immediate things are both very real in themselves and stand for a whole world of experience -- even more so at a moment when the world seems to be ending.

What effect has the study of survival had on you as a person?

This research has value for me, and it also has a lot of pain. I don't immerse myself in it. I try to keep some balance and seek various forms of pleasure and humor. But it does connect one with life's sadness, and beyond that with much that has meaning. My work on survivors is not the study of death and dying -- it's a psychology of life that gives death its due. But that's doing a lot, because the dues are heavy, and with AIDS they're especially heavy. In the end, the work is life-affirming by showing how one struggles to transcend death and offer up what one can to life and the people one loves.

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