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**PSYCHIATRIC ASPECTS
OF THE
NAZI PERSECUTION**

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Psychiatric Aspects of the Nazi Persecution

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PSYCHIATRIC ASPECTS OF THE NAZI PERSECUTION¹

Although the lurid light flickering out of the ovens of Auschwitz thirty years ago may seem too far off to illuminate present-day American psychiatry, there are two reasons why the experience of the Jews of Europe under the Nazi terror ought still to engage the interest and concern of psychiatrists. First, although six million Jews were killed, there are some survivors and a significant number of these are now in the United States where they seek out the services of psychiatrists for purposes both of evaluation of their restitution claims and sometimes for treatment of the psychiatric disabilities with which they have been left. Second, since psychiatrists must grapple every day with the effects of various degrees of psychic traumatization on their patients, the concentration-camp experience, by providing a “worst-case” example of psychic trauma and its effects, also sheds light on how human beings react to lesser, more ordinary degrees of psychological stress.

In this chapter, I will summarize the main elements of the conditions faced by concentration camp inmates and the adaptive measures employed to deal with these conditions, including in this section an extended account derived from a taped interview with a woman who was a survivor of Auschwitz. I will then deal with the short- and long-term effects of the concentration-camp experience, and with some of the attempts that have

been made to conceptualize the long-term sequelae. I will also touch on psychiatric evaluation and treatment of survivors. The material included in the chapter will be based on my own experience with approximately two hundred survivors of the persecution whom I have examined, mostly for purposes of reparations evaluations but also, in a few instances, for more extended treatment purposes, and on references to what has now become a rather voluminous literature.²

The Concentration Camps

The German concentration camps—first established by Heinrich Himmler in 1933 for the internment of enemies of the Third Reich, a category that, of course, included the Jews— followed the Nazi conquests and ultimately formed an extended network throughout the occupied territories, especially in eastern Europe. With the decision for the “final solution” of the Jewish question in 1941, some of the camps (Auschwitz, Treblinka) were designated as extermination camps and were equipped with disguised gas chambers and crematoria; in others (Dachau, Buchenwald) the killing was somewhat less systematic. The concentration camps merged into labor camps that provided a source of slave labor for Nazi industry. However, the differences among all of these categories of camps was only relative and in all of them the conditions were, in the words of A. P. J. Taylor, “loathsome beyond belief.” In addition to the out-and-out extermination measures, the

physical stresses endured by the prisoners included malnutrition, crowding, sleeplessness, exposure, inadequate clothing, forced labor, beatings, injury, torture, exhaustion, medical experimentation, diarrhea, various epidemic diseases, and the effects of the long “death marches” from the camps in the closing days of the war. The physically depleted state of the prisoners, the brutal and primitive conditions in which they lived, and the entirely inadequate medical facilities were responsible for an extremely high death rate, and also had the effect of increasing the susceptibility of the inmates to the nonphysical stresses they had to face. Chief among these latter was the danger to

life, ever-present and unavoidable. It is possible, to some degree, for a healthy personality to defend itself against a peril that, though very grave, is predictable and is at least potentially limited in time, as in the case of soldiers in combat who can at least hope for relief and rotation out of the fighting zone. For the concentration-camp inmate however, as has been described by Viktor Frankl from his own experiences in Auschwitz, the absolute uncertainty of his condition was a barrier to the erection of adequate psychological-adaptive measures. In addition to the threat to life, the prisoners had to face the catastrophic trauma of separation from their families and, consequently, to the agonizing uncertainty about their own future, there were added equally agonizing doubts as to whether they would ever see their relatives again. The very least price one had to pay to survive in

the camps was to suffer the grossest kind of daily humiliation. Massive frustration of their basic drives had the apparent dual effect of driving the sexual life of the prisoners underground and of rendering the insistent demands of hunger all-dominating, so that fantasies about food occupied much of their conscious awareness. If not himself the victim of casual violence or deliberate cruelty, the prisoner frequently witnessed such exhibitions. Since it was impossible to retaliate effectively, he had to smother his aggressive feelings, for even the appearance of resentment against the torturers could lead to his own destruction. Regimented, imprisoned, without a moment of privacy during each twenty-four hours, the prisoner's human worth, and even his sense of an individual human identity, was under constant and savage assault. His entire environment was designed to impress upon him his utter, his protoplasmic worthlessness, a worthlessness that had no relationship to what he did, only to what he was. Reduced from individual human status to the status of a debased being, identified not by name but by a number and a badge of a particular color, a conviction of his ineluctable inferiority was hammered into the prisoner by the Schutzstaffel (SS) jailers who needed to justify their own behavior by convincing themselves of the inferior, subhuman status of the Jews in their charge. The concentration-camp inmates lived in a Kafkaesque world in which the rules governing their existence were senseless, capricious, and often mutually contradictory, as, for instance, when impossible standards of cleanliness were demanded, while, at

the same time, the inadequate opportunities and senseless rules about toileting made even an elementary decency impossible.

At this point, I am going to interpose excerpts from a description—recorded in her own words at my request—of some aspects of life at Auschwitz by a former inmate (Mrs. S) who has also been a patient of mine. This account will convey something of the physical and psychological stresses that confronted the concentration-camp inmate, as well as a suggestion of the adaptive measures called forth by these stresses.

Life in a Concentration Camp

“We arrived to Auschwitz in the early part of April. That’s a story by itself—the arrival and the happenings. We lived in blocks. It’s called a block in German, but it’s a barracks and it has 1,500 people and the barracks had rows and rows of three-tier bunk beds—they were very poorly built, out of just boards and lumber and each bunk had 12 people—in our case 12 women, and we happened to choose the upper bunk because we thought it would be the best. It was OK for us, but it caused an awful lot of heartache afterward because, as I said, the bunks were not built very well and the boards broke under the weight of us in the beginning before we started losing weight and there were many broken or fractured skulls or bones below us.

“Each person was supposed to have a blanket. It so happened that the

blankets were stolen, so we never ended up with enough blankets for all of us. Maybe by the end of the evening we would have two or three blankets left for 12 people. I think the biggest crisis after the day's hardship was finding a blanket to sleep on and the fights we had keeping the blanket. I must say I was one of the lucky (I say lucky) or exceptional persons who was an assistant to the 'capo.' It came very handy at the time. I suffered an awful lot because of it later, but it gave me protection. Maybe I had the blanket. I don't even remember because all this did not matter.

“Anyway, we got up at two o'clock in the morning. We were awakened by the girls who brought the coffee in big barrels. It was black and it had charcoal in it and maybe chicory. It was rather lukewarm and they thought it was enough to hold us through the day. And no one wanted the coffee. You would rather have an hour sleep or so, but you had to have it. The barracks had to be emptied and we had to get back and line up for the *appel* [roll call] and that was my job, getting people up. I was assigned to three or four bunks and that means I was assigned to wake up approximately 150 to 200 people who did not want to face the day's reality. I mean, because we knew what was coming. So I was up, pulling blankets off of people—'get up', screaming, carrying on, even hitting. Once I hit someone and she looked at me and it was one of my mother's friends. I apologized. I felt terribly bad. I kept on doing it. I got them up. I think the whole process took nearly half an hour, to make 1,500 people get out of the block. We were up, but there was no question of

dressing because we got one dress when we entered Auschwitz, and I got a very, very long petticoat. It came all the way down to my ankles. It came in very handy because I was able to use it, little by little, as toilet tissue which was nonexistent, till there was nothing left. So I just had a dress to wear and I think most people, that's all they had, and shoes and a toothbrush that hung around my neck. It was my most prized thing. A toothbrush.

"I know I got out of my bunk a half an hour earlier than anyone else because we were determined to keep clean and we went to the washroom that was at least, oh, two or three bunkers away from us and we stripped ourselves to wash with cold water because we didn't want any lice on us. We checked our clothes for lice, because typhus was spreading already at that time and, anyway, we had to line up for appel—and the 1,500 people were divided into three groups so that means I had 500 people to line up and in each line I think there were maybe 10, 15. I'm not sure. But, somehow, I don't know how, the rumor started, but someone gave the word, that they were going to pick so many people to be cremated. That the first four or five rows are going to be taken to be cremated. Well, I tried to get anyone to get in the first five rows. It was impossible. I had to make them do it. I was shoving and pushing. But we were lined up around two-thirty in the morning and the Germans did not come out till five or six o'clock, I think it was, for the appel and there were 30,000 people in the C lager [camp] and it took them a while. They always miscounted because, after the first counting was over we were

being punished for someone was missing. We had to get down on our knees with our hands up and wait till they counted over and over and over. Till they decided that they had a number. But we didn't have the big selections as when Dr. Mengele came around. Just the little officers did their jobs and decided that a girl with a pimple on her face, someone who was a little more run-down than should be, or someone with a little bandage were selected. Naturally, those people were taken out automatically to the crematorium. So we had to be very careful that you shouldn't have any scars showing so you should look fresh and not unwell. Well, by eleven or twelve we were allowed to come in to our bunks and then lunchtime came.

“It is very hard for me to recall food—what we ate or not, because I decided that all those things were unimportant. That I am going to have control over my body, that food is not important. I can't remember. But I think it was one slice of bread and a slice of margarine on it, and some kind of jelly made out of red beets.

“I think in all my eight months that I have been there, maybe twice we were able to take a walk—because we were being punished for one reason or the other and we had to stay in our bunks, or a new transport came in, and they would not allow us out to watch the transport coming in so we were locked in our block or barracks. So the days were spent in the barracks.

“Then came the evening roll call. That started about two o’clock in the afternoon and then again the same circus-lining up, waiting miscounting, and counting, and counting, and counting, and it was seven or eight in the evening before the evening meal came and before we were allowed to come in—sometimes nine-thirty or ten o’clock. If someone was missing, we were punished by kneeling. Otherwise we stood—and we had to stand sometimes in hot sun and sometimes in rain.

“Anyway, evening came around and then we had our meal. The meal consisted of mush. It was some kind of a liquid, thickened with something. It had a few potatoes in the bottom of the barrel and then it had some kind of tranquilizer, but I doubted the Germans spent money on putting tranquilizers in. But another thing, we stopped menstruating and they thought that, whatever chemical taste it had in it, this is the thing that stopped us from menstruating so we didn’t menstruate at all.

“Again, I was one of the lucky ones who distributed the food. I think I was fair when it came to distributing food. I did not, I would not allow myself to bring any more up to my bunk than we were allowed to, except for my mother who was quite ill—she had diarrhea and she could not digest the food. She was getting weaker and weaker day by day. You know, she was at that time 43 years old and it is hard to think that I have reached that age. How would I have been able—how would I have reacted under the circumstances

that she did at this age? I feel very young, by the way. But she seemed to me very old at that time and well, anyway, evening meal over, we were allowed to take a walk. But, again, when transports were coming in they locked the doors and there was complete curfew and we were not allowed to go out and we were just, well, listening to the screams or the silence or the smell of burning flesh and wondering what tomorrow was going to bring to us. Some were wondering. I knew I was going to make it. The human torture, getting up in the morning and things, smelling the burning flesh and the flying soot. The air was oily, greasy. There were no birds. . . .

“I think they were very worried about our physical well-being and cleanliness. So we had to be shaved. That’s right, several times while I stayed in Auschwitz, we were shaved of hair —head, underarms and intimate parts of our body—by Jewish inmates—standing. We were standing on a stool so that the Jewish inmates would be able to reach us easier and we were surrounded by SS men who seemed to enjoy it very much. Well, it didn’t bother me. I had no feelings, whatsoever. I couldn’t care less, at this point of the game. It really didn’t matter.

“As I said, we had selections every single day—some just slight—just picking people out, as I mentioned before, because of scars, because of pimples, because, because of being run-down, because of looking tired or because of having a crooked smile, or because someone just didn’t like you.

But then they were selected either to go to work or to the crematorium, and, in this case, Dr. Mengele was involved in it. He was quite an imposing figure and his presence ... I don't think everybody was scared, because—rather I wasn't. I was hypnotized by his looks, by his actions.

“The barracks had two massive doors and we were inside. They did not let us out. It was in October and it was rainy. We tried to catch the rain in pots. We didn't sleep because of the rain, because we had to keep ourselves dry. . . . And then the doors swing open quite dramatically . . . great entrance with Mengele in the center accompanied by two SS women and a couple of soldiers. . . . He stands with his whip on one side and his legs apart. It's unbelievable. It looked like Otto Preminger arranged the theme for the whole thing. It seems to me now that it was like a movie.

“Anyway, the capo came out and she gave us orders to undress and line up in front of the barracks. It had two rooms. One was a storage room and one was the capo's room—and Mengele stood in between and he had a switch in the same hand, and while we were lining up, I was able to observe what he was doing. Till I had to face him, I really had no feelings. I couldn't describe how I felt, but I saw the switch go. It was a horsewhip—left, right, and I noticed that those who were motioned left were in a better condition, physical condition, than the ones who were motioned to go right. Anyway, this went on and on and not a sound, even if it meant life or death. I don't

know how other people felt about it, but I was quite well informed, I was accused of being able to face the truth, of being able to know because I had my mother with me. The others said it was easy for me to believe all this because I had my mother with me. I had no great loss. They loved their mothers, they cared, and they wanted to believe their mothers were safe somewhere in another camp. It made them stronger, knowing their parents were not cremated, but I had my mother and I knew my father was OK at that time in another bunk at camp.

“Anyway, my turn came. I had a choice to make. Not only Mengele had a choice to make, I had. I had to make up my mind. Am I going to follow my mother or is this it? Am I going to separate from her? The only way I was able to work out the problem was that I was not going to give myself a chance to decide. I will go ahead in front of my mother— that was unusual, she being my mother, out of courtesy I followed her all the time in any other circumstances—but in this case, I was going first and my mother followed me, and I went. I think my heart was beating quite fast, not because I was afraid—I knew I would come through—but because I was doing something wrong. I was doing something terribly wrong. Anyway, I passed Mengele. I didn’t see him. I just passed, and I was sent into the room where I would be kept alive and I turned around and my mother was with me! So this was a very happy ending.

“As I said, in the evenings if I had a chance I went over to talk to my friend ... to the fence, to the electric fence, and at each end of the fence, they had the watchtowers where the Nazis were able to observe us and, just for the fun of it, the girl who was right next to me—I think they just wanted to see if they could aim well, because I don’t know why— they shot her right in the eye, and she lost her eye. Another time, another girl was at the same place. Her friend threw a package of food over to her, and she ran toward the fence to catch it. And she touched the wire. And there she hung. She looked like Jesus Christ, spread out, with her two arms stuck to the wire. . . .

“In the end, people were losing weight, and they were getting skinnier and skinnier and some of them were just skeletons but I really did not see them. I just wiped the pictures out of my mind. I was able to step over them, and when I came out from the concentration camp, I said I did not see a dead body. I mean, I feel that I didn’t see them. Even if I can see them. This is what’s killing me now, that I have never felt the strain, the brutality, the physical brutality of the concentration camp. I mean like my aunt, my young aunt. She was 13 or 14 when she was exposed to brutality and death, and she talks with a passion of what they did to her. Then, when I meet another woman who is in her 60’s and she will tell me her sufferings, I can’t stand them. I broke all the friendships up with them. I don’t want them. I can’t stand them, because they bore me. I just can’t stand listening to them, and I have nothing to do with them.”

Adaptive Behavior in the Camps

What enabled a man or woman to survive such a hell? We have no real answers to this question and must resort to generalizations about the almost miraculous and infinite adaptability of the human species. As far as particular varieties of individual defensive and coping behavior are concerned, there is no doubt that they played a role in whether a prisoner would live or die, but it cannot be emphasized too much that such behavior was far less important than were luck, accident, and chance—where the prisoner happened to be when a selection for the gas chamber was taking place, the quota of victims for that day, the mood of the selector at the time. However, accounts by survivors do agree on a fairly constant sequence of reactions to concentration-camp life. This sequence began with the universal response of shock and terror on arrest and arrival at the camp since the SS made it their business to impress on the new prisoner their limitless power over him. At the same time, many of the old prisoners displayed the “camp mentality.” They were irritable, egotistical, envious, and often cold and unsympathetic to new arrivals. The fright reaction was generally followed by a period of apathy, and, in most cases, by a longer period of mourning and depression. The period of apathy was often psychologically protective, and may be thought of as providing a kind of transitional emotional hibernation. But, in some cases, apathy took over to such an extent that the prisoner became a “Mussulman,” who gave up the struggle and did not live very long.

Among those prisoners who continued to struggle for life, certain adaptive measures gradually gained ascendancy and came to be characteristic of the long-term adjustment. Regressive behavior, of a greater or lesser degree, was almost universal, resulting from the overwhelming infantilizing pressures to which prisoners were subjected and their need to stifle aggressive impulses. It has been suggested that such narcissistic regression prepared the ground, among those who survived the camps, for later psychopathological states such as chronic reactive depressions and chronic reactive aggressions. However, it should be pointed out that as a consequence of the complete reversal of values in the camps, regressive behavior probably served an adaptive function, since regressive prisoners, immersed in fantasies, were likely to be docile and submissive toward the SS, and thus have a better chance of escaping retaliatory measures. A consequence of such regression was that many prisoners, like children, became quite dependent on their savage masters, so that attitudes toward the SS were marked more by ambivalence than by conscious overt hostility. Some prisoners went so far as to employ the well-known mechanism of identification with the aggressor, imitating the behavior and taking on the values of the SS. A striking example of the strength of this mechanism and its reality-distorting effects is seen in the dreams of more than one female survivor whom I have examined where SS troopers were always tall, handsome, and godlike. Elements of such a reaction can be seen in Mrs. S's encounter with Dr. Mengele, "the angel of

death of Auschwitz” who has been described to me in such awed terms by other survivors of Auschwitz that he can be visualized as a tall, radiant, immaculately dressed figure sitting nonchalantly astride a chair as—like Osiris, the god of the Underworld—he gestures with his riding whip, sending the prisoners lined up in front of him either to life or to death.³

It appears that the most important personality defenses among concentration-camp inmates were denial and isolation of affect, a finding that should not be particularly surprising in view of evidence that these are the two most common and most “normal” personality defenses. Examples of denial are displayed by Mrs. S when she would not see the corpses she was stepping over and in the poignant picture of her fellow inmates who refused to believe that the smoke arising from the crematorium chimneys came from the burning corpses of their mothers. Isolation of affect, which could be so extreme as to involve a kind of emotional anesthesia, seemed to have functioned particularly to protect an inmate’s ego against the dangers associated with feelings of hostility toward someone who treats the inmate as if he were an inanimate thing and not a person. This is what Mrs. S was doing when she says, “It didn’t bother me, I had no feeling whatsoever” about being shaved while naked in front of SS troopers. When combined with an ability to observe themselves in their surroundings, this kind of tamping down of affect, along with sublimatory processes, helped certain gifted individuals produce remarkably objective reports of concentration camp life. Some form of

companionship with others was indispensable, since a completely isolated individual could not have survived in the camps. But the depth of such companionship was usually limited by the overpowering egotistical demands of self-preservation, except in certain political and religious groups. Daydreams of revenge served the purpose of swallowing up some repressed aggression; some aggression could be discharged in quarrels and angry behavior toward other prisoners, as illustrated by the description of the fighting over food and blankets. Aggression could also be dealt with by projection onto the SS who were then seen as even more formidable, endowed as they thus were with the unexpressed hostility of the prisoners. Since the existence of mental illness of any degree of severity would have been incompatible with survival, one adaptive consequence of imprisonment was that new psychosomatic or psychoneurotic disorders rarely developed while existing ones often markedly improved, and suicide—except under conditions as to be almost indistinguishable from murder—was also an infrequent phenomenon.

The Postliberation Period

As soon after the end of the war and liberation as recovery of some measure of physical health permitted, most survivors of the concentration camps, as well as those individuals who had managed to evade capture during the war by an “on-the-run” existence, made their way back to their homes

primarily for purposes of seeking information about their relatives. More often than not their worst fears were realized: they found their homes destroyed or occupied by strangers, and their communities substantially wiped out. Such frustrating aspects of postliberation reality were powerful factors in the inevitable dissipation of rosy fantasies about postwar life that had blossomed during imprisonment and constituted what Wolfenstein calls the “post-disaster utopia.” In their regressed state, such a narcissistic blow, as well as real disappointments in their idealistic hopes for a better world resulted in bitterness, resentment, depression—even, sometimes in temporary flare-ups of antisocial or paranoid behavior. A large number of the liberated prisoners, homeless, alone, bewildered, without resources, took refuge in the displaced persons (D.P.) camps that were set up in various parts of Europe. In some cases, they remained in them for years, with the result that the neurotic symptoms, encouraged by the monotony of D.P. camp life and its fostering of passivity and hypochondriacal preoccupation became fixated. In this phase, the flaring up of psychoneurotic and psychosomatic symptoms was due both to undoubted organic factors and to the depression of hostile impulses that could not be expressed during the concentration-camp period.

As the immediate postwar epoch drew to a close, the surviving remnant of concentration-camp prisoners gradually settled themselves in more or less permanent abodes in their countries of origin or elsewhere, especially in the United States and Israel. For this latter group, to the multiple traumas they

had endured were added the need to adjust to a new environment, to new customs, to a different language.

Long-term Effects

At this point, one might expect the grisly story to come to an end for most of the survivors, the passage of time allowing the gradual envelopment of their fears and memories in psychic scar tissue. This is not what happened. In the late 1950s and early 1960s, articles began to appear in the medical literature of many countries describing features of personality disorder and psychiatric illness still present in a large number of these individuals, in some cases cropping up after a latent period of several years. An important stimulus to the unexpected discovery by psychiatrists of the extent of the problem has undoubtedly been restitution laws enacted by the [West] German Federal Republic during the ten years following the Hitler regime, as a result of which financial compensation was provided for persons in whom a causal relationship between the traumatic experience and an impaired state of health could be established.

Although figures are not available for the overall incidence of psychiatric sequelae among the survivors of the Nazi persecution, it is clear, judging from the reports of many countries including Germany, the United States, Israel, Poland, and Norway, that they are of high frequency and occur

not only in concentration-camp survivors but also in those individuals who spent a significantly long period of time in Germany or occupied Europe, either hiding from the Germans or, with the aid of forged papers undertaking the perilous masquerade of assuming non-Jewish identities and becoming a part of the German work force. Illustrative of the high frequency of long-term psychiatric disorders among concentration-camp survivors is the report of Bensheim. He found that in 1960 half of all patients in the neuropsychiatric clinic in Haifa were under treatment for the consequences of Nazi persecution. Even in those individuals who have not sought psychiatric treatment or evaluation and who appear on superficial examination to be well, a more careful scrutiny may reveal evidence that very few of them were left unaffected. For instance, Matussek, in a preliminary report of 130 patients who were believed to have shown no aftereffects of the concentration-camp experience, states that he has not seen a single person who was without pathology, although this may have been covered up. Likewise, Ostwald and Bittner have studied the life adjustment of sixty survivors in California who appeared to have made successful adaptations and found that this had always been attained at a considerable psychic cost.

A remarkable and undoubtedly significant feature of the long-term psychiatric consequences of the concentration-camp experience is the uniformity of these changes as found by observers all over the world including not only the early articles alluded to previously but also the more

recent reviews of Krystal and Niederland, Mailer, Meerloo, Lederer and Grobin. All observers agree in finding a combination of relatively fixed, unfavorable personality alterations and a group of psychiatric symptoms that can be labeled the “concentration-camp syndrome.”⁴

Personality Distortions

Personality distortions tend to develop in two widely overlapping ways. In one, there is a tendency toward seclusiveness, social isolation, helplessness, and apathy. The individual is passive, fatalistic and dependent, wanting only to be taken care of and to be let alone by a world whose requirements are too much for him. The other form of personality distortion is typified by the survivor who regards the world with suspicion, hostility, and mistrust. His attitudes toward other people range from quiet, envious bitterness to cynicism and belligerence, sometimes with a distinctly paranoid flavor. Either set of pathologic attitudes, of course, interferes significantly with interpersonal relationships and, thus, in a reverberating fashion, tends to become more extreme as unfavorable experiences pile up. An end point of such a process can be a psychotic development. Thus, in Israel, Eitinger has reported on a group of schizophrenics in whom he regarded the concentration-camp incarceration as causal, while Winnik reported a significant increase in the incidence of affective psychoses among survivors.

The Concentration-Camp Syndrome

The psychiatric illness that is the most distinctive, long-term consequence of the Nazi persecution is the Concentration-Camp Syndrome. Invariably present in this condition is some degree of felt anxiety, often very marked, along with feelings of tension, motor restlessness, and a state of what might be called hyper-apprehensiveness in which a sudden phone call, an unexpected knock at the door, the sight of a man in uniform, may produce a sudden augmentation of anxiety, sometimes so severe as to constitute a startle reaction. The anxiety may be accompanied by irritability and impatience, with consequent deleterious effects on family and work relationships. Anxiety is often worse at night and is accompanied by various kinds of sleep disturbances such as great difficulty in falling asleep, frequent waking during the night and, very characteristically, night terrors and nightmares that are either simple or only slightly disguised repetitions of the traumatic experiences endured. Ernest Rappaport has described how his own experience under the persecution continues to produce stimuli for disturbing dreams, even today. Sleep disturbances may be so severe as to be exhausting to the patient and terrifying to his spouse when he wakes up during the night covered with sweat and shouting. Another frequent symptom is psychosomatic involvement of almost all the organ systems, the most common being headaches, weakness, fatigue, and symptoms indicating gastrointestinal disorders. In some instances, phobia formation results in

displacement of the anxiety to various symbolic reference points. Anxiety, sleeplessness, and fatigue may result, naturally enough, in difficulty in concentrating and remembering, which may mimic an organic syndrome. A very characteristic symptom is an obsessive-ruminative state characterized by more or less constant preoccupation with recollections of persecutory experiences and, sometimes, with the idealized period of the survivor's life with his family before the persecution began. Interviews with concentration-camp survivors sometimes leave the interviewer with the uncanny sensation that he has been transported in time back to the gray inferno of Auschwitz, so vivid and compelling is the wealth of detail with which survivors describe the events that befell them or that they witnessed. Often the interviewer gets the impression that nothing really significant in their lives has happened since the liberation. Most individuals find these memories unwelcome and obtrusive to such a degree that they may engage in compulsive activity in order to keep their minds free of them. But a few survivors actually seem to derive pleasure from remembering and they look forward to night, when they can lie awake and nurture these dark things from the past. This preoccupation with the past is one of the reasons why concentration-camp survivors often feel alienated, different from others, not really a part of the life around them.

Depression and feelings of guilt are a characteristic phenomenon among concentration-camp survivors. They constitute, along with chronic anxiety

and the obsessive-ruminative state previously described, a distinguishing feature of the Concentration-Camp Syndrome. More likely to occur as an unvarying feeling of emptiness, despair, and hopelessness in older people—the “shattered” depression of Levinger—in most other survivors periods of depression occur episodically, particularly at holidays and anniversaries and in connection with events that remind them of the past, such as the Eichmann trial. There is little doubt that such depressive states represent a prolonged and, in a sense, irremedial mourning for lost love objects. Feelings that life in the present is meaningless, and even unreal compared with the grim reality of the past, are common, but it is of interest that convictions about the worthlessness of life are seldom accompanied by suicidal preoccupation. On the other hand, quite frequent is a kind of anhedonia, a refusal or inability to take pleasure or satisfaction in those events or occurrences which ordinarily would be gratifying. It is certainly significant that among my own cases there is a clear correlation between depth of depression and magnitude of the object loss of family members, relatives, and friends. However, although it is not difficult to understand why people who have suffered such losses would be chronically or episodically depressed, it does not explain why the depression of concentration-camp survivors is so often tinged by feelings of guilt, either expressed openly or easily to be inferred from their behavior. Here we are dealing with a special case of the phenomenon of “survivor guilt,” which also occurs in so many other settings. Its frequency among

concentration-camp survivors varies in different discussions of the subject; it has been put as high as 92 percent of 139 cases studied by Krystal and Niederland. Survivor guilt, however, is not a unitary phenomenon. Concentration-camp survivors may feel guilt because of specific actions on their part that endangered the lives and welfare of others or which the survivors interpreted as having this effect, even though such an interpretation was not true. Mrs. S's behavior in getting into the selection line ahead of her mother is one example. Another example is the guilty preoccupation of a survivor who berated herself for having appropriated the clothes of a woman who had died as her own were falling to pieces. There are other guilty feelings that are related not to particular misdeeds, fancied or real, but, rather, are experienced as a nonspecific, vague, pervasive conviction of having done something wrong and shameful, even though this feeling cannot be connected with any remembered episode. Finally, there is that species of survivor guilt which is attached merely to the fact of having remained alive in the holocaust when so many others had died. This variety of survivor guilt is sometimes linked with expressions of wonderment and incredulity at the vastness of the human tragedy in which the individual had been engulfed, and at the capacity of human beings to behave toward other human beings in the savage manner they witnessed.

Effects on Children

The effects of the concentration-camp experience differ depending on the age of the individual affected. Studies dealing with the very few surviving individuals who were infants or very young children in the camps are particularly interesting in view of current ideas about the effect of the absence of a mother or a stable relationship with an adult on the personality development of infants. In some instances, as in the case reported by Engel, the effect of such an experience at a very early age, could be catastrophic, producing an almost total arrest in development. Edith Sterba has reported a group of twenty-five displaced children and adolescents who lost both parents and were in concentration camps or in hiding for a period of five years. She describes how her attempts to place these children with foster parents were greatly hampered by the disappointment and dissatisfaction expressed by the children toward whatever was done for them. They displayed a desperate need to cling together, apparently deriving more security from these peer relationships than from even the most benevolent relationships with the adults on whom they displaced all the angry fear engendered in them by the loss of their parents. A somewhat more hopeful view is derived from the fascinating study of Anna Freud and Sophie Dann of a group of six children who had all been in the concentration camp at Theresienstadt before the age of three years. When seen in England after the liberation, these children showed severe emotional disturbances, were hypersensitive, restless, aggressive, and difficult to handle, but they had also

evolved a remarkably stable sibling group and a group identity during their internment that seemed to protect them against the worse pathogenic effects of the absence of a maternal figure. A follow-up of the later fates of these children indicates that though they all had stormy experiences during adolescence, most of them achieved some degree of stability by early adulthood. Among my own cases, there were six who were five years of age and younger in 1939 and who, therefore, underwent the experiences of the persecution at an extremely early period of their lives. In addition to various degrees of overt psychoneurotic symptomatology, they are all emotionally volatile people whose moods fluctuate markedly and who react to mild degrees of stress, such as an unexpected event, with an exacerbation of anxiety. Their personalities are marked both by bitter, cynical, pessimistic attitudes toward life and a childlike and total kind of emotional dependency. Although intimacy and closeness are of the greatest importance to them, they tend to show self-defeating patterns of excessive expectation and bitter or despairing withdrawal when these expectations are disappointed. They are extremely sensitive to actual or threatened separation from those on whom they have become dependent. It seems clear that the most damaging consequences to the personality maturation of these individuals resulted from the absence of a reliable and secure interpersonal environment, particularly a lack of adequate mothering in the early years. This applies not only to those children who lost both their natural parents but also to children

whose mothers were forced to appear and disappear, actually by force of necessity but in the eyes of the children, cruelly and capriciously.

The Nature and Causes of the Concentration-Camp Syndrome

The essential features of the Concentration-Camp Syndrome include a core of anxiety complicated by symptomatic defenses against anxiety, an obsessive-ruminative state, psychosomatic symptoms, depression and guilt. While there are those who regard this condition as *sui generis*, comprising a new and hitherto-fore undescribed entity,' it appears reasonable to regard at least its anxiety core as a special variety of traumatic neurosis. This is especially so if this entity is defined to include any state in which massive and unmistakable external traumas are directly related to the onset and persistence of anxiety symptoms, a typical dream life, and a contraction of the general level of performance in a previously adequately functioning personality. While the Concentration-Camp Syndrome resembles, in some respects, the ordinary combat-stress reaction that is the paradigm of the traumatic neurosis, a more interesting analogy is the Japanese A-bomb disease or neurosis described by Lifton. For many years after the bombing of Hiroshima, the survivors suffered from vague, chronic complaints of fatigue, nervousness, weakness, and various physical ailments, along with characterological changes and feelings of "existential" guilt. Also, although the analogy is not as exact, it is possible without stretching the bounds of

imagination too much, to draw significant parallels between certain aspects of the concentration-camp experience and the conditions of life in the poor neighborhoods and ghettos of our great cities.

A theoretical fallout from study of the Concentration-Camp Syndrome viewed as a traumatic neurosis is to cast serious doubt on the psychoanalytic view—held by Freud and his followers—that objective danger alone cannot give rise to a neurosis without participation of the deeper, unconscious layers of the psychic apparatus, that is, neurosis is impossible without significant childhood predisposition. The ubiquity of the neurotic symptoms occurring in so large a proportion of the survivors, the similarity of the symptom pictures, and the lack of any evidence that these individuals were predisposed to neurotic development indicates that we are dealing with a traumatic neurosis that is almost entirely the result of the trauma itself, although, of course, differences in severity and the variety of complaints can be related to differing, more-or-less healthy character structures. The current literature"—on the aftermaths of the persecution tends to support this changing view. An ironic consequence of acceptance of the original Freudian view about the linkage connection between earlier psychopathology and traumatic neurosis was its use by certain German forensic psychiatrists to deny the causative role of the persecution when evaluating reparations claims.

There is, of course, no question but that the primary cause of the

psychiatric sequelae of the Nazi persecution, including the Concentration-Camp Syndrome is the multiple, massive emotional and physical traumas to which the survivors were subjected. However, these traumas must be mediated and dealt with by a psychic apparatus, so that psychopathological considerations are in order. Also, the survivors came into contact with a whole series of environmental stresses, even after their liberation, and these must be taken into account in attempting to understand the long duration of the symptomatology, and its often-changing character over the years.

Leo Eitinger, one of the foremost investigators of the effects of the persecution, and himself a survivor, was at one time an advocate of the view that organic brain disease incurred during internment as a result of malnutrition, injury, and illness was a significant factor in certain of the chronic symptoms found in survivors. However, Eitinger, as a result of his later investigations, particularly those comparing the long-term effects among a group of Norwegian (non-Jewish) and Israeli survivors, has modified his earlier opinion. He no longer believes that organic factors are so important in most of the Jewish concentration-camp survivors. This view is held by most investigators interested in the subject.

There have been a number of psychoanalytic attempts to explicate the psychodynamics responsible for the persisting symptoms. These attempts are interesting, but the fact that most derive from relatively superficial

reparations examinations rather than from intensive psychoanalytic scrutiny vitiate their value. There is general agreement that the massive repression of aggressive impulses which took place in the concentration camps was responsible for later vicissitudes and distortions that seriously impaired the long-term adjustment of many survivors. Guilt and depression particularly can be attributed to this influence. Also of great importance is the extent to which the regressive adaptation so necessary in the camps became fixated in the later personality. Krystal and Niederland feel that the two basic pathogenic forces are survivor guilt and problems of aggression. Grauer emphasizes ego exhaustion and changes in ego-superego boundaries, both factors leading to unmodifiable ego changes and, incidentally, to poor results in treatment. Mailer feels that the central phenomenon is "obsessive representations" that, along with other factors, indicate a struggle between cohesion and disillusion in the personality of the survivor.

There is no doubt about the primary role of massive object loss in generating depression and guilt. As noted above, these symptoms can be related to aggressive impulses which had been actually expressed or, more likely, carried out either symbolically or in fantasy. However, such explanations do not seem to me completely to account for all the varieties of survivor guilt that have been described above. I believe that there is a significant component of survivor guilt which serves the purpose of a kind of testimonial. By continuing to suffer himself, the survivor seems to be trying to

provide an enduring memorial to his slaughtered friends and relatives.

What happened to a survivor when the war ended and he was liberated could not fail to effect his future emotional health. During this period, the survivor endowed with good material, physical, intellectual, and emotional resources could take advantage of fortunate events and develop a new identity and a new productive life in which symptoms would gradually become attenuated. On the other hand, poor resources of this kind would encourage the development of regressive tendencies, with consequent clinging to symptoms as an unconscious excuse for an inability to live actively, and as a gratification of dependent impulses. Important postwar factors affecting the quality of later adjustments also include the degree of loss of immediate members of family and relatives, of homes and of livelihoods, a dashing of inflated hopes for a postwar utopia, prolonged debilitating residence in displaced persons camps, downward change in socioeconomic status, immigration to and taking up of residence in a strange land with a different language, tempo of life and customs (the “uprooting neurosis” of Hans Strauss).

Psychiatric Contact with Survivors

To deal professionally with survivors, for purposes either of reparations evaluation or psychotherapy is an experience that almost always invokes

anxiety and sometimes even guilt in psychiatrists as they listen to the survivors' gothic tales of persecution, each more horrendous and more unbearable than the previous one. This anxiety of the psychiatrist can generate a whole spectrum of defensive behavior, ranging from over-identification with consequent loss of objectivity at one extreme, to reaction formation and denial, appearing as rejection disguised as objectivity at the other. Such attitudes, unless understood and worked through, make even more difficult the already rather artificial task of attempting to assign percentage of disability to survivors as required by the restitution procedures. As for the psychotherapy of survivors, it has been noted that relatively little is being attempted despite the severe and continuing symptoms that the survivors manifest. This phenomenon has been explained by Tanay as due not only to the lack of financial aid from restitution for purposes of psychotherapy but also because the masochistic-regressive personality changes in the survivors were so adaptively necessary as to have become ego-syntonic. He also notes the countertransference attitudes of psychotherapists and their reluctance to undertake the treatment of such seemingly unpromising cases. However, there are an increasing number of articles dealing with psychotherapy of survivors (see Hoppe's review). Some of these are at least cautiously optimistic, but the general tone emphasizes the obstacles and difficulties in the way of successful psychotherapy with these patients. With some exceptions,¹ there appears to be agreement that goals of

psychotherapy should be relatively limited, oriented toward support and symptom relief rather than toward reconstructive goals, a conclusion in accord with my own experience. Although this relative inaccessibility of survivors to intensive psychotherapy can be explained according to various psychodynamic formulations, possibly a more simple and compelling explanation is that the capacity of many of these survivors to trust other human beings has suffered such damage from the horror and rapacity of the Nazi years that they are no longer able to enter into and sustain really reciprocal relationships with other representatives of a species that did them so much harm.

Bibliography

Bensheim, H. "Die KZ-Neurose Rassisch Verfolgter," *Nervenarzt*, 31 (1960), 462-469.

Bettelheim, B. *The Informed Heart*. Glencoe, Ill.: Free Press, 1960.

Chodoff, P. "Late Effects of the Concentration Camp Syndrome," *Arch. Gen. Psychiatry*, 8 (1963), 323-333.

----. "The Nazi Concentration Camp and the American Poverty Ghetto—A Comparison," *J. Contemp. Psychother.*, 1 (1968), 1-8.

----. "Depression and Guilt among Concentration Camp Survivors," *Existential Psychiatry*, 7 (1970), 19-26.

Cohen, E. A. *Human Behavior in the Concentration Camp*, New York: Norton, 1953.

DeWind, E. "Persecution, Aggression and Therapy," *Int. J. Psychoanal.* 53 (1972), 173-178.

- Eitinger, L. "Pathology of Concentration Camp Syndrome," *Arch. Gen. Psychiatry*, 5 (1961), 371-379.
- . "Concentration Camp Survivors in the Post War World," *Am. J. Psychoth.*, 26 (1962.), 191.
- . *Concentration Camp Survivors in Norway and Israel*. New York: Humanities Press, 1965.
- Engel, W. "Reflections on the Psychiatric Consequences of Persecution," *Am. J. Psychother.*, 26 (1962), 191-203.
- Frankl, V. E. *Man's Search for Meaning*. Boston: Beacon, 1959.
- Freud, A. and S. Dann. "An Experiment in Group Upbringing," in *The Psychoanalytic Study of the Child*, Vol. 6, 127-141. New York: International Universities Press, 1951.
- Friedman, P. "Some Aspects of Concentration Camp Psychology," *Am. J. Psychiatry*, 105 (1949). 601-605.
- Goldberger, A. "Follow-Up Notes on the Children from Bulldog Bank," (1964), unpublished.
- Grauer, H. "Psychodynamics of the Survivor Syndrome," *Can. Psychiatr. Assoc. J.*, 14 (1969), 617-622.
- Greenson, R. R. "The Psychology of Apathy," *Psychoanal. Q.*, 18 (1949), 290-302.
- Grinker, R. "Mentally Healthy Young Males (Homoclitcs)," *Arch. Gen. Psychiatry*, 6 (1962), 405-453.
- Grobin, W. "Medical Assessment of Late Effects of National Socialist Persecution," *Can. Med. Assoc. J.*, 92 (1965), 911-917.
- Gyomroi, E. L. "The Analysis of a Young Concentration Camp Victim," in *The Psychoanalytic Study of the Child*, Vol. 18, pp. 484-491. New York: International Universities Press, 1963.
- Hocking, F. "Human Reactions to Extreme Environmental Stress," *Med. J. Aust.*, 2 (1965), 477-483.

- Hoppe, K. "The Psychodynamics of Concentration Camp Victims," *Psychoanal. Forum*, 1 (1966), 76.
- . "The Aftermath of Nazi Persecution Reflected in Recent Psychiatric Literature," *Int. Psychiatry Clin.*, 8 (1971), 169-204.
- Jacob, W. "Gesellschaftliche Voraussetzungen zur Überwindung der KZ-Shaden," *Nervenarzt*, 32 (1961), 542-545.
- Jörg, M. Personal communication, Aug. 1970.
- Klein, H., J. Zellermayer, and J. Shanan. "Former Concentration Camp Inmates on a Psychiatric Ward," *Arch. Gen. Psychiatry*, 8 (1963), 334-342.
- Koranyi, E. "A Theoretical Review of the Survivor Syndrome," *Dis. New. Sys.*, 30 (1969), 115-118.
- Krystal, H., ed. *Massive Psychic Trauma*. New York: International Universities Press, 1968.
- Krystal, H. and W. Niederland. "Clinical Observations on the Survivor Syndrome," in H. Krystal, ed., *Massive Psychic Trauma*, pp. 327-349. New York: International Universities Press, 1968.
- Lederer, W. "Persecution and Compensation," *Arch. Gen. Psychiatry*, 12 (1965), 464-474.
- Levinger, L. "Psychiatrische Untersuchungen in Israel an 800 Fallen mit Gesundheitsschaden-Forderungen wegen Nazi Verfolgung," *Nervenarzt*, 33 (1962), 75-80.
- Lifton, R. *Death in Life*. New York: Random House, 1967.
- Maller, O. "The Late Psychopathology of Former Concentration Camp Inmates," *Psychiatr. Neurol.*, 148 (1967), 140-177.
- Matussek, P. "Die Kozentrationslagerhaft als Belastungssituation," *Nervenarzt*, 32 (1961), 538-542.
- Meerlo, J. "Delayed Mourning in Victims of Extermination Camps," *J. Hillside Hosp.*, 12 (1963),

96-98.

- . "Persecution Trauma and the Reconditioning of Emotional Life: A Brief Survey," *Am. J. Psychiatry*, 125 (1969), 81-85.
- Nathan, T. S., L. Eitinger, and H. Z. Winnik. "A Psychiatric Study of Survivors of the Nazi Holocaust. A Study in Hospitalized Patients," *Israel Ann. Psychiatry*, 2 (1964), 47-80.
- Niederland, W. "The Problem of the Survivor," *J. Hillside Hosp.*, 10 (1961), 237.
- . "Clinical Observations on the Survivor Syndrome," *Int. J. Psychoanal.*, 49 (1968), 313.
- Ostwald, P. and E. Bittner. "Life Adjustment after Severe Persecution," *Am. J. Psychiatry*, 124 (1968), 1393-1400.
- Rappaport, E. "Beyond Traumatic Neurosis," *Int. J. Psychoanal.*, 49 (1968), 719-731.
- Sarlin, C. N. "Depersonalization and Derealization," *J. Am. Psychoanal. Assoc.*, 10 (1962), 784-804.
- S terra, E. "The Effect of Persecution on Adolescents," in H. Krystal, ed., *Massive Psychic Trauma*, pp. 51-59. New York: International Universities Press, 1968.
- Strauss, H. "Neuropsychiatric Disturbances after Nationalist-Socialist Persecution," *Proc. Virchow Med. Soc.*, 16 (1957), 95-104.
- Strom, A., S. Refsum, L. Eitinger et al. "Examination of Norwegian Ex-Concentration Camp Prisoners," *J. Neuropsychiatry*, 4 (1962), 43-62.
- Tanay, E. "Initiation of Psychotherapy with Survivors of Nazi Persecution," in H. Krystal, ed., *Massive Psychic Trauma*, pp. 219-232. New York: International Universities Press, 1968.
- Tas, J. "Psychical Disorders among Inmates of Concentration Camps and Repatriates," *Psychiatr. Q.*, 25 (1951), 679-690.
- Trautman, E. C. "Psychiatrische Untersuchungen und Überlebenden der National-Socialistischen

Vernichtungslager 15 Jahre nach der Befreiung," *Nervenarzt*, 32 (1961), 545-551.

----. "Psychiatric and Sociological Effects of Nazi Atrocities on Survivors of the Extermination Camps," *J. Am. Assoc. Soc. Psychiatry*, Spec. Pub. (Sept.-Dec. 1961), 118-122.

Von Baeyer, W. "Erlebnisbedingter Verfolgungsschaden," *Nervenarzt*, 32 (1961), 534-538-

Winkler, G. E. "Neuropsychiatric Symptoms in Survivors of Concentration Camps," *J. Soc. Ther.*, 5 (1959), 281-290.

Winnik, H. "Further Comments Concerning Problems of Late Psychopathological Effects of Nazi Persecution and their Therapy," *Israel Ann. Psychiatry*, 5 (1967), 1-16.

Wolfenstein, M. *Disaster*. Glencoe, Ill.: Free Press, 1957.

Notes

1 This chapter is a revision and expansion of the second half of the chapter, "Effects of Extreme Coercive and Oppressive Forces," that appeared in volume 3 of the 1st edition of this Handbook.

2 This literature, in addition to articles in various psychiatric journals that will be referred to, included autobiographical accounts by former inmates, and systematic reviews (in English) of various aspects of the problem. Hoppe has prepared a valuable review of the recent literature that includes foreign as well as American sources.

3 The real Dr. Mengele, at least as he was after the war, does not quite fit this description. A South American physician who came into contact with Dr. Mengele in 1958-1959, described him in a letter²⁵ to me as a small, nondescript individual who looked like a frightened rat.

4 Niederland prefers to refer to the entire picture as the "survivor syndrome."