Testimony & Witnessing in Psychoanalysis
Epistemological Status and Contribution to the Therapeutic Work
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Abstract

Scant attention has been paid to spoken testimony notwithstanding its manifest importance. This article explores testimony and witnessing first as a philosophical process and then as a distinct function in psychoanalysis. The philosophical discussion provides a firm basis for faith in patients’ testimony. Witnessing appears to be a vital function in the course of every treatment. The article suggests reformulating its status and posit it as one of the central therapeutic functions.

The Philosophical Perspective

Major pillars of philosophical thought have contributed to an inadequate and unsatisfactory view of testimony. It started with Plato, who disqualified spoken testimony as a vulgar source of knowledge, and gained strength with Descartes, who aimed at basing human knowledge on the certainty that can be attained only through self-reflection.

Ontologically, the phenomenon of testimony is a movement from within outwards. This transition causes the primary philosophical problem towards testimony: What is the epistemological status of a person who testifies on something that the hearers cannot themselves experience.

Two prominent approaches are dominant in the debate on the phenomenology of testimony: the reductionist approach, which does not believe that testimony alone is sufficient to justify veracity, and the non-reductionist which trusts testimony in itself.

Dewhurst (2009) tried to bridge the gap between the attitudes by drawing attention to intentionality. His view was that we can a priori trust a speaker when we recognize that the intention is to communicate this idea is supported by the major linguists Ostin (1955) and Searl (1983), who claimed a causal connection between the intention of the speaker and the speech-act. Also, Husserl’s priority theory (1933, 1987) on intentionality as a mental act, which precedes the testimonial act and shapes it, provides, in a roundabout way, support for this claim.

In therapy, it is the patient’s intention to share, and so the therapist has substantial reason to trust the testimony given.

Changing worldviews and therapeutic goals have influenced the complicated attitude of psychoanalysis to patients’ testimony - from lack of faith, a position which derives from Freud’s theory, and maintains that the conscious testimony is an attempt to conceal unconscious content - to total belief, as the second position, which is informed by the self-theories of Winnicott and Kohut - to a more complex position.


This paper adds to it an additional layer. By relying on the philosophical inquiry and by paying attention to the testimonial act itself, and not only to the content that is transmitted, I view the giving testimony during treatment as an important therapeutic function in every treatment.

During the course of therapy, there are special moments when patients relate personal experiences, not for the sake of interpretation. They simply want to share their experience in a safe place. This paper focuses on these unique moments.

As follows, some observations on this act of testimony:

• Analytic therapy is characterized by listening with what Ricoeur (1970, p. 27) termed a “hermeneutics of suspicion” while testimony is conditioned upon the “hermeneutics of trust” (Orange, 1996).

• The core of the phenomenon is the giving of testimony, the role assigned to the therapist is to listen “without doing anything more active about it” (Poland, 2000, p. 20).

• The givenness of both participants is different. (Spiegel, 1984).

• Testimony requires the therapist to disengage from the ethics of authority in favor of the ethics of presence. (Sagie 2013).

Every child knows that it is not worth crying when mom is not around; so why is it that witnessing is not regarded as one of the most important therapeutic functions in psychoanalytic technique?

Psychoanalysis was born in refutation of the religious worldview (Orange 2012), so an approach to witnessing that derives from religious tradition was rejected. The notion of witnessing appears in psychoanalysis only in the last decade of the twentieth century. It entered the professional lexicon via trauma (Aron, 2012, p. 19), and almost the entire psychoanalytic discussion about it, is seen through the prism of trauma.

This paper argues that such a view obscures the scope of the phenomenon. In fact, witnessing is a vital function in life and therapy. As Seiden (1996) put it, “Psychoanalysts are, above all, witnesses; ... the need for a witness is a vital human need, specifically, in developmental terms... and the absence is painfully lonely...”

The role of the analyst-as-witness is the “primary condition under which whatever else goes on in the analysis” (pp. 686-687).

The stance of an analyst-as-witness serves the two world hypotheses on which psychoanalysis is based “... one grounded in intrapsychic conflict (seen when the analyst observes from outside the transference) and the other in interpersonal internalization (seen when the analyst observes from inside the bidirectional interactive processes)” (Wilson, 2003, p. 825) Witnessing integrates both views, so that as Poland (2000) says: “The analyst as a witness is at once both part of what is unfolding and apart from the patient's unique singularity. (p. 32)

“To make sense of things, whether outer or inner, to bring order, reality, and value requires the responsible presence of witnesses” (Seiden, 1996, p. 692). The acknowledgement of witnessing as a vital therapeutic function expands the limits of therapy and it should be posited among the central therapeutic functions, and “Better late than never” (Orange, 1996, p. 135).

Testimony From a Psychoanalytic Perspective

Witnessing

There are moments when the patients’ only wish is for the therapist to be a witness as they share their experience. These are moments of ‘pure’ testimony.