

**Madness Plagued by Memories in Elie Wiesel's *A Mad Desire to Dance***

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**Abstract:** Elie Wiesel, a Holocaust survivor, has written extensively on the crippling effect of traumatic memories on the victims of trauma. This paper is an attempt to unveil the psyche of a man whose mind is stuck in the web of memories through the textual analysis of Wiesel's novel *A Mad Desire to Dance*, published in 2009. A postmodernist text containing the elements of existentialism, this novel is a story of Doriel Waldman, a man with a traumatic background who turns to Dr. Therese Goldschmidt, a psychoanalyst for help. Doriel's story is often told in manic bursts and human conditions are elucidated in it through the interactions between the patient and his therapist. Using Freudian theory, she attempts to understand and heal him. She reveals that his madness is not simply insanity but a dysfunctional madness burdened with memory and fear, responsibility and uncertainty. This paper will answer the questions: How do memories of the Holocaust affect the survivors and what consequences does it bring forth? Is Doriel Waldman really mad or merely a victim of the horrible memories of his past? It will also raise the question of whether frenzied are really deprived of reason or whether they could even comprehend the incomprehensible to the 'so called' sane. All these and many more questions will be answered against the backdrop of the Holocaust and using Trauma Studies, Memory and Testimony Studies, PTSD (Post Traumatic Stress Disorder) NET (Narrative Exposure Therapy) and existential phenomenology of R. D. Laing.

**Keywords:** Elie Wiesel, Psychoanalysis, Trauma Studies, PTSD, NET

In the postmodern era, trauma and memory have been two of the most discussed topics. Human history is replete with atrocities. Research across a wide range of disciplines shows and explains how atrocious and traumatic events can provoke powerful mental, emotional, spiritual, and physiological reactions in victims. Memories of such events often resurface in different forms, evoking the same

intense feeling as they did at the time of the traumatic event. The Holocaust, as a series of heinous acts, inflicted profound trauma upon the Jewish community and indelibly imprinted itself upon their collective consciousness. In recent decades, there has been a notable surge in the study and analysis of the profound impact of the Holocaust, as demonstrated through an array of literary works, cinematic productions, museum exhibitions, commemorative structures, and a wide range of cultural, social, and historical records. Since certain works of literature serve as a contemplative mirror of historical events, it is evident that the Holocaust, a profoundly tragic chapter in human history, has engendered a distinct literary genre aptly referred to as Holocaust literature.

Elie Wiesel, an eminent Holocaust survivor and recipient of the Nobel Peace Prize, has authored over fifty fiction and non-fiction books. His writings delve into the profound psychological and physical suffering endured by himself and countless others within the confines of concentration camps and even after their liberation. He has extensively expounded upon the intense and debilitating impact of traumatic recollections on those who have endured such harrowing experiences that they are often considered “mad” by society. The “madness” exhibited by such people is not actually madness but rather a reaction against the “collective neurosis” that permeates society. Such a person’s weird behaviour is the result of the uncommon experience he had, and these unusual experiences and behaviours are sometimes “part of a potentially orderly, natural sequence of experiences” (Laing, *The Divided Self* 102). Their behaviour appears peculiar to others because of the warped perspectives through which they observe it. In this context, madness serves as a final recourse for individuals who have been emotionally shattered due to societal mistreatment and a lack of empathy. Such a person perpetually dwells in a void populated with many pictures and visions hidden from the average person’s view.

This study centres around the examination of Elie Wiesel’s portrayal of madness in his work *A Mad Desire to Dance* through the lenses of Trauma Studies, Memory and Testimony Studies, PTSD (post-traumatic stress disorder), and NET (Narrative Exposure Therapy). As presented in his work *Madness and Civilization*, Foucault’s concept of madness is utilised in examining mental trauma or

madness experienced by survivors. Since a person experiencing madness is likely to encounter bizarre, fantastical, and delirious visions, Foucault draws parallels between madness and two states: imagination and dreaming. The paper also makes reference to the existential phenomenology of Dr. R. D. Laing, who conducted research on schizophrenia and characterised it as “a diagnosis, a label applied by some people to others” (99).

From a clinical perspective, madness refers to a severe mental illness or psychotic disorder characterised by a loss of mental stability, the perception of unreal or imaginary phenomena, the expression of irrational thoughts, and the risk of posing a threat to oneself and others. Wiesel’s novel delves beyond the diagnostic framework of madness, offering a more profound exploration of this theme. The author confers a prophetic status upon his mentally unstable protagonists and elucidates society’s unsympathetic disposition towards them due to their possession of an enigmatic vision, which compels them to defy societal conventions in its pursuit. Wiesel characterises this particular form of madness as “redemptive,” contrasting it with clinical madness, which he describes as inherently “destructive.”

The novel *A Mad Desire to Dance* provides a comprehensive account of the psychological exploration undergone by the narrator, Doriel Waldman, under the guidance of psychotherapist Therese Goldschmidt. Doriel and his parents were survivors of the Holocaust. They managed to endure the harrowing conditions of the concentration camp, whereas his siblings could not come out alive. Only a few years after their liberation, he lost his parents in a car accident, and this event absolutely shattered him. Doriel was plagued by an overwhelming feeling of hopelessness and loss. The memory of his parents haunted him. Therese (his therapist) had undergone a similar experience, as she also lost her parents. She offered him emotional support, advising him to avoid being burdened by the memories of his deceased parents. She continued, “Despair can have a kind of beauty provided it remains in the sphere of memory. Your memories paralyse you; mine do not” (Wiesel 34). He was referred to as “mad” by others, and he willingly embraced this label. The question he posed to his doctor was profound, “If the world tells me I’m mad, whereas I know I’m not, which of us is right?”

(42). Doriel thought his insanity was in “its terminal phase,” the kind of insanity “in which one can find refuge, if not salvation” (03). It could be described as “madness burdened with memories” of the Holocaust. He posed numerous questions on insanity, leading others to wonder whether or not he himself was insane. He inquired as to how his therapist would characterise a madman, “As a marble-faced stranger? Smiling but without joy, his nerves on edge; when he goes into a trance, his limbs move about and all his thoughts collide; time and again, he has electrical discharges, not in his brain but in his soul...?” He asserted that every individual possesses an inherent realm of insanity, and a mere stroke of destiny is sufficient to plunge us into that realm, from which there is no possibility of recovery (03). To him, lunacy was “a sensation resonant with futility” (05). As a Holocaust survivor, he endured a great deal of suffering, but he owed his survival solely to his mental illness, which served as a safe haven. He stated, “Like the dybbuk (a malicious possessing spirit of a dead person, in Jewish mythology that often changes bodies after accomplishing its goal), I take refuge in my madness as in a warm bed on a winter night” (18).

In his seminal work *Madness and Civilization*, Foucault characterises madness as a form of “knowledge” that elicits fascination. He writes, “It is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric learning” (21). In a broad sense, the author did not establish a connection between madness and the broader world or its hidden manifestations. Instead, the author attributed madness to the individual, specifically to their vulnerabilities, aspirations, and delusions. This perspective suggests that madness is not an external force but rather a product of human nature, as individuals create madness through their self-attachment and the illusions they maintain (26). Foucault’s analysis of madness aims to attain an in-depth understanding of the human condition, and Doriel’s madness can be better understood by taking recourse to the theory of Foucault.

Foucault’s discourse encompassed a comprehensive examination of four distinct manifestations of madness: Mania and Melancholia, Hysteria, and Hypochondria. People with maniacal tendencies exhibit violent behaviour and engage in “explosive gestures,” while their state

of delirium is characterised by a “continual vibration of the sensibility” (126). Melancholics exhibit an inclination towards prudence, sensibility, and a profound fondness for solitude. Hysteria and hypochondria were historically regarded as disorders of the nervous system, attributed to an excessive degree of sensibility leading to nervous shock or unconsciousness. According to medical professionals, women were believed to be more susceptible to hysteria due to their “softer” bodies. Hypochondria is the delusion that an individual is sick. Foucault views these conditions through the lens of morality and the external world. He asserts, “civilization, in a general way, constitutes a milieu favourable to the development of madness” (217).

Wiesel’s Doriel in *A Mad Desire to Dance* possessed the traits of a Melancholic and a Hypochondriac. He observed a significant “connection between solitude and madness,” and he viewed the insane as “less cunning but more experienced” (44). He referred to these individuals as solitary dreamers who possess the ability to anticipate the imminent catastrophe while concealing their true nature behind “the mask of madness” (77). According to his perspective, a madman, much like an author, “is embodied in several characters simultaneously. He is a Caesar and Cicero, Socrates and Plato, Moses and Joshua” (78). Doriel is classified as a Hypochondriac due to his delusional belief that he is insane. He sought the professional counsel of psychotherapist Dr. Therese Goldschmidt, who provided significant assistance to him in the process of making a confession and in coming out of that trauma.

Ronald David Laing, a highly prolific author, made significant contributions to the field of mental illness during the 1960s and 1970s. His writings challenged the prevailing psychiatric orthodoxy of that era. He referred to madness as a manifestation of anguish, serving as a creative or adaptive reaction to the prevailing state of insanity in the world and allowing one to seek refuge from the unbearable conditions. He did not explicitly negate the presence of the mental illness but rather adopted a distinct viewpoint in comparison to others, appreciating madness as a cathartic and transformative encounter. He posits that individuals exist within two distinct realms, namely the “inner” and “outer” worlds. Persons who are mocked by society often seek refuge in their own private

world, made up solely of “imagination, phantasy, reverie, dreams, memory.” Others may think they are mad since they’re always preoccupied with their own thoughts and activities (*The Politics of Experience* 18). According to him, a person’s skewed thoughts and eccentric behaviour may indicate mental illness; however, this is not always the case. This could be a society's hypothesis or maladaptive judgement based on its inability to comprehend the person’s psychological condition (*The Divided Self* 99). Wiesel also explores the concept of madness as a means to attain liberation, wherein all possibilities and actions are permissible. Laing says schizophrenia can be understood as a societal construct that serves to justify a series of social behaviours in which individuals labelled as schizophrenic are marginalised by others. These others are referred to as “legally sanctioned, medically empowered, and morally obliged” and assume responsibility for the well-being of the person labelled as schizophrenic (Laing 100). The so-called sane completely denigrate and humiliate such a person. He is deprived of all of his possessions and denied the ability to determine his own time and space. In a nutshell, he is “invalidated as a human being.” He is subjected to careful scrutiny until the label is removed, yet once a schizophrenic, always a schizophrenic (Laing 101).

In his book titled *The Divided Self*, Laing employed the term “Schizophrenic” to refer to individuals experiencing mental disorders and provided an existential-phenomenological analysis of their condition. He described ‘schizoid’ as “an individual the totality of whose experience is split,” and “is not able to experience himself ‘together with’ others or ‘at home in’ the world and feels himself in “despairing aloneness and isolation” (17). He labelled his investigation as existential phenomenology due to its aim to elucidate the essence of an individual's perception of their surroundings and self (17). He held the belief that a comprehensive understanding of madness could only be achieved within an existential framework. In an effort to enhance its comprehensibility, he introduced a set of conceptual terms, namely Ontological Insecurity, Embodied and Un-embodied Self, False Self, and Self-Consciousness. Such individuals are unable to perceive themselves in the world as “real, alive, whole, and, in a temporal sense, a continuous person” (39). They are afraid of becoming attached to anything or anybody because they believe that doing so will lead to a loss of

their “autonomy and identity” (44). They find solace in solitude because there is less chance of being misunderstood. In their effort to confront the external world and mitigate their personal despair, they construct a fabricated persona known as the ‘false self.’ Laing has been recognised as a social analyst, and his theoretical framework can be effectively applied to the analysis of the protagonist, Doriel Waldman, in Wiesel’s *A Mad Desire to Dance*. Doriel, who describes insanity as both beneficial and subversive, provides a comprehensive definition of insanity. He was also afraid of getting attached to anyone and invented a ‘false self’ for himself in order to avoid the people around him. His madness was nothing but a complex amalgamation of unforgettable memories. As he said, the course of insanity is constantly variable, “stumbles as it rises; tells lies while shouting “believe me”; forges ahead while stepping back; aims to please and displease simultaneously; seeks the company of others as a way of sublimating solitude” (6).

Survivors commonly experience a psychological condition known as Post Traumatic Stress Disorder (PTSD), characterised by the intrusive re-experiencing of traumatic elements through nightmares, flashbacks, or somatic reactions. In her work titled *Unclaimed Experience: Trauma, Narrative and History*, Cathy Caruth provides a description of Post-Traumatic Stress Disorder (PTSD) as an intense encounter with abrupt or calamitous occurrences, wherein the individual’s reaction to the event frequently manifests through uncontrollable and repetitive instances of hallucinations (57-58). According to Kolk, traumatic memories are fragmented remnants of overpowering experiences that require assimilation into preexisting cognitive frameworks and transformation into narrative discourse. In order to achieve successful resolution, it is essential for the traumatised individual to engage in frequent revisitation of the traumatic memory. (176)

Narrative exposure therapy is a useful therapeutic method. This process enables victims to articulate their experiences, allowing them to surmount their disillusionment. According to Schauer, it is a type of exposure in which trauma survivors tell their entire life story in chronological order to a trained counsellor or psychotherapist, who then records it, reads it back, and helps the survivor piece together their scattered traumatic memories (03). The NET model categorises memories into two

distinct components, namely Cold memory and Hot memory. Cold memory encompasses factual information and contextual details, whereas hot memory encompasses physiological sensations, emotions, and cognitive processes. It proposes that the neurobiological processes happening at the moment of a horrible occurrence enable Hot memory to be reflexively retrieved in PTSD but to lose all linkages to Cold memory. The purpose of NET is to place an event in its proper context by bridging the gap between cold and hot memories.

NET is a methodical and ongoing process. Schauer provides a comprehensive account of the process involved in this therapy. He refers to the first session as “Diagnosis and Psychoeducation” phase, during which the therapist gets an “overview of the traumatic history of the patient” and “explains to the patient that trauma symptoms are a common response to extreme and harmful experiences” (40). The second session is referred to as “Lifeline.” The lifeline serves as a symbolic representation of the life narrative of the victim. The survivors use a rope or string as a symbolic representation of the chronological progression of events in their lives, thereby delineating the trajectory of their entire life. In order to represent joyful occasions, flowers are commonly positioned on the rope, while stones are used to signify distressing and perilous life events such as assault, acts of violence, death, or accidents (Schauer 43). The third session is titled “Starting the Narration.” In order to connect the hot memory (feelings, sensations, and thoughts) to the cold memory (facts and events), it is the responsibility of the therapist to encourage the victim to speak in detail about the traumatic event. The final stage of this process, habituation, is a sense of relief or a decrease in Post-Traumatic Stress Disorder. Without habituation, the entire procedure would be ineffective or incomplete. The retelling of traumatic events should not be halted or interrupted prior to habituation.

A psychiatrist’s assessment is given great weight when deciding whether or not a person is sane. If the patient is unable to communicate with the “sane” psychiatrist, the conclusion will always be that “there is something wrong with the patient, but not with the psychiatrist” (Laing, *The Politics of Experience* 90). The patients’ ideas or interpretations, which may be distorted and unorganised, should not be dismissed as devoid of meaning. Indeed, it is imperative to accurately interpret these



statements in order to comprehend their meaning and prevent the patient from becoming “enmeshed in a world of delusions and self- deception” (90). Remembering the past is healthy, but becoming stuck there can be counterproductive.

In *A Mad Desire to Dance*, Wiesel has explained the entire NET procedure to the point of “Habituation” through the detailed description of therapy sessions between Doriel and Therese. Doriel characterises her as “best at talking” while he is “best at keeping silent” (38), but she urges him to liberate his thoughts, permitting them to traverse the familiar and unfamiliar terrain of his memories. In order to alleviate his phobias and manias (45). She brought order to his chaotic life. He was incapable of organising his thoughts. There was no single direction to head towards or goal to work for. The universe lacked significance. At times, “a comma travels: it runs, runs between the words, and is impossible to catch” (181). The narrative account that he presents before his therapist demonstrates a distinct lack of linearity. To effectively elucidate the myriad of incidents he recounts, one must possess a commendable level of patience and a profound capacity for understanding. His memory exhibits intermittent shifts in both forward and backward directions. The convergence of his past and future occurs abruptly, resulting in a state of confusion. With him “everything occurs in spasms: spasms of anger, of decisions, of desires that last only an instant” (09).

Therese constantly pushes him to scour his past for new insights. She was confident that the incident she was seeking to uncover must exist somewhere, and she knew that giving up would be devastating for him. That may be “a forgotten gesture, a lost word, a wound. Deep under layers of memories, the meaning of what crushes and ruins her patient lies waiting for him since...” (Wiesel, *A Mad Desire* 215). So on her insistence, he flips through the years of his life, remembering each childhood memory and clinging to each new adolescent one. Then, it is only through “her attentiveness, her knowledge, her way of guiding [him] and arousing [his] memories of those [he] loved, and especially her silence” that he finds deliverance. Doriel shared a childhood experience about his mother in therapy, but Therese could not discern if it was real or a dream. Even psychologically healthy individuals can experience this. Over time, memories blur. People forget

actual events and ‘remember’ visions and fictitious incidents. This point is also emphasised by Schiraldi in his book discussing post-traumatic stress disorder (PTSD). One of the most problematic features of post-traumatic stress disorder, in his opinion, is the reliability of traumatic memories. Some recall the primary components of trauma accurately and consistently. Some vividly recall elements of the trauma. Some forget the experience completely, while others recall it to varied degrees. Spontaneous recall can happen. Psychotherapists and hypnotists sometimes induce recall. This remembrance is sometimes accurate and sometimes completely bogus. Therefore, analysing traumatic memories requires prudence (Schauer 47).

During the therapeutic process, Therese aims to alleviate his grief by actively engaging in his personal tragedy, a phenomenon known as ‘transference,’ with the intention of facilitating the release of his intense emotions. Transference is a commonly experienced phenomenon in this therapeutic process, often resulting in the patient developing strong feelings of affection or admiration towards the analyst. However, this process is inherently challenging as for victims “everything makes sense, whereas the world is in a thousand pieces. They live in an environment of organised, structured madness, frozen in mental acrobatics” (Wiesel, *A Mad Desire* 64). The psychotherapist bears the responsibility of deciphering the various forms of nonverbal cues, such as silences, gestures, and fragmented statements, due to the tendency of their patients minds to frequently wander. Doriel also acknowledges this, stating, “Then, with a great master as my guide, I understood we were given lips not just to cry out but also to sing and kiss” (67).

Therese encourages him to begin afresh to start a family. She probes, “Aren’t you afraid of departing from this world without leaving descendants, heirs, traces?” (Wiesel, *A Mad Desire* 236) He tells her about his insecurities and how he cannot seem to trust anyone. He isn’t prepared to send [his] children into a world where they are bound to die. For him, not having a family and children was a form of protest against God’s silence and humanity’s cruelty. He was relieved that his children would no longer be in danger as they would never be born (268). Therese’s therapy sessions drastically alter his perspective. He began his life with Liatt, with whom he also had children. Her

psychoanalysis or NET (Narrative Exposure Therapy) assists his arrival at the crossroads. This therapy induces in him a new realisation that only love can cure the deepest wounds, but this resolution is not easy to achieve. She makes a valiant effort to probe the depths of his psyche.

Thus, the individuals who typically are labelled as “mad” by society are depicted in a completely different light by Wiesel in this novel. The character of Doriel Waldmen is indeed a powerful one. By admitting that he was mad, he truly refuted the popular notion of what being mad is like. People find it simpler to describe the person like Doriel as “mad” and try to be ignorant about the horrifying reality rather than offering the traumatised persons the comfort and solace they need by listening to them. Wiesel does not confine his traumatised survivors to an uncommunicative condition, but rather offers them a chance to reconstruct their own language through the experience of madness and thus has used “madness” as a powerful weapon to communicate the uncommunicable and to indicate the un-indicated.

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