

## Post-Holocaust Trauma and the Creation of PTSD

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It is an honor to be here. I want to tell you a story today about the *prehistory* of the concept of PTSD (post-traumatic stress disorder) – a concept which entered the DSM (the *Diagnostic and Statistical Manual of Mental Disorders*, the “bible” of psychiatry) in the year 1980. Most scholarly accounts of the evolution of the PTSD concept go back to railroad and industrial accidents at the turn from the nineteenth to the twentieth centuries, and to the “shell shock” experienced by soldiers in World War I. What most accounts – peculiarly – skip over or only mention in passing is the crucial role of the aftermath of the Holocaust of European Jewry, in its wholly unexpected, intricate intersections with subsequent controversies over the U.S.’s military involvement in Vietnam.<sup>1</sup>

For as it turns out, *the* catalyst for changing the science of trauma, including the very particular ways that we now, in the early twenty-first century, understand PTSD was a grotesque debacle, fought out through the 1950s-1960s, over financial compensation for mental health damages among Jewish survivors of life in hiding, in the ghettos, and in concentration and death camps.<sup>2</sup> The battle was ugly because the psychiatrists appointed by the West German government to evaluate survivors regularly *rejected* their claims, arguing that whatever debilitating insomnia, nightmares, chronic anxiety or depression, disabling psychosomatic pains, difficulty concentrating, or crippling

apathy survivors were displaying must have their source either in the survivors' *pre*-camp lives – perhaps even in their characters from the time of birth, or in very early life-experiences in their families – or in their difficulties adjusting to *post*-camp life. *Anything* but the persecutions or the camps themselves.

In other words, to understand what it took to bring the science of trauma into view and into medical and legal legitimacy, we have to understand *how utterly saturated the scientific battles over reparations were by politics and emotions*. It was *against* the doctors who regularly rejected survivors' claims for health damages (many, though not all, gentile Germans – indeed, many of them ex-Nazis – though there were occasionally Jews among the “rejecters” as well) that survivors sought out second, or third, or fourth opinions from more *sympathetic* doctors (often, as it happens, German and Austrian Jewish refugee psychoanalytically inclined psychiatrists living in the U.S., in Western European nations or in Israel, although it is noteworthy that there were some important gentile German sympathizer psychiatrists also). And it was up to the more sympathetic doctors to make the case that the origins of the patients' problems lay *in* the persecutions and imprisonments.

Very quickly battle lines were established and these two opposing sides (rejecters vs. sympathizers) emerged – arguing their positions in the pages of medical journals as well as directly in the patients' case records, records which were then submitted to the reparations offices

and subsequently, in the tens of thousands of cases that were appealed after initial rejections, to courts established in West Germany to adjudicate reparations claims.

The story begins not with the Holocaust itself, but rather in its aftermath. A law triggered the debate over the status of trauma. It was passed in West Germany in 1956 as part of a broader set of negotiations underway since the end of the war between the West German government, the Western Allies, especially the Americans, and international Jewish organizations (like the Conference on Jewish Material Claims against Germany and the United Restitution Organization) as well as the young state of Israel. The law provided for small pensions (and in some cases also therapy) for survivors whose capacity to be economically self-supporting had been damaged by at least 25 percent due to persecution and violence experienced in the Third Reich in flight and hiding, in ghettos, or in camps. (The root of this approach lies in worker compensation law; it sounds like – and *is* – an absurdist response to monstrous torments.)

Jews who had lost *property* under Nazism were able to seek restitution under an earlier law; the law allowing survivors to seek compensation for damages to *health* was, to put it bluntly, the law for the little people, the ones who had no property to reclaim. The only property they had, as it were, was their labor power. Hence the need to

prove the 25 percent or more diminishment of the ability to be self-supporting – in whatever new land had become their refuge.

But in case after case, the initially evaluating doctors said that whatever survivors had experienced in hiding or in the camps was something that someone with a previously healthy disposition *should* have been able to recover from. Anybody having trouble afterwards must have been troubled before. Maybe their parents' marriage had not been happy; maybe they were just oversensitive.<sup>3</sup> Or, alternatively – the rejecting doctors suggested – perhaps the prospect of receiving a pension was causing these survivors to display symptoms of psychological dysfunction; perhaps they were, like lazy workers or malingering soldiers had been imagined before them, best understood as “pension-neurotics”, whether they were producing their (suddenly financially convenient) symptoms consciously or unconsciously.<sup>4</sup> Over and over, the rejecting doctors *denied that there could have been a causal link between symptoms and experience.*

All of this happened in a cultural context in post-Nazi West Germany of intense public hostility toward the very idea of reparations or restitution. As West German Chancellor Konrad Adenauer's close associate, the Christian Social Union's Fritz Schäffer – a conservative Catholic and the second most powerful man in the postwar government – put it with striking lack of inhibition: “*If the Jews want money, they should raise it themselves by arranging for a foreign loan.*”<sup>5</sup> Schäffer

was from 1949 to 1957 the head of the Ministry of Finance, and his main assistant, Ernst Féaux de la Croix, was a man given to remarking repeatedly on his annoyance about the “terrible drama of Israeli-Jewish demands” and how “world Jewry” “just would not let go.”<sup>6</sup> Schäffer openly stoked public anger against survivors by provocatively prophesying that reparations to Jews would so strain the West German financial system it would “inevitably lead to a devaluation of the Deutschmark.”<sup>7</sup> *As though* – not much more than a dozen years previously – non-Jewish Germans had not been enthusiastically supportive of a criminal regime, and had not benefited directly – with career opportunities and with property – from so-called “Aryanization,” Jewish flight, deportations, and murder.<sup>8</sup>

These two – Schäffer and Féaux de la Croix – were the men in charge of managing the entire reparations apparatus. Schäffer also liked to complain that no one was willing to break the taboo against criticizing the reparations project for fear of being accused of anti-Semitism.<sup>9</sup> But of course the taboo was broken all the time. Invoking the idea of taboo was precisely what facilitated the talk. Chancellor Adenauer himself is said to have remarked in a high-level meeting: “The Jews cheat us anyway.”<sup>10</sup>

In the wider public and in the media, there was far blunter rhetoric around reparations. Hendrik G. van Dam, the head of the Jewish community in Germany, received hate mail with contents such as: “You

get yourself out of Germany as fast as you can! Every second Jew has made false claims and enriched himself.... The reparations must end.”<sup>11</sup> A letter written by a pastor in Berlin to the newsmagazine *Der Spiegel* declared – commenting on a much-discussed case in 1957 in which a schoolteacher had told a survivor “in my opinion far too few Jews were gassed” – that this kind of unfortunate slip was understandable in a situation of unequal rights: “Once Jews had fewer rights than Aryans. Nowadays a problematic reparations practice has turned the legal situation into the exact opposite.”<sup>12</sup> Or as another letter-writer opined in 1958 – again defending the schoolteacher’s remarks: “Once again, the ‘Chosen People’ are, each and every one, dancing around the ‘golden calf.’”<sup>13</sup>

Yes, variously clever and/or pained counterarguments were also published.<sup>14</sup> One letter-writer noted sarcastically, “Many of our contemporaries now like to reproach the Jews for the fact that so many of them are entitled to compensation. After all, back then it was obviously due to their self-interested profit-seeking that these mercenary Semites pushed their way so eagerly into the concentration camps!”<sup>15</sup> But one sees from the terms of debate how much dislike of Jews permeated the discourse, and how greatly put on the defensive the anti-anti-Semites were.<sup>16</sup>

Promptly, three actually separate matters became entangled: 1) what a postfascist government owes the victims of its predecessor

(morally, legally); 2) whether reparations in principle were a just concept, but the demands of “world Jewry” were unreasonable and excessive; and 3) whether a few bad apples could be construed as standing in for a group as a whole. In this climate, avid opponents of reparations – like the Christian Democrat Jakob Diel – could frame their objections in coded but easily understood ways: “Can it truly be just,” Diel asked rhetorically, “that in countless cases individuals covered by the reparations law are better off financially now than if they had never been persecuted?”<sup>17</sup>

It may bear mentioning here that while there is always a battle over the truth, this battle is especially acute in the aftermath of great horror. It is especially acute, in short, in a post-fascist environment, when people’s investments in rewriting reality – massaging, spinning, reinterpreting the facts – are particularly strong. To only feel morally indignant is to miss just how much the idea that *Jews were a problem* was part of the commonsense texture of public discussion in the aftermath of a mass-murderous dictatorship. Moreover, the blatancy of the *hypocrisy around money* is noteworthy. This was also a climate, after all, in which there were not just pensions available for concentration camp guards as well as their widows, but also entire organizations of gentiles dedicated to clamoring that they had been “victims of denazification” (“*Entnazifizierungsgeschädigte*”) and/or “victims of reparations” (“*Restitutionsgeschädigte*” – this included people who were distressed

that Jews whose property had been lost to “Aryanization” had come back to reclaim it).<sup>1819</sup>

As of the end of 1966, a decade into the process, rejections amounted to *more than a third of the cases*, and indeed on the initial round, before a case went to the courts on the basis of more sympathetic evaluations, the rejection rate had been more than half.<sup>20</sup> The justifications took a multitude of forms. One evaluator in 1960, for example, found a woman who had spent three years in Auschwitz to have “a psychopathic personality with a tendency toward abnormal processing of experience and an inability to deal with life.” The expert consensus, the evaluator declared, was that a “normal person” would have recovered six months after liberation at the latest.<sup>21</sup> Other victims were described variously as having “hypochondriacal attitudes” (this in regard to a man who had been in one ghetto and three concentration camps, had been thrown from a truck, and had his mother, sister, wife and four children killed), or of displaying a “hysterical faulty attitude” and a “hysterical demonstration of helplessness” (this in response to a woman who made strange inarticulate sounds when being questioned about her experiences, which included not only 8-10 hours of heavy camp labor every day – this an evaluator interpreted as providing her with access to somewhat better rations – but also the murder of two children, six siblings and two grandchildren, who had been torn from her arms).<sup>22</sup> Or, in another case, involving a mother who had lost several of



her children in concentration camps and had difficulty sleeping, the evaluating physician declared that “many people are sensitive and have sleep disturbances. This is not a serious disability.”<sup>23</sup> There were thousands of cases like this – among them survivors also of rapes and sterilizations.<sup>24</sup> A significant number of the claimants were written off as suffering from a congenital or endogenous (*anlagebedingt*) “anxiety neurosis.”<sup>25</sup>

There was also the case of a Polish Jewish man Z. born in 1913 who had lost wife and child and parents and several siblings, survived the Warsaw Ghetto and the labor camp Falenti where he was violently abused and from which he then escaped. He hid with a farmer in a pig stall in a coffin-size pit covered with pig dung in which he could neither move nor turn around and where he had to urinate and defecate and was only fed every few days. He became too weak to sit up unassisted; he lay there for 18 months, frequently in terror of the SS-contingent coming through with trained police dogs. Only the pig dung piled over his pit kept the dogs from sniffing him out. Years later, he had constant pain in his joints, dizzy spells during the day, difficulty concentrating, and nightmares from which he woke screaming at night. “I should rather have died” was the survivor’s own self-assessment; “congenital idiocy” was the diagnosis.<sup>26</sup>

Meanwhile, and in addition to the things they said about the patients, the doctors intent on rejecting not only specific individuals’

claims but the basic premise on which claims were based started recurrently to impute *a lack of objectivity* to those physicians who were beginning to insist that it was definitely the persecution and camp experiences that caused psychological damages, accusing these other doctors of “a really very extensive application of subjective interpretations” and suggesting that sympathetic assessments were more the result of the predilection of the assessor than of the facts of any particular case. Rejecting doctors sneered that the evaluations of survivors produced by more sympathetic doctors had a “downright artistic design” but that “quite often we find the evidence for the reality-content of the proffered portrait entirely lacking.”<sup>27</sup> Over and over, the sympathetic doctors were dismissed as having a “knowledge base” that “couldn’t be more narrow”<sup>28</sup> or derided for having a “naïve-psychological approach.”<sup>29</sup> It was “unfortunate” that sympathetic doctors let “affective attitudes” intrude on their judgment; this made a “scientific discussion of the issues almost impossible.”<sup>30</sup>

Most fundamentally, the very idea of granting a pension for any “neurosis” was declared by *the* lead researcher on neuroses in West Germany, Ernst Kretschmer, to be “scientifically insupportable [*wissenschaftlich unhaltbar*].” It was precisely the possibility of a pension that caused people to be *unable* to get healthy, Kretschmer averred, citing studies on shell shock from the 1920s.<sup>31</sup> The whole dynamic driving most neuroses, Kretschmer commented, had nothing to

do with past experiences, but rather with future hopes (for money) or with a “hypochondriacal” inability to master one’s present.<sup>32</sup> A government publication in 1960 declared that “Only on the ground of a particular psychic and somatic personality structure can damaging experiences lead to manifest illnesses. *The actual experience, as dramatic as it may seem, can thus not be considered to have any causal importance.*”<sup>33</sup>

The rejecters also repeatedly demanded evidence of what they called “bridge symptoms.”<sup>34</sup> The time lag notable between liberation from the camps and the emergence of psychological distress was seen as suspicious – read as yet another sign that the survivors were motivated by the hope of financial gain. (Nowadays, of course, a latency period between experience and symptoms is seen as one of the typical signs of post-traumatic stress.)

And finally, there was the peculiar way in which Freudian psychoanalysis appeared and disappeared in rejecters’ texts.<sup>35</sup> Sometimes the slap was explicit – and it is important to note here that Nazis had continually both denigrated Freud in anti-Semitic terms *and* simultaneously appropriated many of his ideas as their own.<sup>36</sup> This double move of both denigrating and (mis-) appropriating Freud continued into the postwar era and showed up particularly in debates over whether the simulation of symptoms was “conscious” or “unconscious,” and in disputes over whether early childhood

experiences were more significant for character development than whatever persecutions and imprisonments had occurred later.<sup>3738</sup>

How did the tables finally turn?

Already in the 1940s, during and after the war, a number of survivor-professionals and soon thereafter a number of other physicians, in numerous countries (including notably France, Poland, the Netherlands, and Norway) had begun to publish on the topic of psychological damage due to experiences of persecution and imprisonment. International conferences of medical specialists working on health damages of persecution and internment were held in Paris and Copenhagen in 1954 and Brussels in 1955. But it was not until the 1956 law went into effect and claims began to be denied that physicians who were convinced of the reality of post-camp psychological damage needed not just to counter the contentions of the rejecters, but also to make fuller sense of their own findings.

Among the issues sympathizers grappled with was the purported comparability between death camp experiences and those of POWs or victims of bombings or expulsions, and thus an argument about the uniqueness of what we now call the Holocaust began to take shape. Very early. Hans Strauss, an émigré psychiatrist who was initially a sympathizer and later became predominantly a rejecter (making him a favorite with German authorities and reviled by some U.S. peers), emphasized already in 1957 “the singularity” (*das Eigenartige*) in the

chronic depressions displayed by the victims of Nazi persecution and rejected the comparisons with victims of industrial accidents and wars; he subsequently referred to the concentration and death camps as “a psychiatric mass experiment, the like of which should never have been made and will, we hope, never be made again.”<sup>39</sup> The widely respected Munich-based psychiatrist Kurt Kolle, one of the most remarkable German sympathizing doctors, opened his 1958 essay on the subject with the words: “The topic is new, there is no precedent.”<sup>40</sup> Another sympathizer, the Mainz-based psychiatrist Ernst Kluge, emphasized key elements of the concentration and death camp experience: the utter *guiltlessness* of Jews (as opposed to political prisoners who had chosen to resist), the complete powerlessness and continual vulnerability to the most primitive cruelty and sadism, the arbitrariness, the inversion of values in the camps and “diabolization” of the community caused by privileging some prisoners over others and making them co-responsible for the suffering of their fellows.<sup>41</sup> Yet others emphasized the shattering loss of loved ones, and the guilt of surviving not just while others died but also at the cost of constant humiliation and degradation.<sup>42</sup>

Sympathizing doctors also, however, grappled with the complexity of the evidence they encountered. There was a bewildering variety of syndromes and symptoms, and every attempt to systematize (e.g. by age at onset of persecution, or by the particularities of the camp, or the kinds of violence encountered) only confused things more. Certainly the type

of person one had been before *did* shape how one managed the camp experiences, as arbitrary as the horrors otherwise were. And indisputably the conditions of post-camp life mattered as well. Was there a spouse, were there family members with whom to reunite, was there a new love? Was there meaningful work and social respect? Some survivors had trouble adjusting in a country (whether in the U.S. or Israel or any number of other nations) where they did not initially speak the language or were unable to gain a foothold. Meanwhile, how indeed could the (manifestly common) time lag in the emergence of symptoms be explained?<sup>43</sup> And why was it that some survivors – maybe as many as three quarters all told – seemed to be able to build up some kind of post-camp life, sometimes even a quite successful one, and showed no particular signs of debilitating psychological damage, while others were completely crumpled?<sup>44</sup>

Throughout, moreover, precisely because sympathizing doctors were acutely aware that mainstream medical teaching in Germany, already since before Nazism, had emphasized that lasting, as opposed to short-term and reparable, psychological damage after a traumatic experience could only be explained by organic somatic (=physical) damage like a blow to the head or longterm malnutrition, some of them deliberately placed strong emphasis on whatever physical findings they could locate.<sup>45</sup> This in turn made them even more vulnerable to being

accused by the rejecters of exaggeration, speculation, and inconsistency.<sup>46</sup>

There were courageous sympathizers on both sides of the Atlantic. In addition to Kurt Kalle, one of the most important German defenders of the survivors was the young physician Ulrich Venzlaff, who had been mentored by Gottfried Ewald, the sole psychiatrist in the Third Reich to openly oppose the murder of the handicapped. [Interesting about mentorship: transgenerational transmission of courage.] Venzlaff developed the concept “experience-reactive personality change” (*erlebnisreaktiver Persönlichkeitswandel*) to capture the causal link in the diagnostic category; in an early and much-cited sympathetic evaluation, he cleverly and strategically praised aspects of the rejecters’ doctrine only then to go on to undermine it. A signally relevant figure in the United States was the New York-based William G. Niederland, who worked tirelessly, in hundreds of sympathetic evaluations and in dozens of scholarly essays and media interviews, to achieve reversals of rejections. Among Niederland’s many contributions was the development and explication of the concept of survivor guilt – a contested but, as it would turn out, a strategically important topic.<sup>47</sup> But one of the biggest contributions he made was to call attention to the point that life in hiding, often under subanimal-like conditions and in constant terror of discovery, could be *as* damaging to mental health as life in the concentration and death camps.

Perhaps the most searingly articulate critique of the rejecters, however, came from Kurt Eissler, an émigré psychoanalyst in New York who later became director of the Freud Archives, at that time often sought out, like Niederland, as a sympathizer who could provide a second (or third or fourth) opinion in disputed cases. In two essays, the first in German in 1963 (with the provocative title summing up Eissler’s scathing critique of the rejecter position: “The murder of how many of one’s children must one be able to survive asymptotically in order to be deemed to have a normal constitution?”) and a subsequent essay published in English in 1967 in the *American Journal of Psychiatry* and titled simply “Perverted Psychiatry?,” Eissler dismantled the rejecters’ strategies piece by piece. Among other things, he forcefully accused the *rejecters* of lack of objectivity. In other words, he used their own weapons against them.

The kind of emotional distance toward the patient that rejecters demanded, Eissler said, was not true objectivity in this unprecedented situation. The incapacity to feel one’s way into the novelty and grotesquerie of what the Nazis had done demonstrated, in Eissler’s view, a “defect” of objectivity. Eissler was not asking doctors or judges to feel pity. Rather, he reflected on how any one of those professional men would *himself* react if *he* was arrested, put into prisoners’ garb, forced to do heaviest labor in the worst weather and on the absolute minimum of food, had his children murdered, been hunted by dogs, threatened with



being shot, kicked in the head and abused so badly that his face carried permanently disfiguring scars – after three years of this, would he really be so stoic and be able to resume his daily life? As Eissler concluded with deadpan fury in 1963: “It remains a mystery how such a profound malfunction of the ability to identify can emerge among educated intellectuals.” It was the *rejecters*, he said, who had an “emotional conflict” when they were conducting evaluations. The idea that a psyche, a soul, is not autonomous and impervious, that it can in fact be damaged, indeed damaged forever, by external experiences: *This* realization, Eissler proposed, must awaken strong fears.<sup>48</sup> In short, Eissler began to theorize the issue of bias within countertransference.<sup>49</sup>

In the 1967 essay, Eissler had his own theories about the kinds of regression to more primitive, pre-civilized “archaic” emotions of contempt for the weak and suffering that Nazism had encouraged and that he found persisted after 1945. Striving to sort out what it was about the crushed survivors of this particular catastrophe that seemed so to destabilize the evaluators, Eissler noted that contempt for the weak had complex roots, and appeared to be connected, he submitted, “with the whole problem of sadomasochism.” A tragic hero, no matter how narcissistic or criminal, was held in awe, and his punishment seemed reasonable. By contrast, the survivor, broken and not vengeful, with no crime to expiate, was denied “the top of that hierarchical pyramid to which Christ has elevated the humiliated and the suffering.” Eissler went

on to imagine that the hostile evaluators were actually *deeply afraid*, seeing a survivor, that they themselves, had they been in the camps, might well have reacted to their oppressors with weakness and groveling. By no means granting himself greater virtue, Eissler also reflected that the discomfiture in the face of humiliated people was “something of a universal reaction still very much alive in almost all of us.” Nonetheless, his point was that anyone not critically self-aware and able to “control this archaic feeling” should recuse himself, or simply be excluded by the authorities, from the right to conduct evaluations.<sup>50</sup>

His plea for the rejecters to be excluded was *not* what happened, however. Unsympathetic evaluators continued their work well through the 1970s and in some cases beyond. What *did* happen was that the international power balance shifted. One early result of sustained pressure from the Conference on Jewish Material Claims against Germany as well as other international organizations came with a law change in 1965 in which the concept of a “*concentration camp presumption*” was introduced. Thenceforth, having spent one year in a camp was considered adequate evidence that there *must* be a link between symptoms and experience. Although rejecters found imaginative ways to get around this as well – for example by minimizing the assessed percentage of reduction in earning capacity (e.g. “only” 23 instead of 25%) – the law change simplified the claims process considerably.

Just as important was a dynamic which can only be called the “Americanization” of the debate from the late 1960s on – inextricable from the wider rise of, and indeed a major contributing factor to, Holocaust consciousness in the US. Especially significant were the series of conferences in Detroit organized by Niederland together with his fellow psychiatrist Henry Krystal beginning in 1963 and with results published in 1968 and 1971, at which not only the sympathetic German physician Ulrich Venzlaff was an important presence, but which additionally brought together psychiatrists who did not just do diagnosis but also *therapy* with survivors.<sup>51</sup> Notably as well, the Detroit conferences brought in Robert Jay Lifton, who was to become one of the key linking figures in the subsequent development, in the course of the 1970s, of growing cooperation between experts working with Holocaust survivors (among them Niederland and Krystal) and those working with antiwar Vietnam veterans in formulating the concept of PTSD that entered the DSM-III in 1980.

Ultimately, it took the Vietnam War to bring the Holocaust fully into focus.<sup>52</sup> As manifestly different as the cases of soldiers and survivors were, the incontrovertible fact is that the growing public discussion surrounding Vietnam veterans and the pressure of antiwar groups helped greatly to push PTSD into the DSM, with absolutely crucial positive results for shifting the mainstream of medical opinion internationally. Especially striking, among the dozens of examples by

which the linkage was established as medical and popular common sense, was an essay in the *New York Post* in 1972 carrying the banner headline “Auschwitz & Viet: - The Survivors.” Indicatively, Nederland and Lifton were both quoted under the subhead “Both Groups Feel Guilt.”<sup>53</sup> Vietnam was also especially important for the perpetually nagging issue of the time lag. This issue that had so stumped sympathetic physicians and had given rejecters countless opportunities for mockery of survivors and their advocates was suddenly understood to be not only pervasive but also a key characteristic feature of human response in the aftermath of encounters with severely distressing events.<sup>54</sup>

Finally, most important was Nancy Andreasen, the highly respected psychiatrist (and among other things specialist on psychiatric complications from traumatic burn injuries) who had been charged to head the work-group that ushered PTSD into the DSM in 1980. Andreasen was familiar with Nederland’s writings and determined to include concentration and death camp survivors into a definition of post-traumatic stress that went beyond what some veterans’ advocates had called “Post-Vietnam Syndrome.”<sup>55</sup> The 1976 draft memorandum by Nancy Andreasen listed at the outset the range of traumatic experiences that could cause this disorder. They included: rape, military combat trauma, natural disasters like floods and earthquakes, accidents like

airplane crashes or large fires, and also, expressly, “mass catastrophes... of human origin (Hiroshima, torture, death camps).”<sup>56</sup>

In sum, and to put the overall point another way: Initially the battle over reparations for survivors had forced advocates for survivors to articulate an early case for the **uniqueness** of the Holocaust, and the utter non-comparability of racial persecutions and concentration and death camp experiences with the experiences of soldiers or even of civilians during wartime. Yet by a twist of historical fate, it later took the catastrophic decline in the US’s moral authority internationally due to the war in Vietnam and the rise of a passionate antiwar movement to bring not just soldiers’ but also survivors’ traumas into Americans’ public consciousness and into official medical nomenclature and professional policy. In this particular crucial tactical instance – and no matter how problematic the impulse to compare would also remain – the new emphasis on **comparison** and not just uniqueness provided an incomparable opportunity for an advance in moral, medical, and legal thinking.<sup>57</sup>

I could end here. But I have two brief Codas. One involves survivors who were also psychoanalysts; the other concerns what happened to the category of PTSD.

So, first: Not all experts on Holocaust trauma were glad about the rise of PTSD. Auschwitz survivor and Boston-based analyst Anna Ornstein, for instance, has declared the entire debate over survivor

syndrome as well as the creation of the category of PTSD to be “a horror.”<sup>58</sup> Her ardent commitment has been to identifying the resources for *resilience* and *recovery* within survivors – often finding them in early familial relations pre-Holocaust.<sup>59</sup> And child survivor of Flossenbürg and later New York-based analyst Jack Terry was already in 1984 contemptuous of what he identified as the intellectual sloppiness above all of his therapist colleagues. Picking up on Kurt Eissler’s insight into the contempt felt by many people towards survivors, Terry took the stance that also the tendency to “syndromize” survivors – i.e. to diagnose them as damaged – was itself a sign of contempt, and one that robbed each survivor of his or her individuality and the specificity of his or her experiences.<sup>60</sup> Indeed, Terry speculated that the eagerness to diagnose trauma in survivors could well be read as a sign of the *guilt* of sympathizer psychiatrists for themselves having escaped Germany or Austria before the deportations began.

Another great problem with the ascent of PTSD – and here’s my second Coda – was that it, inevitably, relativized and blurred the differences between victims and perpetrators: not just between survivors of concentration and death camps, on the one hand, and US soldiers returning from Vietnam, on the other, but also between a soldier who had been tortured as a prisoner of war and a soldier who had been a war criminal. (And at the same time, the possibility that the Vietnamese victims of US violence might be traumatized was not even taken into

account.) Or as the German-born (but longtime Chilean-resident) psychoanalytic psychotherapist David Becker has put it, the effect was an “**amoralization**” of trauma.<sup>61</sup>

Nowhere was this more apparent than in the work that Becker, together with a team headed by the Chilean psychologist Elizabeth Lira, did with survivors of torture and with family members of those who had been “disappeared” during the years of the Cold War Latin American dictatorships. The whole point of torture in Chile, Argentina, and Uruguay during those years was not to acquire information or confessions but rather to attack the identity of the victims, to attack their very sense of reality, to crush a political opponent of the regime, all the while denying that this was happening. Torture and disappearances both were not speakable – and they put both victims and their loved ones into impossible binds.<sup>62</sup> There’s much that needs to be said about Becker and Lira but what I want to conclude with are the theoretical and therapeutic insights Becker developed during this time and in his later stints in numerous war zones. In particular, he was inspired by the writings of the Dutch-German-Jewish writer Hans Keilson, who had worked in the Nazi-occupied Netherlands with children in hiding and generated a powerful theory of *sequential* and *chronic* traumatization.<sup>63</sup> In addition to the “amoralization,” another related problem with PTSD identified by Becker – here building on Keilson – is how the concept, even as it

officially recognized external triggers of internal suffering, actually *decontextualized* the suffering.

In Becker's view, there was no question that the *T* (for trauma) in PTSD was real. But he objected to the *P*, *S*, and *D*. All too often, there was no "post-", as crises continued; "stress" was far too mild a term for what traumatized people had gone through; and "disorder" localized the problem in the person rather than in the situation.<sup>64</sup>

Over time, the years in Chile and subsequently in other crisis regions, together with his engagement with Keilson, gave Becker a new vantage point for thinking about both Vietnam and PTSD. From a more global rather than narrowly US or European point of view, the ascent of PTSD could be understood as a side effect of both the Cold War and of struggles over decolonization. From this perspective, Becker came to see Vietnam as "one of the last great imperial wars" and to rethink PTSD's emergence as a striking compromise, a compromise which, at one and the same time, managed both to acknowledge and to disavow its late colonial context: "The war was lost. The horrors of this war should somehow be recognized, but its political significance, its colonial destructive force should simultaneously be disavowed." This doubleness in the response to Vietnam in turn provided the key to the PTSD concept as it had been formulated in the DSM: "Suffering is acknowledged, but it is stripped of its (colonialist) contents. It is understood that social



processes cause pathology, but the processes themselves are off limits for discussion.”<sup>65</sup>

In fact, Becker argued, in view of the exponential proliferation of trauma projects in the early twenty-first century – all in the midst of ever-metastasizing wars, both large and small, each spawning more suffering and which no world leaders seemed able to bring to an end – that trauma work had indeed become a business, an industry even, but that it also needed to be understood as a long-unfolding postcolonial process. In sum: The creation of PTSD had been, at once, a triumphant, remarkable, necessary outcome of the battles over post-Holocaust trauma as they were fought through in the specific historical context of post-Holocaust resentment and anti-Semitic animus against survivors and, because it had mixed perpetrators together with victims and depoliticized the experiences of both, it was – as Becker expressly observed – already “a regression from the achievements and developments in the wake of the Holocaust.”<sup>66</sup> The imperative to find more sensitive ways to conceptualize the continual imbrication of intrapsychic dynamics with sociopolitical contexts – and to seek better means to provide at least some amount of care and healing in the midst of ongoingly catastrophic situations – remained. It remains our challenge to this day. I look forward to hearing your thoughts.

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<sup>1</sup> So little known is this episode in the evolution of what became PTSD outside of Holocaust studies circles that in his critique of the now-extensive trauma industry, psychiatrist-historian Derek Summerfield singles out Holocaust survivors as *the* example of a group that recovered remarkably well without the benefit of a concept of post-traumatic stress. He sees Vietnam-era concern with returning soldiers' troubles as the beginning of the (in his view deeply problematic) dissemination of the concept. See Derek Summerfield, "A critique of seven assumptions behind psychological trauma programmes in war-affected areas," *Social Science and Medicine* 48 (1999), pp. 1449-1462; and Derek Summerfield, "The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category," *British Medical Journal* 322 (January 13, 2001), pp. 95-98.

<sup>2</sup> On the evolution of ideas about trauma from late nineteenth-century industrial accidents and/or World War I shell shock to PTSD, see especially: Allan Young *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton Univ. Press, 1997); Paul Lerner and Mark S. Micale, eds., *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age* (Cambridge, UK: Cambridge Univ. Press, 2001); Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard Univ. Press, 2003); Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (New York: Psychology Press, 2006); Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry Into the Condition of Victimhood* (Princeton: Princeton Univ. Press, 2009); David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (Boston and New York: Houghton Mifflin Harcourt, 2015). For significant studies centered on Holocaust trauma and the battle over reparations for health damages, see: Ruth Leys, *From Guilt to Shame: Auschwitz and After* (Princeton: Princeton Univ. Press, 2007); Svenja Goltermann, *Die Gesellschaft der Überlebenden: Deutsche Kriegsheimkehrer und ihre Gewalterfahrungen im Zweiten Weltkrieg* (Munich: Deutsche Verlags-Anstalt, 2009); Norbert Frei, José Brunner, and Constantin Goschler, eds., *Die Praxis der Wiedergutmachung: Geschichte, Erfahrung und Wirkung in Deutschland und Israel* (Göttingen: Wallstein, 2009); and the foundational work, Christian Pross, *Paying for the Past: The Struggle over Reparations for Surviving Victims of the Nazi Terror* (Baltimore: Johns Hopkins Univ. Press, 1998).

<sup>3</sup> See the case of Herr W. in Pross, *Paying*, pp. 124-25. As survivor, DP leader, and historian Samuel Gringauz summarized the trends retrospectively: "The sufferings are [in the rejecting doctors' assessments] caused by constitutional factors, caused by fate, caused by old age, caused by environment, caused by character, caused by simulation, caused by fraudulence, caused by marital conflicts, caused by the milkman, caused-by-anything-you-want, just not caused by the inferno, just not caused by hell. As far as is possible, the human- and soul-murdering inferno of German history should be denied." Samuel Gringauz, "Psychische Schäden und Besonderheiten des Verfahrens: Brückensymptome und spätere Anmeldungen," *Die Wiedergutmachung*, no. 256 (21 July 1967), p. 1.

<sup>4</sup> Indeed, one West German government-sponsored guidebook for evaluating psychiatrists contended that therapy could only be helpful in cases where no pension had been given, because the granting of the pension itself prevented healing. See Gustav Bodechtel et al.'s introduction to Der Bundesminister für Arbeit und Sozialordnung, ed., *Die "Neurose": Ihre Versorgungs- und Sozialmedizinische Beurteilung* (Stuttgart: W. Kohlhammer, 1960), p. 6.

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<sup>5</sup> Schäffer quoted in Frank Stern, *Im Anfang war Auschwitz: Antisemitismus und Philosemitismus im deutschen Nachkrieg* (Gerlingen: Bleicher, 1991), p. 336.

<sup>6</sup> By contrast, Féaux de la Croix was indignant that “the Jewish press” mentioned the Nazi past of one of the bankers involved in the negotiations, deeming the exposure of this backstory the “most aggressive,” “undignified personal defamation.” Ernst Féaux de la Croix and Helmut Rumpf, *Der Werdegang des Entschädigungsrechts unter national- und völkerrechtlichem und politologischem Aspekt* (Munich: C. H. Beck, 1985), pp. 10-11, 151-52, 158-59.

<sup>7</sup> Schäffer’s pronouncement summarized in “Der neue Tatbestand,” *Der Spiegel*, January 29, 1958, p. 13.

<sup>8</sup> See Frank Bajohr, “‘Arisierung’ in Hamburg; ‘Schnäppchen aus Judenkisten,’” *Der Spiegel*, January 26, 1998, <http://www.spiegel.de/spiegel/print/d-7809630.html> (accessed May 4, 2019); Susanne Meinel and Jutta Zwilling, *Legalisierter Raub: Die Ausplünderung der Juden im Nationalsozialismus durch die Reichsfinanzverwaltung in Hessen* (Frankfurt/Main: Campus, 2004); and Götz Aly, *Hitler’s Beneficiaries: Plunder, Racial War, and the Nazi Welfare State* (New York: Henry Holt, 2006).

<sup>9</sup> See “Der neue Tatbestand,” p. 13: “Keine deutsche Stelle wage etwas dagegen zu unternehmen, aus Furcht, sie könne deswegen der Judenfeindlichkeit bezichtigt werden.”

<sup>10</sup> Adenauer’s comment reported in Kai von Jena, “Versöhnung mit Israel? Die Deutsch-Israelischen Verhandlungen bis zum Wiedergutmachungsabkommen von 1952,” *Vierteljahreshefte für Zeitgeschichte* 34, no. 4 (1986), p. 470.

<sup>11</sup> Letter quoted in “Der neue Tatbestand,” p. 13.

<sup>12</sup> Wolfgang See, letter to the editor of *Der Spiegel*, January 8, 1958, p. 9.

<sup>13</sup> Otto Schmöger, letter to the editor of *Der Spiegel*, January 8, 1959, p. 9. See also another commentator: “Pressure produces counter-pressure. The Jews should not imagine that the German *Volk* will pay 20 or 30 or 40 billion for damages for which Moses is responsible. [*Druck erzeugt Gegendruck. Die Juden sollen sich doch nicht einbilden, dass das deutsche Volk 20 oder 30 oder 40 Milliarden für Schäden zahlt, die Moses zu verantworten hat.*]” Wilhelm Müller, letter to the editor of *Der Spiegel*, February 12, 1958, p. 6.

<sup>14</sup> The name of the Law for the Compensation of Victims of Nazism might better be changed into ‘Law for the Reawakening and Promotion of Anti-Semitism,’” one letter to the editor of *Der Spiegel* observed. Walter Armbrust, letter to the editor of *Der Spiegel*, Feb. 12, 1958. (This and a few other letters were reprinted as “pro-Jewish” in the New York-based German-language paper *Aufbau*.)

<sup>15</sup> Peter Krabiell, letter to the editor of *Der Spiegel*, February 12, 1958, p. 5.

<sup>16</sup> For a perceptive explanation of the increase in everyday expressions of anti-Semitism two years after the war’s end due, however paradoxically, to Nazism’s defeat (replete not just with cabaret jokes like “The Jews are eating chocolate now. Only six million were gassed. Too bad!” but also with random streetcar conversations in which “A German woman, talking about Auschwitz with a Jewish woman, was reviled by fellow passengers: ‘What do you care about that Jewish sow? What the Allies are doing to the Germans today is much worse than anything that ever happened in Auschwitz,’” see Samuel Gringauz, “Our New German Policy and the DP’s,” *Commentary* June 1948, pp. 508-14. The essay includes mention of a May 1947 poll of the German population in which 61 % of those questioned “openly avowed anti-Semitism.” See as well the study of attitudes in the early 1950s undertaken by Friedrich Pollock and Theodor Adorno, published in German in 1955, and in English as Theodor W. Adorno, *Guilt and*

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*Defense: On the Legacies of National Socialism in Postwar Germany* (Cambridge, MA: Harvard Univ. Press, 2010).

<sup>17</sup> Diel memorandum to his fellow CDU members quoted in “Der neue Tatbestand,” p. 14.

<sup>18</sup> The attacks on Jews seeking to reclaim their own property often got viciously *personal* – as though the individual Jews asking for reclamation of their own furniture or business were greedy and outrageous. See Mark Roseman, “‘It went on for years and years’: Der Wiedergutmachungsantrag der Marianne Ellenbogen,” in Frei et al., *Die Praxis*; and Atina Grossmann, “Family Files: Emotions and Stories of (Non-)Restitution,” *German Historical Institute London Bulletin* 34, no. 1 (2012), pp. 59-78. On the wider phenomenon of resentment and anti-Semitism over the outcome of the war (German defeat and partial Jewish survival and refusal to accept German theft without complaint), see as well Constantin Goschler, *Schuld und Schulden* (Göttingen: Wallstein, 2005).

<sup>19</sup> In addition, it is important to keep in mind just how intricate were the enmeshments of the experts in the project of respinning the recent past. Among the many things notable about post-Nazi West Germany is the fact that the majority of professionals who were authorities during the Third Reich continued to be the authoritative and respected professionals in their fields in the aftermath.

<sup>20</sup> See Pross, *Paying*, p. 79. As late as 1975, the sympathizer doctor William Niederland was summarized as declaring that the problem was *not* in the law courts, the problem was with the other doctors. See Katharina Zimmer, “Ich hätte lieber sterben sollen: Viele ehemaligen KZ-Häftlinge leiden heute an Verfolgungsangst und Schuldgefühlen,” *Die Zeit*, no. 44 (24 Oct 1975), p. 54.

<sup>21</sup> This case is discussed in Ulrich Venzlaff, “Erlebnishintergrund und Dynamik seelischer Verfolgungsschäden,” in Hans-Joachim Herberg and Helmut Paul, *Psychische Spätschäden nach politischer Verfolgung*, 2<sup>nd</sup>, rev. ed. (Basel and New York: Karger, 1967), pp. 157-73, here p. 171.

<sup>22</sup> One of the evaluators in this latter case expressed his regret: “It is unfortunately not possible adequately to connect this faulty attitude, which lies in the realm of the voluntaristic, with the emotional burdens of racial persecution.” See the discussion of the cases in Kurt R. Eissler, “Perverved Psychiatry?,” *American Journal of Psychiatry* 123, no. 11 (May 1967), pp. 1354-1356; and in the case of the woman labeled hysterical see also his account of her evaluators in Kurt R. Eissler, “Die Ermordung von wievielen seiner Kinder muss ein Mensch symptomfrei ertragen können, um eine normale Konstitution zu haben?,” *Psyche* 17, no. 5 (1963) pp. 276-77.

<sup>23</sup> Case discussed in Eissler, “Die Ermordung,” p. 269. See in sympathizing German psychiatrist Kurt Kolle’s work a related case about sleep disturbances in a Jewish woman academic being dismissed as simply “neurotic” rather than the result of trauma. Kurt Kolle, “Die Opfer der nationalsozialistischen Verfolgung in psychiatrischer Sicht,” *Der Nervenarzt* 29, no. 4 (1958), p. 149.

<sup>24</sup> See a number of the case files in the William G. Niederland Collection 1903-1989, Leo Baeck Institute New York; as well as Klaus Hoppe, “Verfolgung, Aggression und Depression,” *Psyche* 16 (1962): 521-537.

<sup>25</sup> *Anlagebedingt* means “caused by constitutional factors” – it can either be translated as hereditary or as referring to something to which one is predisposed – in other words, the “anxiety neurosis” was caused by a prior instability endogenous to the individual, not by the external experiences in the camps, and thus also not amenable to the granting of a pension. This particular

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label was freely applied to people who had seen the murder of children, who had lived in near-unendurable conditions in hiding, or who had been subjected to violent beatings in camps. See esp. the discussion of the label in Eissler, “Perverted Psychiatry?,” pp. 1354-1356.

<sup>26</sup> Case evaluated by Niederland and discussed in Zimmer, “Ich hätte lieber sterben sollen,” p. 54.

<sup>27</sup> Hermann Witter, “Erlebnisbedingte Schädigung durch Verfolgung,” *Der Nervenarzt* 33 (1962), p. 510. For insight into the von Baeyer clinic’s work, see Walter von Baeyer, *Psychiatrie der Verfolgten; psychopathologische und gutachtliche Erfahrungen an Opfern der nationalsozialistischen Verfolgung und vergleichbarer Extremlastungen* (Bern: Springer, 1964).

<sup>28</sup> Helmuth Lotz, “‘Psychische Spätschäden nach politischer Verfolgung’: Eine Stellungnahme zu dem Buch von H. Paul und H. J. Herberg,” *Rechtssprechung zum Wiedergutmachtungsrecht* vol. 15, nos.8-9 (1964), p. 351.

<sup>29</sup> Rainer Luthe, “‘Erlebnisreaktiver Persönlichkeitswandel’ als Begriff der Begutachtung im Entschädigungsrecht,” *Monatsschrift für alle Gebiete nervenärztlicher Forschung und Praxis* 39, no. 10 (1968), p. 465. Luthe was particularly obnoxious. In his essay – which was one extended attack on Ulrich Venzlaff’s coinage of the term “experience-reactive personality change” and which also harped on the puzzle of “the symptom-free interval or the paradoxical intensification of symptoms” (i.e. the time lag between traumatic event and manifest illness) – he went so far as to suggest that suffering might ennoble and turn survivors “wise” and “holy” in the manner sought by some Eastern religions; he also suggested that it was the challenges of post-camp life and the come-down, i.e. the felt discrepancy in social status between pre- and post-camp life, that was more difficult for survivors than whatever had occurred in the camps themselves.

<sup>30</sup> Witter, “Erlebnisbedingte Schädigung,” p. 509.

<sup>31</sup> An official government publication expressly promoted the Kretschmer position. It would mean “breeding neuroses in a grand style, rather than healing them,” Kretschmer declared, and the government publication reiterated, if any pensions were granted.

<sup>32</sup> Kretschmer quotes (as well as the fact of their inclusion in Ammermüller-Wilden, *Gesundheitliche Schäden in der Wiedergutmachtung*) can be found in Richard Dyck, “Die Neurosen in der Wiedergutmachtung,” *Aufbau* no. 14 (March 7, 1958), p. 1. See the full text of the government book, Hermann Ammermüller and Hans Wilden, *Gesundheitliche Schäden in der Wiedergutmachtung* (Stuttgart: Kohlhammer, 1953), pp. 24-25. For a sample of Kretschmer’s pre-Nazi-era views on “race and genius,” see Ernst Kretschmer, “Genie und Rasse,” in Franz Weidenreich, ed., *Rasse und Geist* (Leipzig: Johann Ambrosius Barth, 1932).

<sup>33</sup> In fact, to the extent that “experience” could be considered relevant at all, the authors felt that the “emotional climate” in *the first year of life* – even if no longer accessible to the claimant’s conscious memory – should be included for consideration. Bodechtel et al., introduction to Bundesminister, *Die “Neurose”*, pp. 4-5. Emphasis in the original.

<sup>34</sup> E.g. see Lotz, “Psychische Spätschäden,” pp. 349-50; and Luthe, “‘Erlebnisreaktiver Persönlichkeitswandel,’” p. 465.

<sup>35</sup> Sometimes the reference was coded, as when a rejecter text simply flatly announced that “also... classical psychoanalysis” had no answers when it came to the question of the relationships between external experiences and emotional damage. Luthe, “‘Erlebnisreaktiver Persönlichkeitswandel,’” p. 465.

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<sup>36</sup> For a fuller discussion of this phenomenon, see Dagmar Herzog, *Sex after Fascism: Memory and Morality in Twentieth-Century Germany* (Princeton: Princeton Univ. Press, 2005), pp. 22 and 277.

<sup>37</sup> The double-edged tone is evident in Christoph Jannasch, a rejecting expert, who opined snidely in 1973 that “Early childhood is decisive for the emergence of psychoneurotic disorders, not only in the primitive Freudian view. The first six years of life lay the crucial groundwork.... The groundwork for an anxiety-neurotic structure, with all its consequences, is laid in the early years of life.” See Pross, *Paying*, p. 125.

<sup>38</sup> Summarizing and protesting this state of affairs, the Israeli analyst Hillel Klein in 1983 commented in anguish on the contradictory and punitive uses of Freudianism to reject survivors: “I am ashamed to read the evaluations by my psychiatric colleagues in Germany. They use psychoanalysis to conclude in one case: ‘This child was only two years old; how could he experience persecution!’ while in another case maintaining, ‘The boy was already thirteen years old and had lived with his parents, so he had experienced the so-called warmth of the family nest.’ These paradoxes in the name of Freud and psychoanalysis are still perpetrated by reputable professors in Germany. I speak in anger, because I believe that many of my colleagues, with their obsessive tendencies, unconsciously identify with the aggressor.” Hillel Klein, “Wiedergutmachung - Ein Akt der Retraumatisierung,” in Evangelische Akademie Bad Boll, ed., *Die Bundesrepublik Deutschland und die Opfer des Nationalsozialismus: Tagung vom 25.-27. November 1983 in Bad Boll* (Bad Boll: Evangelische Akademie, 1984), pp. 51-52. On Klein, see Carl Nedelmann, “No reconciliation, but self-searching in the sense of rapprochement,” *International Journal of Psycho-Analysis* 86 (2005), pp. 1133-1142.

<sup>39</sup> Hans Strauss, “Besonderheiten der nichtpsychotischen seelischen Störungen,” *Der Nervenarzt* 28 (1957), p. 344; and Hans Strauss, “Psychiatric Disturbances in Victims of Racial Persecution,” *Proceedings of the Third World Congress of Psychiatry* (Montreal, 1961), p. 1207. For a sense of the frequency with which a sympathetic doctor like William Niederland needed explicitly to counter Strauss’ initial rejecting evaluations, see the recurrent mentions of Strauss in the case records in the William G. Niederland Collection 1903-1989, Leo Baeck Institute New York. For the complaints about Strauss discussed in the New York-based journal *Aufbau* and expressed by sympathetic doctors in an official petition and by distressed survivors in a letter to the West German consulate general, see Pross, *Paying*, pp. 100-101.

<sup>40</sup> Kolle, “Die Opfer.” Even those who were politically or religiously persecuted at least had the opportunity and choice to change their views and adapt to the regime, Kolle noted. Those who were racially persecuted had not the slightest chance. Moreover, he continued, “the Jewish people knew, or suspected, when they were deported and imprisoned, that they were slated for liquidation.”

<sup>41</sup> Ernst Kluge, “Über die Folgen schwerer Haftzeiten,” *Der Nervenarzt* 29 (1958), pp. 462-65.

<sup>42</sup> Eissler makes these points in 1963, as he also argues directly that “concentration camp trauma is something historically new.” Eissler, “Die Ermordung,” p. 286.

<sup>43</sup> Was the interlude in the displaced persons camps an ongoingly difficult phase, and that explained why survivors kept their agonies repressed, only to have them surface later, when things seemed to have gotten better? Or had survivors actually been “spoiled” in the DP camps – as one doctor suggested – and this, not the death camps, was the source of their later difficulties in mastering the ordinary challenges of daily life? Lotz, “Psychische Spätschäden,” p. 350.

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<sup>44</sup> The 75 percent comes from Strauss, “Psychiatric Disturbances”; Strauss means it positively. The fact that these good recovery rates confuse the arguments sympathizers want to make is raised both by Kluge, “Über die Folgen,” p. 462; and by von Baeyer, *Psychiatrie der Verfolgten*, p. vi.

<sup>45</sup> Indeed, they too had been trained in this framework and were thus themselves at times hard put to explain how psychological problems could last even if there were no somatic findings. See Miriam Rieck and Gali Eshet, “Die Bürden der Experten: Gespräche mit deutschen und israelischen Psychiatern über ihre Rolle als Gutachter in Entschädigungsverfahren,” in Frei et al., *Die Praxis*.

<sup>46</sup> E.g. see Lotz, “Psychische Spätschäden,” p. 350.

<sup>47</sup> Wolfgang Saxon, “Dr. William G. Niederland, 88; Formulated ‘Survivor Syndrome,’” *New York Times*, August 5, 1993, <http://www.nytimes.com/1993/08/05/obituaries/dr-william-g-niederland-88-formulated-survivor-syndrome.html> (accessed May 4, 2019).

<sup>48</sup> Eissler, “Die Ermordung,” pp. 264-65, 286, 288, 291.

<sup>49</sup> Critical self-reflexiveness, in his view, was essential to objectivity. Nobody prior to Eissler had made these points. Consider the prehistory of countertransference theorizing from Freud through Winnicott, Racker, Tower, Spitz, and Loewald. See Donald W. Winnicott, “Hate in the Counter-Transference,” *International Journal of Psycho-Analysis* 30 (1949), pp.69-74; Heinrich Racker, “A Contribution to the Problem of Counter-Transference,” *International Journal of Psycho-Analysis* 34 (1953), pp. 313-24; Lucia E. Tower, “Countertransference,” *Journal of the American Psychoanalytic Association*, 4 (1956), pp. 224-255; René Spitz, “Countertransference – Comments on its Varying Role in the Analytic Situation,” *Journal of the American Psychoanalytic Association* 4 (1956), pp. 256-265; Hans W. Loewald, “On the Therapeutic Action of Psycho-Analysis,” *International Journal of Psycho-Analysis* 41 (1960), pp. 16-33.

<sup>50</sup> Eissler, “Perverted,” p. 1358.

<sup>51</sup> For example, the Los Angeles-based German-heritage gentile sympathizer psychoanalyst Klaus Hoppe, who had emigrated to the U.S. in the 1950s, was a key figure promoting the Eisslerian insights into contempt for the weak and the importance of attending to countertransference in all its complexities. See Klaus D. Hoppe, “Psychotherapy with Concentration-Camp Survivors,” in Henry Krystal, ed., *Massive Psychic Trauma* (New York: International Universities Press, 1968), pp. 204-19. See also the subsequent conference volume: William G. Niederland and Henry Krystal, eds., *Psychic Traumatization: Aftereffects in Individuals and Communities* (New York: Little, Brown, 1971). The conference discussions make clear how deeply the sympathizers were still engaging with the arguments of rejecters (for example, they discussed the case of the woman who had a breakdown *after* she got her pension, because she felt she was being paid for the child she had let die while she survived – the example was brought up to prove the point that it could not have been the desire for a pension that caused her troubles), as well the sympathizers’ initial difficulties in making sense of the frequent time lag between traumatic event and onset of symptoms, and the possibility that preexisting conditions might matter in how individuals coped with trauma. Meanwhile, no one really knew how to provide effective therapy. An early and comprehensive overview of the pitfalls of attempts at analysis with Holocaust survivors is Eddy de Wind, “Psychotherapy after Traumatization caused by Persecution,” in Niederland and Krystal, *Psychic Traumatization*, pp. 93-114. On the initially unacknowledged problems within therapeutic efforts, see also Yael Danieli, “Therapists’ Difficulties in Treating Survivors of the Nazi Holocaust and their

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Children,” Ph.D. dissertation, Psychology, New York University, 1981; and Yael Danieli, “Countertransference in the treatment and study of Nazi Holocaust survivors and their children,” *Victimology: An International Journal* 5 (1981): 45-53. Looking back, psychologist Norman Solkoff noted summarily about those few Holocaust survivors who had experienced psychoanalytic treatment that “the going was rough and the results unpredictable.” See Norman Solkoff, “The Holocaust: Survivors and their Children,” in Metin Başoğlu, ed., *Torture and its Consequences: Current Treatment Approaches* (Cambridge, UK: Cambridge University Press, 1992), 143. For a crushing example of a bad therapeutic experience, see Ruth Kluger, *Still Alive: A Holocaust Girlhood Remembered* (New York: Feminist Press, 2001), pp. 185-191. Kluger makes a direct connection between the offensive mishandling of her experience by the analyst (Lazi Fessler) and the active evasion of external realities of any kind in postwar US psychiatry: “The garden-variety psychiatry which flourished in New York in those days avoided all social criticism and any connection between individual suffering and historical evil – it was in full flight from the excess of history which we had just managed to put behind us. Hence all psychic suffering had to have its origin inside, in the mind of the patient. No cold winds from the outside could affect the hothouse of the psyche” (p. 186).

<sup>52</sup> See on this point also Rieck and Eshet, “Die Bürden,” p. 459.

<sup>53</sup> “Auschwitz & Viet: - The Survivors,” *New York Post*, October 3, 1972, p. 26.

<sup>54</sup> See Boyce Rensberger, “Delayed Trauma in Veterans Cited: Psychiatrists Find Vietnam Produces Guilt and Shame,” *New York Times*, May 3, 1972, p. 19. This was not just a matter of echoes, however, but also of concretely networking individuals. In addition to Lifton, a further essential figure in the cooperation between doctors like Niederland working with Holocaust survivors and those working with Vietnam veterans was Chaim Shatan, a psychiatrist who joined with Lifton in “rap groups” of anti-Vietnam war veterans. See e.g. the gesture to “death camps” in his op-ed, “Post-Vietnam Syndrome,” *New York Times*, May 6, 1972, p. 35.

<sup>55</sup> Personal communication from Nancy Andreasen, August 13, 2013.

<sup>56</sup> 1976 draft memorandum by Nancy Andreasen to Robert Spitzer, Lyman Wynne, Chaim Shatan, Robert Lifton, Jack Smith, and Leonard Neff on “Post-traumatic disorder” (private collection of Nancy Andreasen, University of Iowa). See also Nancy C. Andreasen, “Posttraumatic Stress Disorder,” in Harold I. Kaplan, Alfred M. Freedman, and Benjamin J. Sadock, eds., *Comprehensive Textbook of Psychiatry/III*, vol. 2 (Baltimore and London: Williams and Wilkins, 1980), pp. 1517-1525.

<sup>57</sup> The entry of PTSD into the DSM in 1980 fundamentally changed the medical conversation in West Germany as well – and all for the better.

<sup>58</sup> Personal communication, Anna Ornstein, Boca Raton, FL, November 6, 2010.

<sup>59</sup> Anna Ornstein, “Survival and Recovery,” *Psychoanalytic Inquiry* 5 (1985), pp. 99–130; Anna Ornstein, “Survival and Recovery: Psychoanalytic Reflections,” *Harvard Review of Psychiatry* (Jan-Feb 2001), pp. 13–22. In this context also see Nancy Goodman and Marilyn B. Meyers, eds., *The Power of Witnessing: Reflections, Reverberations, and Traces of the Holocaust—Trauma, Psychoanalysis, and The Living Mind* (New York: Routledge, 2012).

<sup>60</sup> Terry gave multiple examples of survivors who, in the course of analysis with him, ended up discovering that the elements of their experience singled out for traumatic value were not at all necessarily the experiences in the camps, but rather often *earlier* experiences in which, for instance, a father had been revealed to be impotent in the face of Nazi aggression or, in another instance, the source of a patient’s trouble lay in repressed conflicts with and rage at the father



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over having abandoned the child in the midst of the cataclysm – or, alternatively, experiences after the war in which the survivors were disappointed about the way they were received.

<sup>61</sup> David Becker, “Zwischen Trauma und Traumadiskurs: Nachdenken ueber psychosoziale Arbeit im Gazastreifen,” *Werkblatt* 27/65 (2010), pp. 50-86, here 62; see also David Becker, *Die Erfindung des Traumas – Verflochtene Geschichten* (Freiburg: Edition Freitag, 2006).

<sup>62</sup> The methods used in Chile as in other Latin American dictatorships involved the most wanton and grotesque cruelty, including relentless sexual abuse, electric shocks applied to the genitalia and other sensitive body parts, beatings, burns, threats to family members, mock executions, and imaginatively designed humiliations and degradations, such as coerced violence between prisoners, forced eating of feces, or exposure while naked to rodents and spiders. As the group affiliated with Amnesty International summarized: The sequelae of torture inevitably comprised both physical (headaches, gastrointestinal and muscular pains) *and* mental damages: “impairment of memory, impaired ability to concentrate, nightmares, sleep disturbances, sexual disturbances, fear, depression, fatigue, sense of guilt, feeling of isolation, loss of identity and very low self-perception.” Jørgen Ortmann et al., “Rehabilitation of Torture Victims: An Interdisciplinary Treatment Model,” *American Journal of Social Psychiatry* 7.3 (Summer 1987): 161-67. The point, as Ortmann noted, was both “to neutralize an active opponent of the regime and, second, to release this former active opponent in his or her broken down condition as a deterrent and warning to others who might be in opposition to the rulers.” Moreover, as Becker put it: “Either one betrays one’s political convictions and comrades or one’s wish to survive and thereby one’s self and one’s family. However one chooses, one chooses wrongly. The technique of forcing a person into an existentially crucial choice among unacceptable options is the surest way to drive someone insane.... Nobody survives torture as a hero.” Becker, *Die Erfindung*, p. 159. But there was yet more. As with that other distinctive innovation of the totalitarian regimes of Chile (1973-1990), Argentina (1976-1983), and Uruguay (1973-1985) in particular – the phenomenon of “disappearance” of political opponents of the dictatorships – so too with their use of torture, the governments, and by extension, the majority of the populace, systematically denied that it was happening, disclaiming any knowledge of its existence and refusing any information to family members and loved ones. Torture and disappearances were not “speakable.” Family members too were put into double binds. If “the family chooses to accept the death of the loved one, they ‘kill’ him; if they choose to maintain hope, they deny their everyday life experience.” Often, survivors were upon release from prison forced to sign papers declaring that they had been treated well. This enforced rupture with veracity was of course also a calculated political tactic. And its effects eddied out into the society as a whole. As Becker’s team summarily put it: “A division in social reality was generated.” There was thus no agreement on truth or facts, no space where loss or injury could be acknowledged. See Elizabeth Lira, David Becker, and Maria Isabel Castillo, “Psychotherapy with Victims of Political Repression in Chile: A Therapeutic and Political Challenge,” in Janet Gruschow and Kari Hannibal, eds., *Health services for the treatment of torture and trauma survivors : from symposia sponsored by the AAAS Committee on Scientific Freedom and Responsibility at the AAAS Annual Meeting, Boston, Massachusetts, 14 February 1988, AAAS Annual Meeting, San Francisco, California, 16 January 1989* (Washington, DC: American Association for the Advancement of Science, 1989), pp. 108, 101.

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<sup>63</sup> Hans Keilson, *Sequential Traumatization in Children: A clinical and statistical follow-up study on the fate of the Jewish war orphans in the Netherlands* (Jerusalem: Magnes, 1992).

<sup>64</sup> Becker, "Zwischen," p. 65. Two innovations from Keilson were thus crucial. One was his rejection of the measuring of symptoms (one simply could not, according to Keilson, express suffering in numerical terms). What *should* be catalogued, instead, were the experiences, the external contributory factors, "as measure of the burden" (*als Mass der Belastung*) that the individual was carrying. Keilson's second main contribution was his insistence on seeing the trigger for trauma no longer as an *event*, or an experience restricted to a limited amount of time, but rather as a sequential *process*, one that absolutely needed to include the *before* and the *after* of the worst experiences – and also one that included Freud's concept of "deferred" effects. (It was not just that there was a time lag between experience and the emergence of symptoms; the relationship between past and present was far more intricate, as new experiences could transform what prior experiences had meant.) One of the awful paradoxes of the post-Holocaust controversies over damages to mental health, after all, had been the way that physicians sympathetic to the survivors had been forced to focus all their attention on establishing causal connections between symptoms and experiences in the time of hiding or imprisonment. Specifically because the doctors intent on rejecting survivors' claims continually sought to redirect attention either to a patient's character structure preceding the entry into the concentration and death camps or to the patient's supposed desire for financial gain and/or difficulties adjusting to life after the war, doctors concerned to defend the reality of the damage done to survivors had to suppress the relevance of prehistory and aftermath. Keilson brought the prehistory and the aftermath back – as well as the recursive interrelationships between these. This made individuals' stories more complex and confounding, but it also made the mental health outcomes much more comprehensible.

<sup>65</sup> Becker, "Zwischen," p. 65.

<sup>66</sup> *Ibid.*, p. 83.