Inventing a Pathology of Catastrophe for Holocaust Survival

MICHAEL DORLAND

The Limits of Medical Knowledge & Historical Memory in France
The final third of the book offers a comparative look at the “psychoscience” approach to Holocaust survival beyond France, particularly in the United States and Israel. He illuminates the peculiar journey of a medical discourse that began in France but took on new forms elsewhere, eventually expanding into nonmedical fields to create the basis of the “trauma-culture” with which we are familiar today.

Embedding his analysis of different medical discourses in the sociopolitical history of France in the twentieth century, he also looks at the French Jewish Question as it affected French medicine, the effects of five years of Nazi Occupation, France’s enthusiastic collaboration, and the problems this would pose for postwar collective memory.

“Michael Dorland’s Cadaverland is the most important historical study dealing with the medical ramifications of the Holocaust. Focusing on the psychiatric and psychological literature dealing with the impact of the Shoah for the survivors and for their families, Dorland sketches the difficult, contradictory, often self-destructive struggle of psychological medicine with the horrors of the Shoah. Brilliantly written and ranging well beyond the confines of post-war France, this is a book that health care practitioners as well as all those dealing with trauma and its historical aftermath must read.”

SANDER L. GILMAN, Director, Program in Psychoanalysis, Emory University

“Michael Dorland has written an important and, in many ways, a strikingly original work that definitely ranks as superior scholarship. By choosing to examine how the figure of the Holocaust survivor has been studied, he has succeeded in uncovering new material and weaving this together with a critical review of a vast range of scholarship into a readable, yet subtle, and often eloquent, narrative.”

TOBY GELFAND, Jason A. Hannah Professor of the History of Medicine, University of Ottawa

“The Lauber Institute for the Study of European Jewry Series

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A powerful look at how French medical science apprehended and described Holocaust survival

In this extraordinary study, Michael Dorland explores sixty years of medical attempts by French doctors (mainly in the fields of neuropsychiatry and psychoanalysis) to describe the effects of concentration camp incarceration on Holocaust survivors.

Dorland begins with a discussion of the liberation of concentration camp survivors, their stay in deportation camps, and eventual return to France, analysing the circulation of mainly medical (neuropsychiatric) knowledge, its struggles to establish a symptomology of camp effects, and its broadening out into connected medical fields such as psychoanalysis. He then turns specifically to the French medical doctors who studied Holocaust survivors, and he investigates somatic, psychological, and holistic conceptions of survivors as patients and human beings.

BRANDEIS UNIVERSITY PRESS

Waltham, Massachusetts
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Inventing a Pathology of Catastrophe for Holocaust Survival

MICHAEL DORLAND

BRANDEIS UNIVERSITY PRESS
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The Limits of Medical Knowledge and Memory in France
Pour la famille,
les vivants et les morts
... il n’y a plus de morts, il n’y a que du cadavre.
Ce n’est même plus le règne de la mort, c’est le règne du cadavre ...

EUGÈNE MINKOWSKI, 1948

Skeleton, skeleton, where are you going? What are you doing? You walk unsteadily, limping, ridiculous, swaying from one leg to the other, bending to compensate for the action of your vanished muscles, trying with each step to keep your balance, arms extended before you, seeking something to lean on, your head wobbling, your penis dangling.

FRANÇOIS WETTERWALD, Les Morts inutiles, 1946

Nicht erle Wormer soll mein Lieb ernarhen
Die reine Flamme — die soll ihn verzeihen
Ich liebte stets die Worme und das Licht
Darum verbrennet und begrabt mich nicht
[So that the worms not eat my body, The purifying flame will help consume it, Its light preserves me forever from the worms, Because, cremated, they can grab me not]

Painted sign-board above the Buchenwald crematorium
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This is the part where the writer of a book thanks the many people and organizations in various countries who assisted with access to the research materials that provide the core information for a work of nonfiction. And these invariably convey a picture of the friendly folk and helpful institutions who do smooth the writer’s way. Such a picture is both accurate and not. It is true that this work is not possible without the assistance of many—granting institutions that provide the funding to make travel possible and help absorb many of the related costs involved; archivists and librarians who point you in the right direction, give permission to look at restricted materials, help find you books and such that you can’t seem to find otherwise; and others I’ll mention shortly.

The other aspects involved are seldom mentioned in “acknowledgments,” especially the time that it takes to figure out what you are doing and exactly looking for. This is a long and lonely affair, since you don’t quite know beforehand, and that takes the time it takes. For instance, people think that for those of us who like to spend time in archives, reading old files, documents or books, “the stuff” we’re looking for is just sitting there waiting to be found. It doesn’t work like that. Rather, it’s a lot more like detective work or a police stake-out, in which not much happens for a long time, and then suddenly you find a clue—it could be a phrase, a way something is written; or a factual detail. And then, for a moment, you get a sense that that’s what you are looking for. After which you are back where you were before, waiting for “it” again.

Granting agencies that give you the money to do this sort of thing seemingly have little apparent grasp that this is how research “works”—serendipitously, more than one would think. They expect you to know in great detail what you are doing, years before you really do. You can’t blame them for this; they are taking a gamble—and with the taxpayers’ money, always wisely spent, as everybody knows, to quote a song. The result is that they make little effort to grasp what you are trying to do, which may be too much to expect from overworked, bureaucratic committees anyway. And yet this imaginative effort is exactly what the Humanities Program of the Canadian Institutes of Health Research did do, in granting me the major portion of the research funding that I was able to obtain for this book. I am very deeply
grateful to the CIHR and only too pleased to be able to publicly acknowledge their assistance, as well as a unique research support program that does take risks and, moreover, is keen to do so.

Other institutional support that I benefited from for this book came from my university, Carleton University, particularly from the Faculty of Graduate Studies and Research in the form of several small GR-6 grants that, as of 2000, allowed me to begin research trips to New York City to the YIVO Institute for Jewish Research housed in the Center for Jewish History, as well as to the archives of the American Joint Distribution Committee in Long Island City; to the Wellcome Institute for the Study of Medicine in the Euston Road in London; to the National Archives and Records Administration in College Park, Maryland; and also to the International Institute for Social History in Amsterdam, a less well-known but extremely worthwhile archive.

My thanks to the various people involved: Professor John Pammett, Associate Dean of the Faculty of Public Affairs, for fine, sensible advice on writing grants; head archivist Marek Webb at YIVO for permission to consult William G. Niederland’s Artzliche Wiedergutmachung; archivist Misha Mitsel at the AJDC, and various others, including my colleagues in administrative positions in our department for much signing of applications, writing of letters of support, and heroic lobbying efforts to obtain for me a research grant from my Faculty of Public Affairs: Professors Chris Dornan, Paul Attallah, and Karim H. Karim. Thanks, guys, it’s nasty work, but it is greatly appreciated, even if often pointless under the circumstances.

Special thanks to the cadre of mentors and friends who over the years wrote endless letters of support in other attempts to obtain research funding: Linda Hutcheon, University Professor, University of Toronto; Arthur Kroker, Canada Research Chair in Technology & Culture, University of Victoria; Ian Angus, FRSC, Professor of Sociology & Anthropology, Simon Fraser University; Robert Hariman, Professor of Rhetoric, at Northwestern University; Professor Maurice Charland, former Chair of Communication Studies and today Director of the College of the Humanities, Concordia University; and Professor William Straw of the Department of Communication Studies & Art History, McGill University. Many of you I’ve known as former teachers, co-authors, and as friends and colleagues for decades, and your unflagging belief in my work was a source of great moral support, and so utterly different from the gratuitous slings and arrows fired off by various “peer-reviewers” who lurk beneath the rocks of anonymity.
A sabbatical year in Paris in 2002–2003 furthered widened the circle of friendship: after a lengthy correspondance, finally meeting Maria-Letizia Cravetto, who recently had finished a stint as Professor of Annihilation at the Collège de Philosophie and is the author of one of the best books on Primo Levi (Fidélité à l’après, Editions Kimé, 2000). Letizia opened many doors into the arcana of Parisian psychoanalytic milieux, and especially introduced me to Anne-Lise Stern whom I had been trying to contact for some time. Anne-Lise Stern, despite a phobia for tape-recorders, spent many hours both as a teacher and as a friend talking to me about Lacan and life. Professor Paule Steiner happily shared with me her profound knowledge of Parisian psychoanalytic history and people, as well as the inner workings of Parisian Jewish intellectual networks.

Members of my family were in many other ways central to the long process of research. My aunt, historian Professor Suzanne Citron (née Grumbach) and still a dynamo of energy at eighty-seven, deserves special mention. Arrested in the summer of 1944 for distributing tracts, she was sent to Drancy, and despite patently fake identity papers, was spared the last convoy to Auschwitz. Whether this oversight was an act of stupidity or of kindness by the SS officer in charge, she did witness her cousins boarding that convoy, never to return. Also, her work over the past thirty years on French national history and how to demythologize it has been a strong influence on my thinking. My two favorite cousins, Professor Antoine Grumbach and Maître François Citron, have been involved in this for decades, in endless discussions of French Jewish identity and what it is, as well as exchanging many books and ideas going back to the early 1970s. It was François who at the time introduced me to Pierre Legendre’s extraordinary L’Amour du censeur: Essai sur l’ordre dogmatique (1974) and Antoine who found in his mother’s library from just after the war Gilbert-Dreyfus’ books on Mauthausen and Dachau.

My oldest friend, filmmaker Tom Perlmutter, with whom the topic of the Holocaust has been painfully shared for over four decades, the subject of agonizing discussions, readings, many long walks, and an unforgettable trip together to Judenrein Mitteleuropa, was also able to give the manuscript his close attention. You have no idea how much this meant to me, Tom.

Other Parisians who contributed importantly to the research process include Catherine Lavielle, Director of the Bibliothèque Henri Ey at Sainte-Anne psychiatric hospital, who moved mountains to obtain contacts and
to find rare articles and medical dissertations essential to the work here; researcher Olivier Gallois, who out of sheer kindness put together for me a bibliography of little-known articles in French journals, in case I had missed something; the various heads of psychiatric services at Sainte-Anne who did their best to shed light on the continuing mystery of vanished patient files of the post-deportation period; Dr. Michel Gourévitch, who reassured me that I did seem to know what I was doing; Dr. Jean Biéder, who shared time and articles with me on French psychiatric history; Dr. Henri Borlant for explaining the process by which, after returning from the camps at age sixteen, he later became deeply involved in the work of Holocaust remembrance; Jean-Claude Kuperminc, head archivist of the Alliance Israëlite Universelle, as well as other archivists at the Société psychanalytique de Paris, the CJDC, the BDIC, and the Archives de France, for special permission to look at closed files and other unpublished materials; Dr. Jean-Marc Berthomé, whose superb 1997 dissertation now is getting the circulation it richly deserves; and Holocaust memoirist Nadine Vasseur, with whom outstanding lunch-dates are still on the agenda.

Special thanks to my colleagues at Carleton University’s Max and Tessie Zelikovitz Center for Jewish History and Culture. Professor Aviva Freeman and Assistant Professor James Casteel made it possible on several occasions to talk in public about this book. Thanks too to fellow Zelikovitzers Elizabeth Bannerman and Professor Jean-Jacques van Vlasselaer for their support.

My departmental colleagues, Professor Charlene Elliott and Professor Ira Wagman, generously took on the task of reading the manuscript and making helpful comments and suggestions. Professor Emeritus G. Stuart Adam’s enthusiasm for the project has meant a great deal to me. A very special thank you to Dr. Sarah Schladow of Curtin University of Technology for her awesome close reading of the manuscript, far and above the call of collegiality. Thanks to Professor David Buchbinder, also at Curtin, for alerting me to Sarah’s outstanding 2007 dissertation on Jewish identity. My very dear friend and Carleton colleague, Professor Paul Attallah, although gravely ill, was able to bring his laser-like mind to bear upon the manuscript. Sadly, Paul died of liver cancer at fifty-four on 9 January 2009.

My research assistant, PhD in Communication candidate Leif Schumacher, was a joy to work with these past years, for his initiative, resourcefulness, and even for dragging his mother into translating from German difficult war-psychiatric texts. Christine Taylor at Carleton’s MacOdrum
Library also deserves a warm thank you for her super work in finding often obscure inter-library loan books and articles, and for her knowledge of journal databases in medicine and psychiatry.

At Brandeis University Press/University Press of New England, Editor-in-Chief Dr. Phyllis Deutsch also “got” what this book is about. My deepest thanks to her for her support, and to the reviewers of the manuscript for the highest praise an author can ask for, as well as useful suggestions for clarifying the manuscript. Special thanks, too, to a crack production team, and to Barbara Briggs for subsidiary rights, and Katy Grabill for marketing and publicity.

On the home front, Professor Priscilla Walton, my partner, not only read various drafts of the manuscript, but bravely fended off annoying phone calls and other interruptions to let me write in peace. Her love, as always, is indispensable. And finally, the dogs — Cam, Max, and Dee-Dee-Oh — grudgingly accepted that, for more months than they expected, I would be at my desk writing for longer than they are used to.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADIR</td>
<td>Association nationale des anciennes déportées et internées de la Résistance</td>
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<tr>
<td>ADRM</td>
<td>Association pour le développement des relations médicales, established 1920</td>
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<tr>
<td>AF</td>
<td>Archives de France</td>
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<tr>
<td>AKS</td>
<td>Allgemeine Korporschwach, or general bodily breakdown</td>
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<tr>
<td>AIU</td>
<td>Alliance Israélite Universelle, Paris, research library and community center founded in the nineteenth century by the Rothschilds</td>
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<tr>
<td>AJDC</td>
<td>American Jewish Joint Distribution Committee, a Jewish charitable organization</td>
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<tr>
<td>AMP</td>
<td>Annales Médico-psychologiques (journal)</td>
</tr>
<tr>
<td>BDIC</td>
<td>Bibliothèque de documentation internationale contemporaine, Université de Paris-Nanterre</td>
</tr>
<tr>
<td>CDJC</td>
<td>Centre de documentation juive contemporaine, the research section of the Mémorial de la Shoah</td>
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<tr>
<td>CFLN</td>
<td>Comité français de Libération nationale</td>
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<tr>
<td>CH2GM</td>
<td>Comité d’histoire de la Deuxième Guerre Mondiale</td>
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<tr>
<td>CROWCASS</td>
<td>Central Registry of War Criminals and Security Suspects</td>
</tr>
<tr>
<td>CTRP</td>
<td>Compagnie des Transports de la Région Parisienne, which predated the current RATP (see below)</td>
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<tr>
<td>DES</td>
<td>Diplôme d’études supérieures</td>
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<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, first published by the American Psychiatric Association in 1952, now in its fourth edition (DSM-IV)</td>
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<tr>
<td>FIR</td>
<td>Fédération internationale des résistants</td>
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<tr>
<td>FNDIP</td>
<td>Fédération nationale des déportés et internés politiques</td>
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<tr>
<td>FNDIR</td>
<td>Fédération nationale des déportés et internés de la Résistance</td>
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<tr>
<td>FNDIRP</td>
<td>Fédération nationale des déportés, internés et résistants politiques</td>
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<tr>
<td>FTP</td>
<td>Francs-Tireurs Partisans, Communist partisans</td>
</tr>
<tr>
<td>IFW</td>
<td>Internationale Föderation der Widerstandskämpfer</td>
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<tr>
<td>ITS</td>
<td>International Tracing Service</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>kl, kz</td>
<td>KonzentrationsLager, Konzentrationslager, differing abbreviations for concentration camp</td>
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<tr>
<td>mnpgd</td>
<td>Mouvement National des Prisonniers de Guerre et des Déportés</td>
</tr>
<tr>
<td>moi</td>
<td>Main d’œuvre immigrée, Jewish resistance group affiliated to the Communist FTP</td>
</tr>
<tr>
<td>mpgd</td>
<td>Ministère des Prisonniers de Guerre, Déportés et Résistants</td>
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<tr>
<td>mpgd</td>
<td>Ministère des Prisonniers de Guerre, Déportés, Internés et Résistants; alternative abbreviation, becomes the Office National des Anciens, Combattants et des Victimes de Guerre (onacvg) circa 1946–1947</td>
</tr>
<tr>
<td>nara</td>
<td>National Archives and Records Administration</td>
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<tr>
<td>ose</td>
<td>Œuvre de secours aux enfants</td>
</tr>
<tr>
<td>pcas</td>
<td>post-concentrationary aesthenic syndrome</td>
</tr>
<tr>
<td>ptsd</td>
<td>post-traumatic stress disorder</td>
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<td>ratp</td>
<td>Régie Autonome des Transports Parisiens</td>
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<td>rhmh</td>
<td>Revue d’histoire de la médecine hébraïque (journal, 1948–1985), published under the auspices of the shmh (see below)</td>
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<tr>
<td>ser</td>
<td>Service européen de recherches</td>
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<tr>
<td>shaef</td>
<td>Supreme Headquarters Allied Expeditionary Force</td>
</tr>
<tr>
<td>shmh</td>
<td>Société d’histoire de la médecine hébraïque, established in 1936</td>
</tr>
<tr>
<td>sncf</td>
<td>Société nationale des chemins de fer, the French National Railway System</td>
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<tr>
<td>spp</td>
<td>Société psychanalytique de Paris, founded in 1926</td>
</tr>
<tr>
<td>srcge</td>
<td>Service de recherche des crimes de guerre ennemis</td>
</tr>
<tr>
<td>sto</td>
<td>Service du travail obligatoire</td>
</tr>
<tr>
<td>ugif</td>
<td>Union générale des Israélites de France</td>
</tr>
<tr>
<td>unrra</td>
<td>United Nations Relief and Rehabilitation Administration</td>
</tr>
<tr>
<td>uro</td>
<td>United Restitution Organization</td>
</tr>
<tr>
<td>wcb</td>
<td>War Crimes Branch, U.S. Army</td>
</tr>
<tr>
<td>yivo</td>
<td>Scientific Institute for Jewish Research</td>
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I am both a citizen of France and a Jew of the Diaspora, having grown up during the Quiet Revolution in Quebec, and educated in English and French. Given the timeframe of my undergraduate university education—the explosive 1960s—I received an early exposure to certain strands in French psychoanalytic thought, that still supposedly “Jewish science” of Freud’s, as it was being reread by Lacan and differently so by Pierre Legendre, two Catholic psychoanalysts and, at the time, still unknown in translation.¹ Also, as the son of a Jewish mother, or as she put it, “une française d’origine Israëlite,” who had had to wear the yellow star at the age of eighteen, I had heard since childhood her many stories about the Occupation years and its hazards; in particular, about how the French defeat of 1940 was for her the collapse of the bourgeois, assimilationist, republican ideology of the Third Republic, and an utter betrayal of the cultural world in which she had been formed.²

In my twenties, I discovered among my French cousins the same ambivalence that I had over what it means to be both French and Jewish: that is, to have grown up French in some positive sense of the word, and Jewish in some negative sense—with no religious connection to the rituals of Judaism, and yet with a lifelong identification with “being” Jewish. It took me years to realize that this is a sociological trait shared by many assimilated French Jews, often of a certain time and of the political left, and one that
My FRENCH "JEWISH QUESTION"

Zou points out, French publications on the 1939 to 1945 period published between 1964 and 2001 numbered 11,600 titles. By comparison, publications on all aspects of the deportation (French Jews and non-Jews) in the same period numbered only 620 titles (Douzou 2005, 13).

Emphasizing the uses of language and the influences of the cultural context as this study does, I begin from an axiom of my main research field (Communication) that it is impossible not to communicate. But there are many ways to communicate—and not to. It also follows that there are situations in which communication of any significance is simply not possible. Primo Levi’s œuvre abounds in such examples, and even so he made it the survivor’s “duty to communicate” (1988). However, this was not just the duty of survivors, and we shall see subsequently some of the problems this unevenly shared burden produced. In the case of survivors in France and elsewhere, such communication as there was meant coming to conclusions about the survivors based solely on their physical appearance, which supposedly said it all. Similarly, the physicians discussed below based their observations on survivors’ symptoms, as would be expected. French psychoanalysts, when they did take up the question of Holocaust survival, very late in the day, were more involved in their own internecine squabbles. In short, no one in the French context asked the survivors what they themselves had experienced until the 1980s. Dori Laub has characterized the interaction generally between physicians, psychiatrists, and survivor patients as “failed empathy” (Laub and Auerhahn 1989).

However true this assessment may be in many ways, such a failure of empathy needs qualification. As Leo Eitinger (by the 1990s recognized as the dean of Holocaust survival studies) remarked, looking back to the immediate aftermath of the liberation of the concentration camps, it is almost impossible to overstate the utter emotional devastation of Jewish survivors especially: “The newly released prisoners had no one left, there was nowhere for them to go, they were completely through with their old lives, and they hadn’t the faintest idea what they could do with the new life so unexpectedly granted them. . . . They themselves were not capable of understanding their new circumstances. . . .” (Eitinger 1998, 769, emphasis added). “Scientific studies” of what survivors had been through, Eitinger goes on, were thus “needed” to begin to grasp what the survivors themselves were not capable of expressing.

To be sure, former deportees talked among themselves about their camp experiences, but we are not privy to these conversations except for anecdot-
ally. What further complicates the French context is that it was a defeated country that ended up on the side of the victors. This paradox only tightened the problems, not to mention the fact that the Occupation had distorted many aspects of French life—private, intellectual, etc.—in short, buried them deeper. Or put them off for some forty years as a result of generational and intellectual differences, media changes, and other factors.

What I am attempting here, therefore, in the first two-thirds of this study, is to reconstruct the process of coming to terms with the French Judeocide as it occurred within those institutional networks that had the closest contact with French survivors. This began with the liberation of the camps and the subsequent circulation of mainly medical (neuropsychiatric) knowledge, its efforts to establish a symptomatology of camp effects, the struggles over pension compensation, and the broadening out into related medical fields (such as psychoanalysis), and other knowledge-producing disciplines.

I am not, by any means, an “ineffabilist” as regards the Holocaust experience. As I show, a number of approaches to survivors were deeply and immediately concerned with the psychological effects. Proposals were made in 1945 and 1946 for a new branch of interdisciplinary medical sociology to deal with such questions. Profoundly insightful psychoanalytic articles were being written by 1946 on what camp internment did to “the self” (and I don’t mean Bettelheim’s version of identification with the sS). There was recognition that France had been deeply “traumatized” in unclear ways by the Occupation years. On the other hand, because of the war, limited means and limited personnel were available to do much more than the minimum, and even some limited recognition that the job of caring for more than the immediate physical state of survivors had been botched. And there were also the limits built into knowledge at the time—as at any time. So it goes with knowledge. And so it goes with human suffering. And only rarely do they connect, or if so, fantastically, as Foucault first noted (1963).

The French case was in certain respects exceptional as the first site for the attempted medical understanding of the effects of deportation. In other respects, it was fairly typical of the indifference to survivors wherever they ended up, including in Israel, as shall be seen in the part of this study that deals with comparative, non-French, contexts of survivor research.

As historian Henry Rousso explains in his major book on “the Vichy Syndrome,” in the first chapter entitled “Neurosis,” when he began his research in the late 1970s, “I thought sufficient time had elapsed to allow me to wield my scalpel. But the corpse was still warm. It was too soon for the patholo-
gist to begin an autopsy; what the case called for was a doctor qualified
to treat the living, not the dead—perhaps even a psychoanalyst” (1991, 1).
This study, then, proposes to contribute further to untangling the historical
knots in the French “national unconscious” that connected (or rather did
not connect) wartime memory and the French “Jewish Question,” as well as
the inability of French psychoanalysis to do so either.

My use of Rousso’s words here is quite deliberate. If, as Freud claimed,
the unconscious has no sense of time, at what point does “the past” be-
come a corpse capable of being autopsied? One might be tempted to reply
“never,” and that is precisely the interest of the study of history, since the
corpse is never quite dead or, if apparently so, lingers on in ghostly and
haunting ways, often for a very long time.

A Still Warm Corpse

If writing the history of the Second World War years remained a particu-
lar kind of problem for postwar French memory for at least a good forty
years—in fact, one could say until enough time had passed for it to become
the exclusive preserve of professional historians—what is one to say of an
event such as the Holocaust, a corpse that is surely still warm? The Ho-
locaust—with its unprecedented magnitude in the scale of mass murder,
its lasting impact upon most of both Western and Eastern Europe, as well
as on so many other countries, if not on “the conscience” of the world—
remains in certain ways “incomprehensible,” as historian István Deák put it
in a memorable series of essays in 1989 and after. This incomprehensibility,
however, did not stem from a lack of materials; the Holocaust, he wrote, is
“a uniquely well-documented historical event” (Deák 1989, 1). Rather, even
given extensive documentation, such a state of affairs was not sufficient
to have cooled down the corpse of the event so as to allow whatever mea-
sure of dispassion is requisite for historical or scientific understanding. As
Rousso had found, the events were still too close, and so required doctors
who deal with the (still) living.

In this study, however, the corpse is definitely warm sixty years later, and
so it is still not yet the time for the pathologist but rather, for doctors who
deal with the living—psychoanalysts even. The following pages are centrally
concerned with the French medical practitioners who made it their profes-
sional preoccupation to study the “living” figures who emerged more or
less alive from the concentration camps following their liberation by Allied
soldiers from July 1944 (Maidanek) through May 1945 (Mauthausen), literally three days before the German surrender. I should make it clear at this point that I will be dealing more with the liberation of the concentration camps of Western Europe than with the extermination camps of eastern Poland. I have various reasons for this choice: One is that the discovery of the Western European camps was later overshadowed by that of the even more hideous death camps found by the Russians and hence “extraneous” (given that Western journalists did view them) to the Western narrative of the Holocaust. Where one initially spoke of Dachau, Buchenwald (arguably initially more significant to U.S. narratives of the end of World War II and less to the Holocaust per se), or Belsen (of greater British geopolitical significance) as the epitome of horror, today we live in a time signified by the metonym “Auschwitz.” To the extent that this book aims to reconstruct an unfolding process of discovery, I deal primarily with the Western European camps. As well, the scientific studies that concern this book tend to focus more upon former inmates of these camps, many of whom had been in any event relocated from the eastern camps to the overcrowded camps in the west as the Nazis retreated before the Red Army. This is not to deny either that understanding the Holocaust still remains fundamentally decentered. As Yale historian Timothy Snyder reminds us, had the Nazis succeeded in their war on Russia, the implementation of two further dimensions of the Holocaust, the Hunger Plan and Generalplan Ost, would have led to the elimination through starvation of an additional 80 million people in Belarus, northern Russia and the USSR. (See Snyder 2009, 14–16).

Of the prisoners and their condition at the time of Liberation, we shall speak soon enough. Of the doctors who came to devote themselves to understanding what the prisoners had been through in the camps, a number had themselves been incarcerated in several camps: the Frenchman Charles Richet for Resistance activities; others like Leo Eitinger, for being a Jew. (Eitinger moved to Norway as a DP at war’s end, where he began to study the effects of concentration camp deportation on survivors.) Of course, none were involved, as doctors, in the kind of “medical” practices sanctioned by the SS; they were unofficial prisoner-doctors who used their medical training to help their fellow prisoners, if they could. Mainly, they tried to get by like the rest; and they made observations of both their own and their fellow prisoners’ physical and mental deterioration, due to starvation, cold, overwork, overcrowding, filth, brutality, and terror.

Not all of the doctors we shall encounter in this book, primarily through
their scientific work, were former prisoners. Some, like René Targowla, were highly respected specialists, who had undertaken major studies before the war on the lingering effects of “shell-shock” among veterans of the First World War. Henri Baruk was a former director of the Charenton insane asylum, which he called “the Jerusalem” of French psychiatry. Nearly all had received their medical specialization as neuropsychiatrists—that is, they studied the physiological bases of nervous diseases. Some, however, like Richet, Gilbert Dreyfus, and Louis Fichez, were endocrinologists—specialists in how glandular secretions either help or harm other bodily functions. This means, on the one hand, that it will be necessary later in this book to better understand their medical training, and the various branches of medical knowledge in their relationships with one another in the French university and medical context; on the other hand, just because one has received a certain form of training, it does not follow that one will be confined to it throughout one’s medical career. Henri Baruk, for instance, progressively moved away from neuropsychiatry to what he would call “experimental moral psychology.” For a more famous illustration of how a doctor can move through various medical fields, remember that Sigmund Freud initially was trained in the anatomy of the nervous system. As is well known, he went from that rather narrow specialization to invent an entirely new system for understanding mental illness.

Curiously, however, none of the key figures we shall encounter initially were psychoanalysts or psychotherapists, or not until much later in our timeline, indeed not until decades later. There are many reasons for this: for one, the pecking order in hierarchies of medical knowledge; for another, the smallness (and indeed fractiousness) of the psychoanalytic profession that did not take off numerically until well into the 1950s, in the case of the United States, but grew relentlessly thereafter. With greater numbers comes greater influence, if not respectability, and, as we shall see, this would cause a considerable change in the understanding of Holocaust survival, in the shift away from the neurological to much stronger psychological, psychopathological, and psychoanalytic perspectives.

One of the key points that this book makes is in stressing the extent to which bodies of knowledge—including medical knowledge—are, like so many other human things, subject to fads and fashions of their own. It is also worth emphasizing that the study of Holocaust survival has gone on for some sixty years now. In those sixty years, it has changed in many ways; this book is the first to examine such changes closely. However, I don’t claim
that the following pages are exhaustive in every respect and in all conceivable contexts.

The ways in which Holocaust survival has been studied vary almost as much as the number of countries in which the topic has been examined. As we shall see, soon after the end of the Second World War, a French school (which this book looks at most closely) and a Scandinavian school of Holocaust survival emerged. These were followed in rough chronology by a Polish school, an Israeli school, an American school, and so on. Of course, the idea of a “school” should not by any means suggest a unified way of thinking about something; there are always divisions, factions, tendencies and different emphases, not to mention crossovers from one school to another. And it is to stress these differences that this study looks not only at the French context, but at other national contexts as well for comparative purposes, if more briefly.

For example, the French school was made up of different emphases on the question of Holocaust survival. One of these, more than the others — for reasons of Jewish identity and the renaissance in Jewish thought that was brought about by the creation of the State of Israel — would play a key role in “knowledge transfer” to the new state’s budding psychiatric institutions. Given all this variety, crisscrossings of understanding, and mutual influences, it also follows that very little agreement existed on any question, or, if so, not for very long. Sad to say, perhaps, but also unavoidable when it comes to humans and what they think they know, is that even after sixty years, the state of Holocaust survival studies is in as messy a condition as any other field of knowledge when looked at closely, despite whatever brave front may temporarily be papering over appearances. The reasons for studying Holocaust survival stem from an awareness that the Holocaust was, by wide but not universal agreement, the largest man-made catastrophe ever experienced. And although wanting to understand how such a catastrophe could have occurred must surely count toward the human good, the desire to understand does not guarantee anything more than temporary agreement about the certainty of findings, the adequacy of methods, or the reliability of results. None of these are reasons why such work should not have been undertaken. It seems to me that benefits will always come from a more profound grasp of the contexts of human actions, and even more so perhaps when one is dealing with “the good guys,” as is the case here.

Three broad implications may be drawn from this re-examination of several decades of Holocaust survival. One is that the Final Solution defi-
nitely succeeded—if not in total body count, then in the lasting damage it caused. Second is that even among “the caring professions,” what practitioners cared about most of all was the further development of their profession. Third, only a tiny minority of survivors came under the medical gaze; the vast majority were simply abandoned to suffer alone and in silence. One need not be a hardline Foucauldian to conclude that this is how it goes in the knowledge biz. One can grieve over this fact. One can also try to understand this better, which is what I have attempted to do in this book.

**Stücke/Figüren/Rhetoric**

To carry out what they called the Final Solution to the Jewish Question, the Nazis invented, among other “innovations,” a bureaucratic jargon to de-emotionalize and dehumanize what they were doing. Governed by “Sprachregelung” (speech-rules), these practices consisted of very specific word substitutions to cover up the actuality of the shooting, killing, and gassing (see for instance, Paechter 1944, Klemperer 2000, Michael and Doerr 2002). Thus the bureaucrats of extermination did not use the words “bodies” or “cadavers” in their reports, but instead “Stücke” or stuff, “Figüren” or figures, “pieces,” or “units.” The word *figure*—roughly equivalent to something like mannequins, not real bodies but semblances—is crucial to the overall argument of this study; namely, how specialized languages make and unmake what we count as human or the traits that make up our humanity. The word *Figüren* has a number of additional connotations that are also important to what follows. It can mean “figure” as in sums, numbers, or statistics. It also can mean “to figure” as in figuring something out, less in a mathematical sense, than as a puzzle or problem, something that needs to be better understood. And third, “figure” is a key rhetorical concept for understanding ways to organize word use for various rhetorical ends of persuasion, argumentation, or logic, as in “figures of speech” or “figurative language.” It goes without saying that this is a large topic in rhetorical theory that we won’t get into now, but see, for instance, the articles on figurative language and figures of speech in Theresa Enos’s *Encyclopedia of Rhetoric and Composition* (1996, 267–71).

The American philosopher Berel Lang has argued at some length that Nazi-Deutsch was not a language and so cannot be considered figurative (see Lang 1990, 81–102). Without engaging with his argument in detail, as my concern here is not with N-S Sprache (the language of National Social-
ism) per se, I think that Lang ignores certain important transformations affecting twentieth-century languages, of which the Nazi version was but one, if extreme, example (I’ve discussed some of this elsewhere; see Dorland 2006). A greater issue, which is also of concern to this study, has to do with the growing influence of scientific or technical language upon human lifeworlds, which precedes the rise of National Socialism.

I would argue that “figures of speech,” or acts of figuration, give shape to, form, or stylize what is being said or written so that it will say, or attempt to say, this as opposed to that. Figuration is precisely the point of contact between a writer and the world outside the writer’s mind; it allows a reader to grasp what the writer is trying to say by the manner in which he or she has put down on paper certain specific words or word forms and not others. Obviously, then, figures and figuration are an important key to understanding language use, as well as for tracking changes in language usage, which, like everything else, varies and mutates over time.

As I’ve indicated and will detail below, the study of Holocaust survival in its sixty-year history has stood for various and changing ways of developing explanations, of what concentration camp incarceration did to survivors, physically and mentally, and with what consequences over an ever-receding period of time: five, ten, or twenty years later. By twenty and up to forty years later, that concentration camp experience had affected their children, and their children’s children. These explanations and their transformations were all refracted through the prisms of the various figurations of medical knowledge, ranging from internal medicine, neurology and neuropsychiatry, across an axis that moved over time from the bodily to the psychological and its related sciences, psychoanalysis and its derivatives — or what the French today refer to as the “psy” sciences.

This may be putting it too strongly — there is plenty of room for qualification in the pages that follow — but medical language and discourse is as figurative as any other language use, if differently so. In his 1963 Naissance de la Clinique, Michel Foucault provides a history of how the medical clinician’s approach to the sick body changed with the French Revolution and throughout the nineteenth century. From an earlier, more physical, tactile approach in which he actually touched and smelled the patient and his excretions (urine, vomit, and such), the doctor gradually removed himself to a much more abstract vantage point that could sum up the patient’s condition with a mere look (“the medical gaze,” as Foucault calls it). The medical gaze was backed by ever more sophisticated instrumentation that allowed
the doctor to see what was going on inside a patient’s body and, with the rise of psychology, in the patient’s mind as well—or at least to speculate about it. In the book’s preface, Foucault wondered why there had not been to that point (or for that matter, since then) anything like a “psychoanalysis of medical knowledge” (1963, vii). The lack of such, he went on, did not mean that there was no shortage of “fantastic links between knowledge and suffering” (vii, emphasis added). On the contrary, among these fantastic links, there is what I’m calling a rhetoric of “the figures of suffering” (vii) that are not dispelled by the rise of the objectifying, rational discourses of modern medicine, only displaced both by the fact that bodies continue to get sick, and in the changing situations where bodies and the medical gaze meet. What has changed, however, is the relationship between who is speaking and what is being spoken about. Think here for a moment, as a stark example of what I mean, of the enormous difficulties of those very few Holocaust survivors who did encounter the medical gaze, as opposed to those so many more who remained immured for years in the silent figures of their suffering, just to be able to begin to speak about what they had been through.

I am not arguing here for a “psychoanalysis” of medical knowledge. Surely, though, to speak about “the figures of suffering” is at the same time to make a gesture toward psychoanalysis and psychoanalytic concepts that one could also term a grammar of such figures. What is psychoanalysis if not a way of learning to speak one’s (frustrated) desire to speak? That is why, in organizing the chapters that follow, I have drawn upon both rhetorical and psychoanalytic figures to shape what I and the many sources upon which I draw are trying to say. Each chapter below begins with a definition of the principal figure deployed; the content of each chapter provides the empirical support for why such a figure was chosen as an organizing frame of analysis.

A great number of figures of speech and various larger and lesser ways of classifying them were available, but for this study I have only drawn upon a half-dozen or so, many of these from psychoanalytic language. All of them, however, are figures of avoidance, dissimulation, and displacement; in other words, of how not to have to confront the Holocaust and its human consequences, for reasons that are complex and will be explained in more detail below case by case. Or to put this slightly differently, the magnitude of certain events is such that they can be faced only indirectly and require the passage of a long time before they can be grasped, and even then only in certain ways. In the words of historian Walter Laqueur, “There are certain
situations which are so extreme that an extraordinary effort is needed to grasp this enormity, unless one happened to be present” (cited in S. Friedlander 2007, xxv).

The Limits of Knowledge and Memory

The survivors were present, and it is far from certain that this facilitated their understanding of what they had been through. As the following pages show, it did not help the understanding of those who ostensibly were closest to them, be it the few medical doctors who treated them or who studied their symptoms at one remove; their families, if they had survived; or their fellow citizens who thought, if they thought at all about it, that just looking at them was sufficient to grasp what they had been through. When survivors did begin to speak en masse as it were through videotaped “testimony,” allowing for the passage of too many years, advanced age, and failing or warped memories, what they had to say was — forgive me — banal. (This of course does not apply to the classic literary works of Holocaust memory, although these are not without different problems). To paraphrase Elie Wiesel, who is paraphrasing Tolstoy, all survivors’ stories are alike. Lawrence Langer, who has drawn upon the large Fortunoff Video Archive at Yale, exemplifies this when he writes about “the ruins” of survivor memory and subdivides it into “anguished,” “humiliated,” “tainted,” “diminished” — all negative descriptors from his 1991 book on Holocaust testimony. So it goes with human memories.

If Laqueur is right and extreme situations such as the Holocaust call for extraordinary efforts of understanding, what we find in the following chapters is that even extraordinary efforts were not enough. For the most part, those who came into contact with survivors made ordinary efforts to understand, if that. Some tried harder, it is true; some made it their life’s work. But for the most part, as has been pointed out by scholars such as Georges Canguilhem (1991), Thomas Kuhn (1962, 2002), Michel Foucault (1966), or Ian Hacking (1981, 1995), “normal science” operates within a given paradigm of knowledge and only rarely outside such norms (where the extraordinary resides). Even frailer and subject to distortion, omission, and forgetfulness is ordinary human memory. Philosopher Paul Ricoeur, approaching his nineties, remarked that an act of normal memory was “a small miracle” (2000). The need for miracles increases so much more with
extraordinary and highly complex events such as the Holocaust itself and surviving it.

There are no miracles in what follows. Instead, normal human beings struggle within the limits of their capacities, scientific or otherwise, to understand the extreme. As shall be seen, this is not to say that extraordinary understanding was not possible; it was, but these instances were exceptions. What follows is a study of the limits of knowledge and of memory, prompted in part by an epoch that overemphasizes both.

And so we begin with the encounter at or near the end of the Second World War of certain, strange, emaciated, and often speechless figures imprisoned behind barbed wire with the Allied soldiers who freed those creatures who were still alive, the likes of whom they had never encountered before.
As a way to start, we begin with a fiction (or quasi-fiction) that is both a representation and a symbolization: the highly successful and acclaimed HBO series Band of Brothers (2001), which follows the experiences of the men of Easy Company (the 506th Regiment of the 101st Airborne Division of Paratroopers) from training camps in Georgia and England, through D-Day, Market Garden, and the Battle of the Bulge.¹ Episode 9, “Why We Fight,” finds the company in Bavaria, not far from the town of Landsberg, sometime between 12 and 30 April 1945, the dates of the deaths of FDR and Adolf Hitler, respectively.² Both deaths are mentioned in the episode: the first, with regretful awe (“The President is dead”); the suicide of the second, with contempt (“Why didn’t he do it sooner and spare us all this trouble?”).

In one scene, to the accompaniment of a quartet of civilian musicians sadly playing a Beethoven violin sonata, German civilians root through the hills of rubble trying to salvage still usable furniture and clear the streets. Sitting idly, watching, one of the U.S. soldiers comments: “Those Krauts

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Term used as a substantive by Jacques Lacan, as of 1953, and borrowed from the vocabulary of philosophy and the Freudian concept of psychic reality, to designate a phenomenal reality that is immanent to representation and impossible to symbolize.

Élisabeth Roudinesco & Michel Plon, Dictionnaire de la psychanalyse, 1997, 897
sure clean up good.” Eventually, Easy Company is sent out on patrol in a northwesterly direction, travelling in a convoy of trucks and amphibian personnel carriers. One of the soldiers is reading *Stars & Stripes*, the Army newspaper. “Whatcha reading?” asks another. The response, “Something about why we are fighting this war,” sets off hoots of derision, as if that needed any explaining at this point. “So why *are* we fighting this war?” someone sneers. The soldier reading replies quietly, “It seems that the Germans have been very, very bad.”

Later, walking gingerly through a forest, the sunlight refracting through the tall trees, the men are on their guard, not just because there are enemy soldiers still about, but also because, as one soldier remarks, the forest is eerily reminiscent of the forests of Bastogne (seen two episodes earlier), where they had experienced the worst fighting in their two-plus years together. One of the sergeants responds sarcastically that it is exactly the same—except for the lack of snow, the fact they are not freezing and starving, and the fact that German artillery is not ripping the forest to splinters. After a while, the men come slowly and nervously to a clearing, guns raised, safeties off, and then they just stand there, dumbstruck.

The shot cuts to Sgt. Frank Petonte, running as fast as he can back to the town. Arriving out of breath, he manages to shout to the other soldiers, “Where are the officers? Where are the officers?” Finding his commanding officer, he gasps, “You’ve got to come right away. We’ve found something!” “What?” the major asks, “what?” “We don’t know!” Petonte replies.

What they don’t know they have found is a concentration camp, an Arbeitssläger, a labor camp. Petonte returns with Maj. Winters and Capt. Nixon in a jeep and a transport truck of additional troops. The men of Easy Company advance slowly toward the camp, surrounded by a high, formerly electrified fence that has a body entangled in its barbs. Silent, skeletal, shaven-headed men in dirty striped clothing, some wearing a yellow star, some just the bottoms of their “uniforms” or wrapped in tattered blankets, watch them approach. No one speaks. The men of Easy arrive at the main gate, behind which they see wood smoke wafting through the air and an open space littered with signs of work interrupted (half-sawed logs), and dead bodies. The chain locking the gate is cut, the gates pushed back and the soldiers enter the camp. Slowly, more prisoners emerge from the rows of small huts lining the sides of a main alley. Each one seems thinner and sicker than the next; some elderly prisoners are being carried in the arms of others. As they ap-
pear, walking with difficulty, it is hard to avoid, in our media-savvy times, thinking of George Romero’s *Night of the Living Dead* and other such zombie films. A prisoner standing closest to the soldiers seems to be suffering from a mental disorder: He is all nervous tics and is scratching his head furiously as though attempting to remove something inside his skull. Maj. Winters asks, through Cpl. Liebgott who speaks German, “What is this place?” The prisoner, scratching, replies, matter of factly, that it is a work camp. “For criminals?” Liebgott asks suspiciously. “No, no, no,” the prisoner responds, “for Jews. Here we are musicians, writers, clerks; there are also farmers and some Poles and Gypsies. There’s a woman’s camp at the next railway junction,” he adds pointing vaguely. He explains that the guards had run away that morning, after setting ablaze some of the huts with prisoners in them, and shooting other prisoners until running out of ammunition. He then walks away, making wailing sounds.

More and more prisoners gather around the soldiers, touching them hesitantly. As Winters and Nixon begin to explore the camp site, they find more dead bodies, in piles or groups, lying where they were shot. Clearly the place stinks; the soldiers cover their noses and mouths; some have begun to throw up; others sit, too stupefied to speak or move. Two, covering their mouths, enter one of the small huts. Their flashlights illuminate the tiers of bunks within, crammed full of prisoners too sick to move: rows of shaven, emaciated heads feebly try to raise themselves.

An older prisoner embraces one of the Easy men, and just holds him, hanging on, as would a child to a parent.

The officers suddenly realize that they must do something. Winters orders his men to break out their rations, and find water. Others drive back to town to seize food — bread, cheese — from the local merchants, who are none too pleased, but won’t argue with an angry GI holding a .45 at their temple, except to protest that they were not Nazis.

Back at the camp, as food begins to arrive and is unloaded, the starving prisoners hurl themselves on it. The regimental colonel arrives as well, with the regimental surgeon. They have been on the phone to other commanders whose troops have been finding similar camps all over the country. (Winters later tells Nixon that the Russians have found other, far bigger camps, “worse than this.” “How?” Nixon asks. “Gassing facilities and ovens to dispose of the bodies.”) Orders are given to lock the prisoners up again until they can be moved elsewhere; they require serious medical attention that is not available here and, the regimental surgeon explains, they
should not be allowed to eat, as the sudden intake of food into their starving bodies will kill them.

Liebgott climbs atop a truck and tries, his voice breaking, to explain this to the prisoners, who set off howls of protest as the soldiers begin to push them back inside the camp.

There is more. On a railway siding, the door of a railroad wagon is slid open, exposing more dead bodies. The next day, the townspeople are marched to the camp—“How could you have not known about this just from the stench?” one soldier shouts at them, as they are made to begin digging graves while others drag bodies, limbs falling off, towards the gravesite.

Now, of course, these are not unfamiliar images.

This episode within the overall story of Easy Company’s war, or rather the concentration camp portion of it, is basically a composite of the many newsreel images, widely disseminated and publicized beginning in April 1945, of the discovery of the concentration camps. Several key points should be noted here, however. Unlike the Liberation newsreel footage from which it draws, the episode does mention Jews specifically. But while Jews are to an extent focal in this segment, their discovery is incidental and the soldiers clearly have not been fighting the war to save Jews (“So why are we fighting this war?”). Furthermore, by late 1942, Allied governments were aware (as we shall see) not only of Nazi extermination camps, but also of the fate of European Jewry. That official knowledge, however, had not filtered down to the fighting men, even almost at war’s end.

When the soldiers come to the clearing, before the camp is seen on-screen, although they can see it, they do not know what they are seeing. In this sense, the episode refers not specifically to the Jewish fate, but more (like the paradigmatic newsreel images referred to above) to the general (and even so unimaginable) Nazi “barbarity” of which the Red Army had found far worse instances, as Winters tells Nixon.

Petonte tells Winters, “We’ve found something but we don’t know what it is.” Now, these are battle-tested soldiers who have experienced pretty much the worst of war; they’ve seen many dead or mutilated bodies; they are not innocent with regard to the horrors of battle. And yet this camp—apparently a fairly “typical” work-camp by camp standards—is a phenomenon that is completely off the “normal” registers of their experience. To re-emphasize, these are not green troops; they have seen and been through about the worst that war can offer. But the concentration camp is some-
thing else entirely, something completely Other, beyond representation and symbolization (despite many attempts, as shall be seen, to try to do both). It is this impossibility, this inaccessibility, that Jacques Lacan in his psychoanalytic thought termed “the Real.” In Slavoj Zizek’s gloss on Lacan’s notion of the Real, the former writes of “a crucial complication: if what we experience as ‘reality’ is structured by fantasy, and if fantasy acts as the screen that protects us from being directly overwhelmed by the raw Real, then reality itself can function as an escape from encountering the Real” (2006, 57; emphasis in original). We shall explore this idea further, but for now it’s enough to say that what the soldiers found with the liberation of the camps was an upsurge of the Real; what the prisoners themselves had experienced had by now become “reality.”

Notwithstanding, contemporaneous and subsequent narratives of the discovery of the camps, including prisoners’ accounts, offered particular versions of that reality. For, although the horrors of Nazi concentration camps were undeniably and graphically represented, the Jewish experience therein was effectively elided. Indeed, for decades after war’s end, an equally paradoxical reality of the Second World War story prevailed with the denial, refusal, or willed ignorance of the Holocaust’s primordial Jewishness by what the British scholar Tony Kushner termed “the liberal imagination” (1994). This will become more apparent later, as we track medical and psychological work with survivors of the camps, which echoes the marginalization of Jews in the general discourse of the war and its psychic consequences.

Who Knew What and When Did They Know It?

At this point, it is worth undertaking a brief overview of what was known about the camps, by whom and when, as a way of contextualizing the incomprehension depicted by the officers and the troops in the Band of Brothers episode described above.

The establishment of the first concentration camps such as Dachau, Buchenwald, and others within Germany — the Alt Reich (old Reich) as it came to be called after Nazi Germany’s territorial expansion — had begun before the annexation of Austria. These harsh prison camps were set up for the “re-education” of the political enemies of the new regime, especially Communists, Social Democrats, and other leftists; many of whom happened to be Jews, although their Jewishness was still apparently secondary. Its obvious and increasing centrality was a consequence of the twists and
turns of the Nazis’ evolving antisemitic policies and legislation. Following
the categories of this progression used by Raul Hilberg (1961), these would
proceed through four phases: (1) establishing the “legal” framework for
the subsequent civil expropriation of Jews from German public life, from
1933 to 1935; (2) the various aspects of actual civil expropriation (civil ser-
vice, 1933; pensions, 1935; economic life and property, 1933 to 1941); (3)
physical expropriation, concentration, and ghettoization, from 1938 to
1941; and (4) the “Final Solution” itself, from mobile killing units to fixed
installations for mass extermination, from 1941 to 1945.

Some aspects of these policies were very public knowledge. By the mid-
1930s, among émigré refugee groups and progressive intellectuals in
France, for example, initial protest over the “Fascist” onslaught against
culture was followed by the publication of “Black Books” denouncing Nazi
actions, including the detention of politicals in concentration camps. Pro-
test eventually hardened into military action in the fight against Fascism,
such as the creation of the International Brigades on the Republican side of
the Spanish Civil War (1936 to 1939).

The next level of those who knew were members of the international
Jewish communities. The World Jewish Congress (WJC), for example, had
offices in neutral Switzerland, and so became a listening post for events
unfolding within the Reich, German-dominated Europe, and occupied Po-
land. Some facts were known about “lingering death” in the ghettos by late
1941; reports were disseminated about “the horrors of deportation” from
Germany and Czechoslovakia, and of outbreaks of mass typhus in the War-
saw Ghetto (see Gilbert 1981, 16–18). Pressed by the WJC, among other
groups, representatives of nine Nazi-occupied countries gathered for an
Inter-Allied Conference on War Crimes in London in January 1942, issuing
a joint declaration condemning German atrocities against civilians in occupied countries. However, as Martin Gilbert notes, Jews were not mentioned
specifically (1981, 19).

For Jews living in England or the United States and especially for refugee
Jews who had managed to flee Germany before 1938 when it was still pos-
sible to do so, it was clear by the end of 1940 and increasingly so through
1941 that a terrible fate was about to, or had descended on the Jews of
Europe. At a special Zionist Conference in New York in May 1942, Chaim
Weizmann (later the first president of Israel) told delegates of “statistical
estimate[s],” according to whose projections “25 per cent of Central Euro-
pean Jewry will be, to use the modern term, liquidated,” as reported in The
New York Times (cited in Gilbert 1981, 39). Increasingly, reports smuggled out at enormous personal risk began to reach Jewish groups abroad about “murder actions” in Poland, with kill rates numbering fifteen to fifty thousand Jews and much higher, as well as about large numbers deported to “an unknown destination” where “[t]hey disappeared without a trace” (cited in Gilbert 1981, 41).

By December 1942, according to a later French study, Allied political leaders, international organizations, newspaper editors, and elements of public opinion knew at least that (1) the Nazi extermination plan alluded to in many of Hitler’s speeches had been put into effect; (2) deportations of Jews had taken place throughout Europe; and (3) gas chambers had been constructed at Chelmno, Belzec, Sobibor, Treblinka, and Auschwitz, at the end of the deportation line for Jews (Courtois and Rayski 1987, 38). Thus, the general picture was clear, even if reports and eye-witness accounts tended to underestimate the actual numbers of Jewish dead. By this time, in fact, over 4 million Jews had been exterminated. Oddly, the more hands through which the information flowed, the more the numbers reported diminished: an indicator that they were not believed. Indeed, normal bureaucratic practice would have been to inflate the figures to re-emphasise the “evils” of Nazism. The year 1943 saw further details emerge, to fill in the general picture. However, it was not until 1944 that sufficiently detailed reports about the workings of Auschwitz reached the West: enough to produce Anglo-American discussion of bombing the railroads of “Poland”—not specifically of Auschwitz, at that very moment engulfing the almost half-million Jews of Hungary. Allied bombing of Auschwitz did take place in August, September, and December 1944, but focused on the synthetic rubber industrial plant at Monowitz-Buna—although a bomb did fall accidentally on the SS sick bay at Auschwitz-Birkenau, killing five men.

To explain why not more was done by the Western democracies is complex, and has been the subject of much after-the-fact handwringing, speculation, and accusation. Without getting into the extensive literature on this question since the early 1980s, the Holocaust was seen by the Allies at the very best as a secondary, not to say minor, aspect of the larger world conflict. More recently, Israeli political scientist Shlomo Aronson (2004) has framed the issue as “a doomsday machine” (xi), set in motion by the Nazis and affecting all the parties in a series of Catch 22’s that initially prevented help and later prevented rescue. But nobody comes out of this very well. For one, the Nazis had long said that no one would believe what
they were up to with the Jews, which, sad to say, has more than some truth to it. Certainly, until 1942, Western press and other reports smuggled to the West about what was transpiring in Nazi-occupied Europe could have been dismissed as unreliable, or viewed with suspicion. Also, until after the 1943 Allied landing in North Africa and then D-Day in June 1944, the German armies controlled continental Europe; and the main burden of stopping them rested to the east and entirely upon the Soviet Red Army. There was not much the Western Allied forces could actually do about Nazi actions in the east, and when they were able to do something, the primary objective of the air war was the destruction of German industrial capacity and thus Germany’s ability to continue the war. However, from early 1943 when Allied bombing of Germany achieved alarming levels of devastation, Himmler worried that this might prompt prisoner riots and/or facilitate escapes from the concentration camp system. As a result, he ordered the reinforcement of camp defences and the electrification of the barbed wire fences of their perimeters (Gilbert 1981, 142).

It is also the case that, among Allied government officials, the horror stories coming out of Occupied Europe often were dismissed as “typical” Jewish exaggeration: some American officials spoke of “Jewish sob stories”; others of “the Jews’ war.” The British also worried that doing anything to help the Jews of Europe would have upsetting consequences for their balancing act in Palestine. Ironically some statements expressed concern lest any positive action undertaken produce negative consequences for those European Jews who still remained alive! Notwithstanding, the Allies did not want to appear to be fighting the war for Jews.

Whatever the case, in Western Europe, the war’s outcome was far from a foregone conclusion until after the collapse of the final German counter-offensive of December 1944 to January 1945. And the Nazis were certainly adept at elaborate deceptions to the very end. For instance, Eichmann’s offer to Hungarian Zionist Joel Brand to “sell [him] all the Jews” in exchange for “goods”; or the dismantling of the Birkenau crematoria in November 1944 to mislead Allied reconnaissance photography.

If the above reveals at least some of the complexities at the highest political and military levels concerning decisionmaking over the conduct of a world war, if not over the potential “rescue” of European Jewry, it is not surprising that ordinary soldiers knew even less about the fate of Jews under Nazism (at least, until the liberation of the camps).

Nor does the Zionist leadership come out much better than that of the
Allies, although this aspect was hardly discussed until the furore caused by journalist Tom Segev’s The Seventh Million: The Israelis and the Holocaust (2000; the first Israeli edition was published in 1991 and the first English edition in 1993). Segev’s was among a series of books by Israeli scholars—so-called “post-Zionists”—evaluating the impact of the Holocaust on subsequent Israeli politics (see for example Ellis, 1990; Gorny 2003; Zertal 2002). These later controversies reprise the uproar caused by Hannah Arendt’s coverage of the Eichmann Trial in the early 1960s and her charge that the Judenrate (Jewish Councils established by the Nazis in the ghettos to administer their increasingly impossible demands, including the drawing up of lists of people for transport to “labor” camps) were in effect collaborators (Arendt 1963). For Segev and others, however, accusations would now be directed to the executive of the Jewish Agency, the main administrative authority that preceded the establishment of the State of Israel (for a thorough review and attempted refutation of the attacks on Ben-Gurion and the Jewish Agency Executive, see Teveth 1996). One of the key tenets of Zionism holds that as long as Jews lived in the Diaspora, they would be subject to constant and various forms of persecution—which reached its ultimate expression with the Holocaust. Even so, “Beginning with the Zionist response to the rise of the Nazis and the arrival of the first German refugees [the so-called ‘Hitler Zionists’],” Segev’s book documents “the less than compassionate response of the Jewish community in Palestine to the destruction of the European Jews” —and the former’s “first pained and uncomprehending encounters with the survivors” (2000, 11). Because of its ideological “malady,” as Segev terms it, the Zionist leadership did not do as much as it might have to save more of the Jews of Europe; indeed, it was initially more indifferent than not. As with the Allied forces, however, but with a fraction of the resources, could the Jewish Agency in reality have in fact done that much more? What is certain is that claims such as Segev’s struck more than nerves; in fact, they spoke a taboo—namely, that Israel, too, had its own postwar problems with Holocaust survival. Indeed, “[a]fter the war, a great silence surrounded the destruction of the Jews” (Segev, 2000: 11). We will return to this in a later chapter, as we now look more specifically at the case of France.
The French Resistance and the “Jewish Question”

For the French Resistance and the Gaullist Free French, the story is more or less the same as that of the other Allies: indifference to the fate of the Jews of Europe and the ideological ambivalence of Zionism toward the Jews of the Diaspora. For historian Henri Rousso, in an 1982 historiographical review article, the key questions are these: “Why, generally speaking, does the [French] ‘Jewish problem’ only begin to preoccupy the Resistance at the end of 1941? And why, as of 1943, is the problem in large part no longer discussed, particularly in the underground press?” (1985, 130). As Rousso recalls, the first antisemitic measures by the Vichy government began in July 1940—less than two weeks after General Pétain’s takeover of power in Vichy (non-Occupied) France. Between March 1942 and August 1944, eighty-five convoys of Jews were deported to the concentration camps, the vast majority of whom were never to return. No attempt was made by the Resistance to interrupt or stop the convoys. Rousso writes, “The more the genocide became a reality, the more [the Resistance] appeared to deny the amplitude of the phenomenon, because fundamentally it was too disturbing” (132). Like the Allies, the Resistance considered that diverting scarce military resources to deal with the “Jewish problem” interfered with the primary armed struggle against the Germans. Further, while the Resistance may have been, in a general manner of speaking, “against antisemitism,” some Resistance elements—notably the Communists—saw any focus on antisemitism as an ideological diversion detracting from the main struggle against Nazism, in which Nazi racism comprised only one aspect of the greater enemy, Fascism.

Notwithstanding, as Resistance networks themselves became better organized, their numbers were complemented by more and more specifically Jewish combat groups—the Organisation juive de combat; l’Armée juive; the Trumpeldor Squad (named after a Zionist hero who was killed in the early 1920s); and especially the MOI (or Main d’oeuvre immigrée, on which more below). These were small, clandestine groups, often made up of “foreign” Jews—that is, political refugees. But their contribution to the struggle was a distinguished one, so much so as to become an eventual problem regarding the “Frenchness” of the Liberation, itself complicated by the fact that it would be mainly the work of non-French Allied forces. In the 1944 Battle of France, some forty thousand immigrant combatants (Italians, Spaniards, Russians, even some Germans, as well as refugee
Jews) took part. Many of the Jewish Resistsants changed their names: from Guintsberger to Villon, from Samuel to Aubrac, and so on. This was obviously for security reasons; they did not want to fall into the hands of the Gestapo with a blatantly Jewish name. But there was more involved, and it had to do with the desire to be more French than Jewish, if only in name. In former Resistant Lionel Rocheman’s incomparably bitter formulation:

Had they been called Martin or Durand, I would have commemorated their deaths just the same. But they were called Grywacz and Wasjbrot and that was unpronounceable. Oh yes, the propagandists did their work well! After years of anti-Jewish hammering, even the [Jewish] Resistsants wanted to be good Frenchmen of the native soil (“de souche”). The French Nazis had dragged us down to their level. (cited in Grynberg 1985, 12)

Both this desire to seem French and its obverse—that the Resistance might not want it to appear that its heroes were “foreign” Jews with unpronounceable names—came to a head with the infamous “Affiche Rouge” (Red Poster) affair of early 1944. On the streets of Paris, fifteen thousand Red Posters were put up by Nazi propagandists. Against a blood-red background, the poster showed the photographs and names of ten members of the MoI, the semi-autonomous Jewish combat group affiliated with the Communist Francs-Tireurs Partisans (FTP). The men were identified as Grywacz, Polish Jew; Wasjbrot, Polish Jew; Fingercwajg, Polish Jew, and so on, including the head of the twenty-three-member Manouchian Group, an Armenian. By also listing their “resistance” activities—attacks on German troops, train derailments—as well as providing pictures of various dead bodies, the poster asked whether these “Liberators”—these foreigners and Jews—were not in fact terrorists, members of the Army of Crime. A propaganda pamphlet was also widely distributed with the message that the “Army of Crime” was fighting against France.

The poster accomplished its purpose—all twenty-three members of the Manouchian group were arrested; the twenty-two men executed by firing squad on 21 February 1944, and the one woman, Olga Bancic, decapitated with an axe in Stuttgart in May—French law not allowing women to die by firing squad.

Several films of the Affiche Rouge affair were made much later: a 1976 documentary of archival footage and interviews, and another in 1985 that directly accused the French Communist Party (PCF) of having betrayed the group. That one or several members might have been denounced was one
thing; that all of them were, seemed to suggest systematic betrayal. By the time of the Affiche Rouge, the PCF also had begun to remodel itself, shifting from one of the most Moscow-centered European Communist parties to the second leading contender, after the Gaullists, for postwar French political power. It too was putting its best “French” face forward.

However, according to a third documentary released in 2007 (drawing on the work of historian Denis Peschanski based on French, Russian, and German archives), the rounding up of the Manouchian Group was solely to the credit of French police Special Brigades, working with the Occupier (for historical sources, see Courtois, Peschanski, and Rayski, 1989). Thus, it was evident, even before the end of the war or the discovery of the concentration camps, that the Jewishness of Resistants was going to be an issue—or simply effaced.

Military Planning for the Liberation of the Camps and Prisoner Repatriation

One of the primary activities of the military is planning. To the extent that France, of all European countries, had the largest numbers of POWs and “volunteer” laborers, many conscripted into German industry and agriculture, the question of how to bring them home soon became an issue for the Gaullist government-in-exile.

As he tells it in his memoirs, Henri Frenay, after three years of dangerous underground activities in Occupied France creating and organizing one of the main Resistance networks, Combat, arrived in Algiers in late October or early November 1943. Algiers was then the site of the Free French government in exile. De Gaulle had just become sole president of the Comité français de Libération nationale (CFLN), ending the previous co-presidency he had shared with General Giraud, the “pro-American” candidate who did not have all the personal, military, and diplomatic problems with Churchill, Roosevelt, and Eisenhower that de Gaulle did. As head of the CFLN, de Gaulle called a Consultative Assembly in an attempt to gain the decisive support of the eighty-four delegates representing the spectrum of the internal Resistance. On 3 November 1943, Frenay received a note that de Gaulle wished to see him the next day.

At the meeting, de Gaulle explained that he wanted to reorganize the government-in-exile in preparation for the final combat, the looming liberation of France, and the work of postwar reconstruction. For this, he needed men
from both inside and outside France who were absolutely unambiguous in their opposition to the 1940 defeat and the Vichy regime. As head of the Combat network, Frenay was such a man. After expressing some astonishment, Frenay asked whether he would not be of more use back in France with his Resistance comrades. De Gaulle said,

“I’ve got a major task to offer you. Several million Frenchmen, because of the war, have been torn from their homes: prisoners, deportees, the workers sent to Germany, the refugees and those expelled from the North and the East [of France]. Their rapid return, their reintegration in their families, their jobs, their readaptation . . . here is an immense task that to a great extent determines the moral health and political future of France. Come, Frenay, do you not feel the same way? This is a work of national interest I am asking you to take up. (Frenay 1973, 379–83)

Frenay, feeling more and more embarrassed, hedged and inquired who else might be getting ministerial positions. Finally, exasperated, de Gaulle got up from his desk, raising his voice: “You are all the same: ungovernable. You are told this is where you should serve. Immediately, you want something else. I said I need you. This seems to count for little.”

As Frenay still hesitated de Gaulle dismissed him: “Well, Frenay, I told you that you are a free man. Good day to you.”

After giving the offer some further thought, and assessing that his acceptance might help “to close the gap and incomprehension that has always existed between Free France and us [the Resistance]” (384), Frenay decided to accept the position forty-eight hours later. Thus France got its first commissioner, later Minister, for Prisoners, Deportees and Refugees.

The idea of such a ministry had been floated since at least January 1943. A letter postmarked Beirut had detailed a “Project to organize in Occupied Germany the administration of prisoners and deported workers,” presenting this as mainly “an administrative problem” (Archives de France, hereafter AF, Series F9, File 3124, “Repatriement en général—Alger”).

Several other notes and “instructions,” some dated from 1944, others undated, emphasized other dimensions of the problem of repatriating an estimated three million Frenchman from Germany. What roles should be played by inter-allied services, and by the French for that matter? And how should these administrative structures be organized? For example, by a central inter-Allied commission with regional and local missions to make
contact with prisoners? Was the problem military, administrative, or medical? How soon after the armistice should operations begin? One report, urging that the speed of repatriating prisoners was key, suggested operations begin within twenty-four to forty-eight hours of the signing. Another found the whole project “too complicated,” and added that “it does not sufficiently take into account the psychological condition of prisoners and deportees” (René David, “Note sur le projet de rapatriement des prisonniers et déportés,” 4 July 1994; emphasis added, in AF, Series F9, File 3124).

For his part, Frenay now began to think about the men and women for whom he was responsible before the nation. “Who are they? How many are there? Impossible to know, even approximately!” (Frenay 1973, 395). At least 1.5 million POWs: a minority captured in battle in May and June 1940; most of them surrendering soon afterward without a struggle. What had the ravages of Vichy propaganda done to them after forty months of imprisonment? What did they know of occupied France or the Resistance? And what of the deportees, first of all the members of the Resistance, taken by train to “camps whose names we are just beginning to know: Buchenwald, Dachau, Bergen-Belsen, Neuengamme, Auschwitz . . .” (396), where they were mingled with criminals, pimps, thieves, drug dealers. The number of deported Resistants “is totally unknown,” but all in all possibly “four million men and women, perhaps more, scattered by the winds of war” (396)!

Not a word here about French Jews, although no lack of Jews were in the very camps that Frenay lists.

A statistical report, dated 29 May 1944, attempted to clarify these numbers, although not very successfully. Under the heading of “Other Deportees,” the report flagged the fundamental distinction between “racial” and “political” deportees, but added that actual numbers are “very imprecise,” noting that a Secret Service report from 24 January 1944 had put the total number at 160,000. The report went on to add obscurely that the Germans “are at the moment proceeding in the systematic deportation to Germany of all detainees from the camps in France,” estimating those numbers of political and racial groups combined at around 200,000. As for their destination, “it is impossible to say,” but generally speaking the names of camps at Magdeburg, Oranienburg, Dachau, and Buchenwald are those “most frequently mentioned.” In a statistical table in conclusion, the report lists 850,000 POWs, one million workers, 200,000 political deportees, and other categories, for a total of 2,650,000; in this enumeration, the “racials” mentioned a

If Frenay had reason to be concerned about the state of French POW morale and the effects of over forty months of Vichy and Nazi propaganda, these fears were confirmed by a three-page undated report in English, in the same file as an exchange of letters from October 1944 between the delegate of the MPGDR in Washington and the "Director of Deportees" in Paris (MPGDR was the acronym of the Ministère des Prisonniers de Guerre, Déportés et Résistants, to which the letter "I" for "Internés" would be added later — so, MPGDIR.) The English report, although undated, appears to have been written in mid-1944, and is based on interviews with British former prisoners. It paints a devastating picture of French morale compared "to the more objective attitude . . . common among British POWs." As a "large number and possibly a majority of these French soldiers were still pro-Pétain"; the report noted their attitude as similar to that of "certain German groups towards Hitler." If de Gaulle’s standing as a national figure had increased in the French homeland, this was not the case among POWs. The report goes on to suggest that, during their four-year incarceration, some "10–15% of French POWs . . . [had been] incapable of even secret passive resistance to the Nazis." The failure "to struggle actively or passively against collaboration" made "feelings of guilt or anxiety . . . a very real affair," and so much so that this was likely intolerable "even . . . in [the POW’s] own mind." As a result, and combined with "the political corruption and early collapse of France [in 1940]," "French POWs were . . . looked down upon by all the others." The French POWs were seething with resentment; "these men felt themselves, rather bitterly, out of the war and so were not really concerned with who won, but only with the possibility of [the war’s] ending." The panel interviewed for this report also remarked upon the POWs’ hatred "of the French officer class as a whole" especially French military doctors. The panel consisted of several British officers who had been able to return to Britain in October 1943 in prisoner-exchanges, and an NCO and a private who returned in May 1944 — all Medical Corps personnel.

According to CFLN documents from late in 1943 and early in 1944, the government in exile had some awareness of the state of turmoil in continental Europe. A report by the Consultative Technical Committee on Population Movements (20 October 1943) estimated that 21 million civilians
“in a state of distress” were dispersed about Europe, and that these floating populations would pose a grave postwar problem for civil and military authorities. Among these millions were some 1.6 million displaced Poles, of whom some two-thirds were Jews whose numbers were “diminishing due to massacres and illness.” An eleven-page report under Frenay’s signature, dated 11 January 1944, drew attention to “the very grave psychological shock” that would accompany the repatriation of “the considerable population mass” of displaced French civilians and prisoners of all sorts still in Germany. These risked not being aware of “the moral and political evolution of the majority of Frenchmen” as a result of the Resistance. It was important to counter Vichy propaganda and to stress to the prisoners and deportees that “France as a whole” ("la France entière") was fighting, and that the prisoners too were combatants. This would create “a communion of feeling” between prisoners, deportees, and the rest of the nation, so that the return of the repatriated would take place “smoothly and in the spirit of Unity.”

In spite of occasional mention of the fate of deported French and “foreign” Jews and some awareness that the process of repatriation included a psychological dimension, Free French authorities remained fixated on the repatriation process itself and how to administer it. Indeed, before late 1944, no more than passing reference to the psychological state of prisoners and deportees appears in the records. One such instance is an undated six-page report entitled “Etude sur la psychologie des prisonniers de guerre et des déportés par rapport aux problèmes du rapatriement” (AF, F9, file 3125).

This report began by observing that it would be pointless to speak of a single, unified psychology of prisoners and deportees “due to the mass of collective complexes that have to be taken into account,” as the mind-sets (“la mentalité”) of POWs and deportees varied according to the locations and duration of their detention and consequent experiences. That said, the report went on, “the German, because of his brutality, as well as hunger and suffering, had forged both POWs and deportees with a common soul and common reflexes.” These included the constant humiliations of captivity; constant lies and betrayals; and “a prisoner mass” that had become enfeebled, disabused, and impatient to come home.

The report then identified four categories of “opinion” among the POWs and deportees: (1) those whose characters had been formed by their resis-
tance actions; (2) others who only thought of coming home; (3) the men who hoped for and awaited the imminent arrival of Gaullist emissaries; and (4) “an undifferentiated mass.” Going on to stress the importance of repatriation planning, the report offered in conclusion the psychological “insight” that it was best if the soon-to-be repatriated prisoner or deportee simply “forget the notion of time.” How this was to occur, however, it does not say.

As a point of comparison, I want to turn to a different file (F9 3168) that covers the period December 1944 to December 1945, and is entitled “Psychological issues concerning POWs” (in French) and overlaps with the beginnings of repatriation activities that got underway as of March 1945. It contained an undated, unsigned fourteen-page British report entitled “Some Aspects of Repatriation” that is the text of a lecture in English to Czech social workers. From internal evidence, it would seem to be a synthesis based on early repatriation experience. It began by noting “the difficulties of speaking about psychological matters” because of the many assumptions we make about the human mind, and the relationships between human thoughts and feelings, especially those of others. This problem was compounded by the different national origins of the repatriated.

It then underlined a contradiction in the published literature, one that has been highlighted by the experience of repatriation. The literature tended to be “optimistic” and “give[s] the impression that the recovery of these men is as rapid and as complete as that [of] transferring herds [of animals] from here to greener pastures” (2). But experience had shown that “the incidence of emotional problems in repatriated prisoners of war is unexpectedly high and this . . . appears to be independent of . . . physical conditions [of captivity]” (2; emphasis added). While reluctant to term these “acute emotional difficulties” symptoms, the report described them as “that almost invisible result of attempting to readapt to ordinary life” (2). These difficulties included feelings of unreality; restlessness and discontent; bitterness and suspicion; acute anxiety in meeting others; and difficulties with authority, “despite often excellent military records” (3).

The report went on to stress at length the importance of greater planning of the psychological aspects of repatriation and the development of “new techniques” to help “the difficult adaptation” to “the completely strange culture” of “a . . . chaotic postwar situation.” It also listed nine further psychological states found among ex-POWs and recommended various prac-
tical measures to separate out the different medical from the psycholog-
ical problems and provide better screening of “unstable frame[s] of mind” 
(11).

Most important, the report called for further research and study in what it 
termed the new field of “Medical Sociology.” This would draw on concepts 
from psychodynamic theory, as well as cultural anthropology, and certain 
aspects of medicine, but generally would be “better approached from the 
angles of sociology and psychology.”

“Unfortunately,” the report concluded, “we are not, so far, in the posses-
sion of anything like an adequate basis of empirical fact, of effective con-
cepts, [or] . . . of trained personnel” for practical development of this new 
research field.

The contrast between this British report and the much more lim-
ited French documentation was highlighted by the fact that there is not 
a single written annotation in French to a report that stands out for its 
prescience. However, this signalled that French repatriation efforts, an 
enormous logistical accomplishment as we shall see, tended to empha-
size the national unity fundamentals of the process much more than the 
psychological condition of the repatriated. The fact remains, though, that, 
for the most part, the camps and Stalags still had to be liberated from 
German control. And even such inveterate planners as the American 
military were the first to admit, at least in a SHAEF (Supreme Headquar-
ters Allied Expeditionary Force) staff study dated 11 August 1944, that, as 
far as concentrations camps were concerned, “There is very little reliable 
information as to the number and location of [these] at present” (Na-
tional Archive and Records Administration, hereafter NARA, RG331/47/30, 
SHAEF/G-5/904/3).

The Liberation of the Western Camps

Technically speaking, the formal aspects of the Final Solution through mass 
gassing came to a halt in late 1944, although this did not put an end to stag-
gering losses of life in concentrationary incarceration. With the advance 
of the Red Army into Poland, one by one some of the main Eastern camps 
were discovered, often quite by accident, and liberated, beginning with 
Majdanek, as early as July 1944. The liberation of Majdanek was accompa-
nied by considerable Soviet propaganda that oddly would not be generated
by the liberation of Auschwitz at the end of January 1945. In Primo Levi’s famous description of the arrival of Russian soldiers into “our [Auschwitz-Monowitz] Lager packed with corpses and dying persons”:

They did not greet us, nor smile; they seemed oppressed, not only by pity but also by a confused restraint which sealed their mouths, and kept their eyes fastened on the funereal scene. It was the same shame which we knew so well, which submerged us after the selections, and every time we had to witness or undergo an outrage: the shame that the Germans never knew. (Levi 1988: 54; see also Levi and Leonardo De Benedetti 2005 for a more technical report on the “health” of Jewish deportees at Monowitz, written for Soviet authorities within months of Liberation)

The Red Army pressed on, liberating Stutthof in the autumn of 1944. This camp, some 40 kilometers east of Danzig, while technically a heavy labor camp, “had the dubious distinction of the highest death rate of any concentration camp” (Bridgman 1990, 27). Also, in late 1944, the retreating Nazis had begun to march those deportees still capable of walking (and shooting those that couldn’t) westwards, flooding the remaining camps with tens of thousands of new inmates. In the case of Stutthof, these included thousands of Hungarian Jews, mainly women, and 20,000 prisoners from Auschwitz. With the final Soviet advance of April 1945, the retreating Germans evacuated a number of major camps—namely Gross Rosen, Sachsenhausen, and Ravensbrück, the latter a women’s camp that held many leading female French Resistance fighters—leaving them almost empty, or rather full of the dead and dying, by the time the Russians arrived. Bridgman estimates that of the 250,000 prisoners still alive in the Eastern camps, the Russians liberated about 12,000. The remainder, if not killed on the spot by the retreating SS, were death-marched westward to Buchenwald, Dachau, and Mauthausen primarily. Of these, “about 100,000 survived to the end of the war, and those survivors accounted for the bulk of the Jews liberated in April–May 1945” (Bridgman 1990, 29; but see also Bauer 1970 on the difficulties of establishing the exact number of Jewish survivors).

The work of liberating the Western camps—that is, in what became West Germany, several in northeastern and central East Germany, in Austria, and in Alsace—fell predominantly to American and British troops, although Natzwiller in Alsace was discovered by the French First Army. Other than passing mention of a French officer attached to American forces, a Moroccan regiment, and members of the Resistance as well as escaped deportees,
the role played by French military forces and partisans in liberating concentration camps outside of France appears to have been minimal. Henri Borlant, a French Jew, and at sixteen a veteran of several major camps, relates how he led “two American soldiers in a jeep” to the camp at Ohrdruf, near Gotha, on the other side of which city stood Buchenwald (quoted in Matard-Bonucci and Lynch 1995, 26). Unless a camp stood directly in the line of advancing troops, it is striking to what extent their discovery was the result of accident, or a fortuitous encounter with fleeing deportees hiding in forests. Some camps, including Dachau, Buchenwald, and Mauthausen, were known from intelligence sources, at least by name. As well, the discovery of a camp often was made by military avant-gardes, or scouts far ahead of the main body of troops. With no supplies other than their rations, they could do little more than hand out cigarettes until the arrival of higher-ranking officers and larger forces.

French sources, for their part, tend to make much of the utter dependency of ministries such as Frenay’s MP/DIR on the good-will of SHAFF and American military commanders in the field, and this with a considerable degree of resentment that French access to French POWs, not to mention the elaborate French plans for repatriating soldiers, workers and so on, were now subject to the whims of “foreign” military commanders. (In fact, the Americans generally were leery of letting in anyone into their jurisdiction, including American Jewish organizations, until late in 1945.) In this light, all “the meticulous planning undertaken since Algiers,” wrote one French lieutenant-colonel, amounted to nothing more than “Kriegspiel [war games], the pretty work of the General-Staff” (quoted in Matard-Bonucci and Lynch 1995, 19). In addition, planning was one thing and the situation on the ground in the field quite another; and the disconnect between the two was often considerable, as shall be seen.

Annette Wieviorka, a French Jewish historian and in every other respect a superb scholar, cannot refrain from needless sarcasm over U.S. Generals Eisenhower, Patton, and Bradley’s 12 April 1945 visit to the Ohrdruf concentration camp and the resulting massive publicity given both to this visit and to the discovery of the camps generally. She writes about the “ritualization” of such visits, not only by ever-lengthening lists of often American dignitaries, but of the forced “visits” of German locals ordered by the military, as “a sort of tourism of horror,” with former deportees now acting as guides showing soldiers, visitors, and journalists the mass graves, the gas chambers (whether or not they actually had been used for the disposal
of prisoners), and telling stories of heroism and sacrifice (Wieviorka 1992, 80). “A vast [media] show,” she writes, using the English word, “orchestrated by the Americans,” “a form of voyeurism that could well become indecent” (81).

To her credit, however, she does contrast this “maximal publicity” with the continuing strict censorship maintained by the Frenay ministry until May 1945 when censorship was no longer possible because of all the newsreels. And she adds—although without pointing out that it applied as much, in varying degrees, to the Americans as to the French or for that matter the Soviets—that “With the discovery of the camps, there was no mention of the Jews. . . . The images that come to predominate are without a doubt those of Buchenwald and of Dachau, perfect expressions of the Nazi concentrationary system, but in no way of the extermination of the Jews” (81).

One factor that may have influenced the “maximal publicity” ordered by Eisenhower as Supreme Allied commander, including the mass distribution to senior officers of the 1943 journal article by refugee psychoanalyst Bruno Bettelheim on “Individual and Mass Behavior in Extreme Situations,” was that American troops in particular seem to have had a very difficult time coming to terms with the discovery of the concentration camps. Take, for example, the discovery of Natzwiller, the first major camp to be found by Allied troops in November or December 1944. Located southwest of Strasbourg in the Vosges mountains, Natzwiller was built as a labor camp in 1941, only to expand its functions to the killing of Jews, Gypsies, and Resistance fighters from France, Holland, and Belgium, by gassing, torture and medical experiments conducted by German-speaking scientists from the University of Strasbourg. Evacuated by the SS with the approach of the Allies, the camp had been abandoned for over two months by the time the French First Army found it, soon followed by the American Eighth Army. The reactions of a New York Times reporter and of two senior officers from the American Sixth Army Group were the same, despite being shown gas chambers, dissection tables, piles of human, female hair, and burial urns, and despite listening to Free French accounts of the killing of 4,000 prisoners: suspicion and disbelief. Milton Bracker of the Times wrote that Natzwiller “looked exactly like [the Civilian Conservation Corps barracks] that housed forestry trainees in the United States during the early New Deal.” One had to “force into one’s consciousness,” he adds, that this was not a foresters’ or lumberman’s camp, but “the charnel house of the Ste. Die
Valley” (quoted in Abzug 1985, 5). That the camp was empty only added to the weirdness: “There were no prisoners, no screams, no burly guards, no taint of death in the air as on a battlefield” (emphasis added). The two visiting colonels from the Sixth Army Group had similar reactions, reporting back about “so-called gas chambers,” or stains that “appeared to be caused by blood.” Robert Abzug, whose account I am drawing upon here, writes that the American officers “believed enough to send their report to war crimes investigators, but retained a measure of disbelief. In this sense they were typical of many American officers in France who . . . infuriated the local populations by doubting and sometimes even scoffing at stories of German inhumanity.” He goes on to add that there “can be no simple explanation of the inability of Americans to imagine the full extent of Nazi atrocities” (5–11).

No available “simple explanation” calls for a more complex explanation, some aspects of which we saw at the beginning of this chapter with Lacan’s concept of the inaccessibility of the Real. But for now, there are two recurring themes in the various accounts and reports of the American discovery of the camps, from the deserted camp at Natzwiller at the end of 1944, through Ohrdruf in April 1945, Nordhausen-Dora also in April, along with Buchenwald, Dachau and its 240 auxiliary camps, Woebellin-Ludwiglust in early May, and the ongoing discovery of additional camps large and small, such as Penig and Flossenberg, stretching south into Austria with the liberation of “the mother camp” of Mauthausen on 5 May, and its vast system of main sub-camps at Gusen, Ebensee, and Gunskirchen, and beyond these, of sub-sub camps. The first theme is the role of accident in discovering many of the camps. The second theme is that of continued disbelief, even if, after Natzwiller, the subsequent sites were full of the dead and the dying, of railroad freight wagons stuffed with emaciated bodies and, along the roads of Germany, wandering bands of DPs, deportees on the run, piles of dead prisoners lying in the open where they had been dispatched, charred remains of prisoner bodies in barns burned alive by the retreating SS, and on and on, in the trail of death that greeted Allied troops the further east they advanced, and that did not cease with the official end of the war in the West on 8 May.

“Liberation,” as is by now well known, so long hoped for, was short-lived at best; if the liberated showed any reaction at all. As one American soldier recalled, so many were too weak or close to death to react: “They’d be sitting, just squatting down. We walked up and they’d say ‘Amerikan-
We’d say ‘Yeah.’ And some of them would get up. Stand up. And some would fall back down. . . . They were skin and bones” (quoted Abzug 1985, 95). Abzug cites a hair-raising and at the time secret report to SHAEF HQ that describes a surreal scene during the liberation of Buchenwald:

On the sight of an American uniform a horde of gnomes and trolls seems to appear like magic, pouring out of doorways. . . . Some hop on crutches. Some hobble on stumps of feet. Some run with angular movements. Some glide like Oriental genies. Almost all wear striped convict-suits . . . or grey-black remnants of Eastern clothing. The universal covering is a little black skull-cap. They doff these ceremoniously to the visitors. Some are crying, others shouting with joy (quoted in Abzug 1985, 56, from NARA, RG331, SHAEF/G-5/2711/7.21).

Oddly or not, this description of Eastern (“Oriental”) Jewish survivors reminds me of Hitler’s own description in Mein Kampf of his astonished, supposedly first sighting of Eastern Jews, in their long black caftans and curled payes, and his alarm not only that these were Jews but, even worse to contemplate, Germans.

Another liberator recalled: “standing there looking through that fence at these people, you couldn’t believe what you saw. It gave you a lost, sick feeling . . . [that’s] haunted me . . . for 36 years. I mean, who are they? What’s their name? What nationality are they? What is their religious faith? Why were they there?” (quoted in Abzug 1985, 92).

So, joy often, to be sure — there are plenty of celebratory photographs to support this — or not, but also drunkenness as liberated prisoners found or looted caches of alcohol; acts of revenge as ex-prisoners literally tore their former kapos and guards limb from limb, as Allied soldiers just watched; not to mention the atrocities committed by Allied soldiers themselves, their officers often turning a blind eye. If the celebrations and acts of vengeance lasted several days, the fact is, as Abzug writes, that “Each camp was a small anarchy, with little food, bad water and death and disease rampant” (142). Within two days of the liberation of Mauthausen, U.S. army doctors arrived to begin the complex process of medical liberation, which we turn to next.

But first, to return to the “gnomes and trolls” mentioned above. As one liberator said of Buchenwald, although it was true of all the camps, “You just can’t understand it, even when you’ve seen it” (Abzug 1985, 127). Without getting involved in the problem, one which continues to this day, of how and by what means, the ex-prisoners, the Allies, or the press (newspapers,
magazines, and newsreels) attempted to convey to the wider public what they themselves could scarcely grasp first-hand—the smells, the sights, the very existence of the camps—there is a related problem and it has to do with the fact that the Nazis, in addition to their work of mass extermination, had managed to strip the surviving prisoners of their “humanity” or of the appearance of humanity. As Abzug writes,

Here were human beings—dead, close to death, wandering in a haze, starved and beaten into a chilling sameness—naked and semi-naked and in any case stripped of all the things we rely upon to identify someone as human. Here the Americans responded in much the same way their fellow soldiers had in other camps. There seemed to be no limit to how bad conditions could get. . . . “When you see them,” one GI remembered, “there is nothing to distinguish them, you know. Shaved heads and sunken cheeks . . . There is no way, it is hard to even see them as human. Under the circumstances you try to avoid seeing them too much. It is too hard to do.” (117–18)

As more and more visitors from outside came to visit Buchenwald and Dachau, they had the same reactions as the soldiers. Representative John Vorys, in a speech to a Congressional Committee, spoke of the “ape-like living skeletons we saw” at Buchenwald, adding that the inmates “looked more like absent-minded apes in their striped prison suits and sunken eyes, although many were professors, doctors, writers, and generals” (Abzug 1985, 132). An American Jewish GI who had helped liberate Woebbelin recalled: “These Jewish people and these Polish people were like animals, they were so degraded, there was no goodness, no kindness, nothing of that nature. . . . If they got a piece of something to eat, they grabbed it and ran away in a corner and fought off anyone who came near . . .” (quoted in Abzug 1985, 63).

Explaining how “these people” had become that way was what would unexpectedly befall the medical personnel whose work began within days of the liberation of the camps and, as this book relates, has continued ever since.

Medical Liberation

The term “medical liberation” is used by British historian Joanne Reilly in her fine 1998 history of the liberation of Belsen. If “liberation” meant the
military dimension of liberating a concentration camp from Nazi control, “medical liberation” was the second phase that began soon after of treating or attempting to treat the woeful medical condition of the surviving prisoners. Bergen-Belsen was liberated on 15 April 1945 by advance elements of the 249th Oxfordshire Yeomanry Battery along with members of the 63rd Anti-Tank Regiment. The camp itself had been surrendered to the British three days earlier as part of a local cease-fire. This time it was a German colonel who informed British troops of the existence of the camp. Subsequent negotiations established an 8-by-6-kilometer neutral zone around the camp and the posting of “Danger—Typhus” notices. SS personnel at the camp were ordered to stay at their posts and hand over inmate documents, most of which had already been destroyed on orders from Berlin. Unlike other camps, Bergen-Belsen’s prisoners were not evacuated, nor was the camp itself destroyed as per orders, but was handed over intact to the British (Reilly 1998, 19–23). However, as there are important variants in medical liberation efforts, stemming in part from the differing Occupation policies of the Allies, we will come back to British efforts shortly.

French repatriation plans
French planning efforts for the repatriation of liberated POWs and deportees continued through 1944 and the brutal winter of early 1945. A February 1944 study concerning French prisoners liberated by Soviet authorities establishes the general organizational schema to be set up. From an Oflag (camp for officer POWs), or Stalag (ordinary POWs), or a labor “kommando” in either an industrial facility or a concentration camp, the liberated were to be evacuated to a transit camp and, from these, to designated centers for assembly and triage. The latter would consist of evacuation hospitals, as well as regional repatriation centers to organize the means of transport back to France, by boat, train, or airplane. At the transit camps, the repatriated would be treated by “a psycho-social team.” Estimating that each transit camp would process between six and ten thousand repatriables per day, a ten-minute medico-psychological evaluation should suffice—“more than enough time to detect a minor anomaly; not enough time to reveal a more delicate situation,” as one note dated 28 July observed (in AF F9 File 3125). Ideally, the “psycho-social” personnel should be women “of a certain age,” if possible with some psychological or social work experience, but “preferably mothers, sisters or wives of prisoners and deportees” (emphasis in
original). So much for the overall planning. Actual evacuation of concentration camps got underway in early April 1945, depending on the camp.

Archives de France File 5592 contains assorted reports of daily life in various camps before Liberation, accounts of body disposal, prisoner nationality lists, and various testimonial accounts. As an example of the latter, a statement by M. Robert Join, of 225 rue Saint-Jacques, Paris V, dated 30 October 1945, reported “the existence of a mass grave, about 35 or 40 kilometres southwest of Chemnitz that contains the cadavers of deportees, enough to fill a 10-ton [train] wagon.” An undated one-page report from “Weimar Buchenwald” explained that there was a garbage dump (“un purrissoire”) in the middle of the camp where bodies were tossed daily. It went on to note a larger mass grave into which cadavers were thrown along with lye “as the crematoria were no longer working.” Another report consisted of thirty-five single-spaced pages detailing the discovery of bodies here, there, and everywhere. It noted that at Camp No. 1 at Bergen-Belsen, the number of bodies buried by the British since they took over in mid-April had reached over 17,000. It also noted (seemingly contrary to Reilly’s later account) that the camp was evacuated by the Germans on 7 April 1945 and traced the meandering itinerary of the evacuated prisoners. Other notes attempted to decrypt the system of tattooing deportees: at Neuengamme, for example, that 82,000 men were numbered 1 to 86,000. These were observations drawn from uncovered camp records, or according to the recollections of one Schemmel, the camp “screiber” (sic). The population of the camp after liberation consisted of about 14,000 survivors — 3,000 Czechs and Germans — “no Russians nor French” — plus 3,650 Poles evacuated from Buchenwald, 4,000 German “bohemians,” that is, Gypsies, and 4,300 Jewish Poles and Czechs evacuated from Auschwitz.

All these reports, accurate or not, serve to highlight the enormity of the anarchy that faced Allied forces, not just within the camps, but in their jurisdictions as a whole—disposing of bodies, following up on reports of mass graves here and there, identifying the nationality of those deportees still alive, understanding the camp records-system where documents were available, or from the memories of surviving prisoners—as well as all the tasks of an Occupation force: some form of administration, public health problems, and so on.

French records, after the Liberation of Paris (18 August 1945), revealed the discovery of French police arrest records of Jews and Resistant, as well
as witness accounts trickling in from various parts of France (Lyon, Cannes) recounting arrests. A statistical list (in AF F9 file 5592) gave the numbers of French deportees from Drancy, the main transit camp in the Paris suburb from which Jews were deported from 1941 to 14 August 1944. The list was drawn up by M. Georges Etlin, a Drancy internee, at the request of the Germans, and listed 14,669 “French nationals”; 7,724 “naturalized French”; 14,459 Poles; 19, 575 “other nationalities”; as well as small numbers of Russians and the “stateless,” for a total of 66,576 deported. The total of deported Jews for all of France was between 75,000 and 80,000 — of whom 2,500 survived; the deported represented one in four of the pre-war Jewish population (see Wieviorka 1992, 337; Hilberg 1988, 903). 

That said, French repatriation planning efforts worked out relatively well. Between January and March 1945, Frenay’s ministry, with the Red Cross as intermediary, had negotiated with German military authorities the passage of 425 SNCF (Société nationale des chemins de fer, the French National Railway System) railroad cars through Reich territory to bring supplies to the camps (Frenay’s memoirs do not specify which ones, see Frenay 1973, 498), despite serious bombing damage to the Reich rail system that made many lines virtually impassable. One hundred new Renault trucks had been requisitioned, plus another four hundred received from the Allies. Organized in columns of between four and fifteen vehicles, loaded with food, medical supplies, and medical personnel, the convoys, painted white as protection from Allied bombs but also because they were acting under Red Cross authorization, entered German territory at about the same time as the Allied advance troops. Negotiations with Himmler, begun at the end of January, secured the release of many French women deportees against that of a few hundred female Wehrmacht auxiliaries. The diplomatic efforts of Count Bernadotte, head of the Swedish Red Cross, had secured the repatriation of the women deportees of Ravensbrück, repatriated to Denmark and Sweden.

The French military corps of repatriation now numbered ten thousand. Missions had been set up, or planned, to travel to all the countries where French prisoners might be found: the USSR, Sweden, Denmark, Hungary, Italy, Austria, and of course Germany. At a date that Frenay does not recall (probably early April), the first truck convoy of the repatriated arrived at the triage center at Longuyon on the Franco-German border. Finally, on 11 April, SHAED changed its mind concerning its previous refusal to supply aircraft for the French repatriation effort, claiming military priorities, and
announced that the planes would be landing at the Paris airports within forty-eight hours, causing further logistical headaches, as those airports were also feeding the Allied military and materials effort for the war. The ministry was now expecting 15,000 daily arrivals of repatriated by train alone. Paris was already overcrowded, and Frenay had been ordered to keep the returnees away from the capital. Still, with the Ministry working night and day, by the end of April, 330,000 prisoners had been brought home. By the first of June, that number reached one million, to enormous fanfare, and although the repatriation effort continued, after that magic number, the public already had lost interest in this triumph of logistics.

As had Frenay, seemingly; his chapter on “The Return of the Prisoners and Deportees,” is much more preoccupied with defending himself from the relentless Communist press attacks that repatriation has been “a total failure.” These attacks in the press, from fellow members of the provisional government, and as a result of the struggles for power between competing Resistance formations, eventually cost Frenay his job. He was replaced as minister by the Communist Laurent Casanova in early 1946 and the ministry itself was renamed the Ministère des Anciens Combattants et Victimes de Guerre (see AF, F9, file 3224).

Annette Wieviorka establishes four principal modalities of the French repatriation process: (1) large-scale collective repatriation of deportees from the major camps that was rapid, efficient, or with only minor problems, such as at Buchenwald; (2) large-scale repatriations that dragged on under “deplorable” conditions of drawn-out detention and overcrowding (Dachau, Mauthausen, and especially Bergen-Belsen); (3) the return of French “Prominenten,” to use the camp term for VIPS, either through official efforts or those of that person’s Resistance organization (one of these who we will re-encounter in the next chapter was Dr. Charles Richet); and (4) those deportees with sufficient remaining strength to get themselves home by means of their own personal efforts, on foot, hitching rides with passing troops, or by other means (Wieviorka 1992, 81–82).

As Wieviorka singles out Dachau and Mauthausen, liberated by American troops, and Bergen-Belsen by the British, we turn to these camps respectively.

KONZENTRATIONSLÄGER (KL) DACHAU
Dachau was liberated on 28 April 1945 by the US 45th Division’s 157th Infantry Regiment and the 42nd’s 222th, after an unexpected battle with re-
maining hardened ss units. The eventual entry of the troops into the camp was followed by now-familiar scenes: ashen-faced troops, some throwing up, veteran soldiers weeping openly; corpses everywhere; others neatly stacked like cordwood outside the crematorium. The camp contained between 25,000 and 30,000 prisoners, perhaps more—a later American report says 32,000—of which about 3,500 were French (if they were Jews, they are not identified as such). Typhus was rampant and the mortality rate in the first week of liberation was 804 deaths. Still, the daily release of prisoners was between 100 and 150. Many prisoners refused, or had to be forced, to submit to DDT delousing, of which there were insufficient quantities anyway. Other prisoners evaded vaccination. In the intense heat of the first weeks of May, they were still drinking water from the Isar River, contaminated by dead bodies and insufficient filtering, as a result of which the number of typhus cases kept rising.

Within eight days of Liberation, at times even earlier, French authorities had begun to bombard American authorities with reports about the slowness of medical treatment and the lack of attention given to French prisoners in particular. One report, dated 8 May and copied to Allied Supreme Command by Col. Longuet of Frenay’s ministry, complained of “little improvement” two days after liberation(!), while noting the presence of heaps of bodies, of the dead and dying, as well as unburied corpses in “an advanced state of putrefaction” that were beginning to liquify. The French prisoners complained “that they are abandoned to themselves,” especially the Resisters among them. They also “would rather be under the medical care of French physicians” (NARA RG331/47/47/2501 SHAEF G-5, “Report on the condition of Frenchmen formerly interned in the Dachau camp”). From within the camp, French Resistance groups were also submitting protests; among the signatories of one such letter was survivor Joseph Rovan, later to play a key diplomatic role in normalizing Franco-German relations.

Another report, dated 9 May and forwarded on 12 May to American authorities by the Frenay Ministry, provided many of the details on current camp conditions referred to above. It mentioned a plan to establish a 10,000-bed hospital in the former ss barracks, on which progress had been delayed, as well as an effort by a Major Blount to establish a French hospital. However, the report could not document any concrete results. It added that the presence of a French medical team would be “most useful,” not only for French prisoners but to help regulate the diet of those large numbers of cases of diarrhea. It also noted that American food “is the only
[food] they are able to assimilate without danger.” Attached to this report was an organizational chart that showed that, at least on paper, French medical liaison units were by now highly organized.

Why French medical teams were not used is not clear. In a letter from Paris to Duff Cooper at the British Foreign Office dated 22 May, the writer reported that according to Monsieur Frenay, as of two days before, “more than 700,000 Frenchman had been repatriated at a rate of 30,000 daily” and estimated that repatriation should be completed by the end of July 1945. The report noted several continuing difficulties, first in repatriating French prisoners from the Russian zone; second, “the bitter criticism” of Frenay, particularly from the Left; and third, that “SHA E F has not given full public-

ity to our achievements to date” (NARA, RG 331, box 48, files 2701/3).

The main issue at Dachau seems to have concerned the continued high levels of typhus cases. In mid-May, Col. Worms, the personal doctor of French general De Lattre, attempted to negotiate better quarantine conditions for the French typhus cases. The same day, Gen. Leclerc obtained the agreement of the U.S. Seventh Army Group for the transfer of non-typhoid cases to the French section of the Vatican Mission. Typhoid cases, however, remained under American care (Wieviorka 1992, 98).

By early June, a French Mission on the conditions of care of the remaining French in the British and U.S. zones of occupation, made up of members of the Consultative Assembly in Paris and, in American files, an additional report by a British colonel and an Australian captain, “expressed the highest satisfaction with the work of the Allied [i.e., U.S. and British] military” at Mauthausen and Ebensee in the U.S. zone and Buchenwald in the British zone. There was no mention here of Dachau, although it reported that most of the French sick had left Belsen, with about one hundred cases still scattered in various hospitals. However, “the French DPs all complained that the bread was too black and that the diet was insufficient,” although regular army rations for all those who were well were being provided. While observers worried that the French mission “might attempt to make political capital” of what they had seen “at the expense of SHA E F,” and so offered them the opportunity of a second visit to examine the food and diet sheets, this did not turn out to be necessary. The mission ended “in a series of speeches . . . all in glowing appreciation of what had been done by the US military authorities” (NARA, RG 331, Box 50, Files 2711/7 “Countries—Germany—Concentration Camps”).
Mauthausen was “uncovered” by the 11th Armored Division on the afternoon of 5 May, and actually occupied on the evening of 6 May after combat with unspecified enemy troops, as the uncovery report noted that “the SS Guards had all disappeared” a few days prior. The camp had since then been operated “on a humane basis” by men of the Vienna Fire Department who had driven their trucks from Vienna and taken over, apparently to “high praise” from the camp “residents.”

At one point, the camp had contained from 35,000 to 40,000 prisoners. The 11th Armored “found 18,000 residents, of whom 3,000 were women.” Conditions at “the time of uncovering” were “indescribable”: water had been turned off for weeks; the “residents” slept sixteen per triple-decker beds, five or six to a bed; thousands slept on the floor and on the ground. “The dead — 700 unburied bodies in all were found in the premises . . . piled up in corners of the barracks by those of the residents strong enough to lift them” (“Memorandum No. 1: Concentration Camp at Mauthausen, Austria,” 7 June 1945, SHAEF/G-5/DP/file 2711/7, p. 2, along with similar reports for Ebensee and for Gusen, respectively one day and five days later. All subsequent quotations in this section are from this memorandum). The American commander, Lt. Col. Seibel, stated that approximately 40,000 people “had been destroyed” since 1 January 1945. The report listed the principal means of “punishment” used in the camp: sex alteration of men and women; benzine injections into the heart; throwing “residents” over the cliff of the quarry: “those who survived were thrown over again until they died” (2); killing by dogs; gas chamber; shooting by guards; hanging and flogging; and “surgery practice before and after death.”

The Mauthausen camp commander, Col. Franz Zieries, was captured and severely wounded while resisting arrest, but lived long enough to be interrogated for forty hours. His “11-year-old boy . . . had been allowed to amuse himself by shooting residents . . . with a rifle from the porch of the main administrative building” and “boasted of these activities to his interrogators” (2).

Mauthausen was the principal control center for twenty-one additional
concentration camps in Austria, all of whose records were captured intact and impounded by the War Crimes Commission, although “all deaths were accounted for by entries showing pneumonia and other diseases. No mention was made of any deaths through brutal treatment” (3; emphasis added).

How then to explain that, when the camp was uncovered, some of the able residents who had armed themselves with weapons looted from the SS Arsenal, had to be disarmed “through rather strenuous disciplinary methods” (3)? Furthermore, the residents “indulge[d] in uncontrolled looting [and] thievery [and] would not heed any directions regarding sanitation.” “The surviving residents had become masters in deception, thievery, cheating and all manner of kindred activities” usually to obtain additional food. But “as the residents have [since] demonstrated increased capacity for social responsibility,” the strenuous discipline had been “progressively relaxed.”

Soon after medical liberation, 5,200 residents remained at Mauthausen; of those, 1,621 were receiving medical treatment. Of the 18,000 residents at uncover, 11,000 “Russians, French, Belgians, Luxembourgers, and Dutch have been repatriated, with the exception of a few isolated cases too sick to be removed” (emphasis added).

U.S. Army doctors arrived at the camp within two days of its uncover, and immediately opened the SS infirmary. The 130th U.S. Army Field Hospital was now in full control of all medical and sanitary matters, with thirty medical officers, forty officer nurses, ten Emergency Measures staffers, backed for menial work by six hundred “volunteer” Wehrmacht POWs (all from homes now in the Russian zone and apparently not keen to be returned there, thus their volunteer work).

The diseases found [at uncover] follow the usual pattern in concentration camps — malnutrition induced by a diet of approximately 500 calories a day or less over an extended period resulted in emaciating the residents and making them highly susceptible to typhus, tuberculosis, diseases of the bone, and the like. A number of operations are performed to treat old sores and wounds that were never properly disinfected . . . and resulted in advanced conditions of infection. Residents are still dying at the rate of 5 to 15 persons per day; this is in favourable contrast to several hundred per day when the camp was first uncovered (4, emphases added).

While the bulk of “the seriously sick” had been moved to the Evacuation Hospital at the Gusen concentration camp, malnutrition and other related diseases were being treated by blood plasma and glucose injections. “In
general, the health of the residents . . . appears to be good, and each one has gained a number of pounds . . . The former listlessness is diminishing and more ‘aliveness’ is apparent.”

The medical personnel at this Camp takes a serious view of the mental condition of the residents, many of whom, after a long period of cheating and resort to all manner of deception, and exposure to brutality and constant threats of imminent death, are mentally unbalanced. They undoubtedly will remain a serious problem for their own governments after repatriation (4, all emphases added).

The principal problems at Mauthausen now remained the repatriation of the remaining residents and how to provide long-term care for those hospitalized. The report noted on its final page that the Soviet lines were only three kilometers from the camp, and recounted the tragic attempt to repatriate on foot 2,000 able-bodied Russians within the first week of Liberation. “The soon-to-be repatriated broke ranks, roamed the countryside, looted, pillaged, raped, and destroyed property like a horde of locusts” before being recaptured and handed over to Soviet authorities.17

The report’s final paragraph and conclusion was that “the United States Army can be proud of the excellent work done by its officers and men in coping in a humane manner with an exceedingly difficult assignment.” The report’s first paragraph had opened with the remark that the Artillery officer, Lt. Col. R. R. Seibel, who had been given command of Mauthausen, had “no previous experience in operating an installation similar to this.” The report was signed M. J. Proudfoot, Lt. Col., Chief, Operational Analysis Section.

If, as French sources claimed, Mauthausen was the site of difficulties over the repatriation of French deportees, none of this was apparent from Proudfoot’s report. However, another item in the same NARA file group (2711, item 7.2) contains the report of a French mission to Mauthausen from 12 to 25 May, at the request of the Frenay Ministry and SHAEF to the attention of the US 12th Army Group HQ. It complained of American refusals to hand over lists of war crimes, refusals to allow French officers to be present at the interrogation of captured SS men, bureaucratic confusion between national committees of prisoners “only concerned with their own nationals,” and the refusal of various American services such as the Judge Advocate’s Branch or the War Crimes Review Board to allow on-the-spot inspection of documents, not to mention the supposed outright disappear-
ance of some documents (see 12 Army Group, Mauthausen Camps, 30 May 1945). Nor, as Wieviorka had observed more generally, was there in the G-5 report the slightest mention, or awareness, of any “Jewish” dimension to Mauthausen, although as of mid-1944 it was a major fallback camp for “very large numbers” of Hungarian Jews; according to Bridgman, the death rate from 1 January to May 8 was around 31,000 inmates, 3,000 alone in the two days following “uncovery,” but the latter fact was not mentioned by Proudfoot. However, to the extent that French sources claim that Bergen-Belsen was the most “tragic” and “bitter” for French prisoners (the words are Wieviorka’s, [1992, 92]), we return to accounts of its liberation.

**KL BERGEN-BELSEN**

In Wieviorka’s account, no help came to the just-liberated camp: no UNRRA teams; French aid available nearby—two medical trains—could not get through, by order of SHAEF. There was no medical personnel on-hand; the one British doctor on site was there only to evacuate the most sick of the prisoners to a nearby hospital. The effort of organizing food relief from nearby villages, extra clothing, and so on, fell to the deportees themselves, assisted by POWS from Stalag XIB close by, not the Liberators, she writes (1992: 91). Two French prisoner doctors, Fréjafon and Salomon, organized what little medical aid they could from an improvised infirmary. Just a week or so earlier, the camp, or more exactly the three to five compounds that made up Belsen, contained 40,000 prisoners, and of these only 1,241 were French, male and female; whether or not they were Jewish was not mentioned. In Camp III, between 8,000 and 10,000 were women packed into some twenty barracks. With such overcrowding, typhus continued to spread rapidly; the British imposed an even more rigorous quarantine. Of the 1,240 French prisoners, close to 500 simply disappeared: About 30 managed to escape, the remainder died anonymously, their bodies dumped into a mass grave. By 15 May, the typhus epidemic reached its apogee. To ensure that Belsen remained hermetically sealed, the British made use as guards of Hungarian troops formerly part of the German military.

English-language accounts, however, tell a somewhat different story: for example, that there were 40,000 prisoners in the main camp plus another 15,000 in a temporary camp set up at the Panzer training school. And in the main camp itself, 25,000 were women (18,000 Jews mainly from Auschwitz-Birkenau and often the sole survivors of their families; the others being either conscript workers or politicals). All the prisoners, whether Jews, re-
fractories, or polticals, were in a state of total demoralization. According to Bridgman, the British “moved with dispatch” to restore some order to nightmare conditions: “Food was brought up; a hospital was established at the Panzer . . . School; the water supply was improved; and the dead (13,000 unburied corpses . . . on 15 April) were buried as rapidly as possible” (1990, 54). The typhus crisis had passed by the beginning of May, although mortality rates in the camp from all causes reached a maximum of 1,700 per day on 23 April, falling slowly thereafter to 209 by 5 May, with evacuation beginning as of 2 May (see his statistical table, Bridgman 1990, 55).

Quite contrary to Wieviorka’s account, in her 1998 history of the liberation of Belsen, Joanne Reilly makes the important point that instead of being the worst of the camps, which it certainly was in many respects at Liberation, it eventually provided a “different [kind of] experience” for British personnel, after the original camp liberators were replaced by other units around end of May to early June. The new personnel “had far more personal contact with the internees . . . and were able to offer individuals tangible help” (Reilly 1998, 21). Among these was Brig. Glyn Hughes, Deputy Director of Medical Services for the British 2nd Army. Testifying on the general state of the prisoners upon his arrival at the camp at the Belsen Trial of September 1945, Hughes recalled, “Extreme emaciation and complete malnutrition of all those who had been there for any length of time.” He estimated that the prisoners had been receiving only 400 calories a day in the form of bread and thin stew, dropping to one bowl of stew with no caloric value in the final four days before Liberation; those too weak to fend for themselves ate nothing at all (Reilly 1998, 24).

However, Reilly does address the fact that “British authorities . . . were slow to react to the desperate situation [at Belsen] and made some unfortunate decisions” (34), in part because the British had no idea of what awaited them at Belsen. The military had “no policy” for dealing with the liberation of a concentration camp, as a result of which officers on the ground just improvised, not to mention problems with chain of command and squabbling between fighting units. Indeed, Belsen was the first concentration camp to be liberated by the British Army of the Rhine, although the troops previously had liberated numerous POW camps in France, the Netherlands, and Germany. This was why veteran soldiers had similar reactions to the camp as we have seen with American troops: uncontrolled weeping, vomiting, rage, and cursing. As well, medical services in Germany in April 1945 were in a state of complete confusion. As Reilly notes, not only was fighting still
continuing, but the roads were flooded with DPs and German soldiers who either had surrendered or had been wounded. She estimates that, for Belsen alone, five thousand nurses plus staff would have been needed to properly administer the camp’s medical liberation, and this still would have been a ratio of one nurse to every ten patients, which she considers inadequate, even if it had been possible (35). So while she is willing to concede that the situation was both unprecedented at the overall planning level—basically unplanned for—and, in British understatement, rather a mess, individual contributions of medical personnel made all the difference. These included people such as Hughes, former prisoner doctor and Auschwitz survivor Haddassah (Ada Bimko) Rosensaft, Rabbi Leslie Hardman, Dr. Meikeljohn of UNRRA, and ninety-seven British medical students from the London teaching hospitals, all of whom worked tirelessly day after day, often on their own initiative, helping to save “thousands of Belsen survivors” (36).

The difference between accounts like Wieviorka’s and those of the English—leaving aside for reasons of space both survivor accounts and those written by Americans—reflects something of the old enmity between French and British mentalities. French “logic,” as it were, is highly centralized, top down, and involves relatively thorough planning, whereas English “logic” is empirical, individual, and improvised, although of course there is more involved than just logic—old hatreds for instance. In fact, Allied policies with respect to DPs (to use that acronym to include all the categories of now-liberated camp prisoners), were different.

**Allied DP Policies**

One of the running reproaches consistently made by the French of their “Anglo-Saxon” allies was over distinctions, or the lack of them, regarding the different categories of former non-military prisoners. The Americans, for instance, according to the French, gave top priority to their own men and material. A French account of the slow progress of one of the first French trains to leave for Germany to bring back repatriables remarked that the “voyage was long and painful . . . [although only an actual distance of 100 km]. The train [constantly] stopped for long periods in [various] stations, [not only] because of the terrible state of the lines [but also because] of the immense traffic caused by American trains. There was no electricity in our wagon [and] all the windows were broken” (AF, F9 file 3821, “Mission française en Allemagne,” April 1945–March 1948, Correspondance, 26
June 1945). The train also had been used recently to return Russian DPs and was “in very bad shape,” consisting of cattle cars and three third-class passenger cars that were old and filthy.

The Allies also tended to give priority to the return of their own POWs, perhaps understandably so, although this was not acknowledged by the French. We saw earlier the low opinion of some British reports concerning the morale of French POWs, although the repatriation of POWs back to France generally went more smoothly than that of the French politicals held in concentration camps. In part this was because the British and the Americans had an easier time with the idea of POWs than with the more obscure notion of political Resistant, never mind that of “racial deportees.”

According to American historian Leonard Dinnerstein, the United States, for its part, had both “a policy and no policy at all” toward DPs, of which there were some one million by spring to summer 1945 (quoted in M. Rosensaft 2001, 104). Dinnerstein also noted that statistics here are “just impossible,” changing almost daily. Of these, some 100,000 to 200,000 were Jews (although there is disagreement over which end of this range to emphasize). In this period, of the overall number of DPs, about 65,000 were being repatriated daily.

One of the great ironies is that the American Zone of Occupation ended up with the largest number of Jewish DPs, and this is ironic in two senses: one is that the American Congress between 1944 and 1946 was still “rampant” with antisemitism, according to Dinnerstein (M. Rosensaft 2001, 104); the other is that the Jewish DPs who attempted to return home to Hungary, Poland, or elsewhere were met there with such hostility—notably the Kielce pogrom in Poland of July 1946—that they returned to the American Zone in increasing floods in the summer of 1946. The unexpected return of hundreds of thousands of so-called Ostjuden or, in bureaucratic parlance “non-repatriables,” threw whatever plans SHAEF and UNRRA had into chaos. Yet a further irony is that, of the returnee and underground German Jewish community of between 20,000 and 40,000, a minority wanted to remain in Germany, and preferred to deal with German authorities directly rather than with the Allied Occupation forces (see Geller 2005, 31).

The returnees from Eastern Europe, along with the remaining DPs, were scattered in many different kinds of camps. “Some were former concentration camps, some were prisoner-of-war barracks, some were beautiful hotels in the Austrian Alps . . . But what seemed to be generally true was
that in southern Germany, where Patton was in command, the displaced persons were treated much more harshly than in northern Germany" (M. Rosensaft 2001, 106).

Word got back to Washington that those who survived the war were being kept in camps behind barbed wire, received less food than German POWs, and were being treated far worse. A commission of inquiry headed by Earl Harrison, former commissioner of immigration and University of Pennsylvania law professor, reported back to Truman in July 1945 that conditions in the DP camps were absolutely dreadful and “we appear to be treating the Jews as the Nazis treated them, except that we do not exterminate them” (quoted in M. Rosensaft 2001, 105). Harrison’s report, which called for the appointment of a Jewish adviser to liaise with the American military with regard to dealing with Jewish DPs, also recommended that 100,000 Jews be allowed to go to Palestine, and that the United States do something proactive about its restrictive immigration laws.

The Americans and British in general tended to see the surviving Jews as just another religious group, part of a larger national group, although American views changed after the Harrison Report. For the British, as Joanne Reilly points out, the “idea of special treatment [for Jews] was a notion unacceptable to British liberal monoculturalism” and, moreover, “segregating the Jews would seem in accordance with theories propounded by the Nazis” (quoted in Rosenhaft 2001: 108–109). For the British military, DPs were first of all DPs, and it was problem enough to get camps and assembly centers for them running smoothly.

This, as Reilly notes, “sanctioned further Jewish suffering” as the British remained “implacable and . . . unimpressed” with American calls for immigration certificates to Palestine (109). The core of Jewish activity in the British Zone was at Belsen, now an autonomous, self governing community with over 10,000 people as of the latter part of 1945, and the hub of thriving Zionist activism in Belsen and in surrounding DP camps, to get the British to open Palestine to Jewish emigration. The political activities in the former camp by the Jewish Central Committee headed by Josef Rosensaft were seen by British authorities as “a horrifying state of affairs” (quoted in Reilly 1998, 111), whereas Rosensaft himself called Belsen “the last shtetl of Europe.”20 British policy, as Reilly terms it, became increasingly “paranoid,” seeing Communists and Zionists everywhere, but eventually learning to distinguish non-Zionists groups, who were viewed with less suspicion.
In addition to the strains resulting from increasingly divergent American policies, the British also refused entry to their Zone of Occupation of the growing numbers of returnee refugees from Eastern Europe, announcing that of 1 July 1946, no new DPs would be taken in. British policy, Reilly concludes, was “often shortsighted and insensitive . . . the British authorities refused to see the particularity of the Jewish Tragedy in the Second World War” (113). It seems unnecessary to add that this would continue with the “illegal” emigration to Palestine, leading to the establishment of the State of Israel in 1948. Nor perhaps to point out that DPs remained in camps in Germany until that time, and often later; some until the early 1950s, when the remaining DP camps finally were dismantled.

The French Occupation Zone was the smallest of the four, the closest to France, and was run by the French commander at Baden-Baden like his own personal fiefdom. There appears to be next to no information on Jews in the French zone, and rather more on the economic “démontage” (dismantling) of German industrial facilities, as well as occasional reports of rape committed by North African troops (see the documents edited by Von Oppen [1955]). In any event, we return to the continuing French story with the next chapter. But, to indicate something of the tenor of this, Olga Wormser, in 1945, was a 33-year-old archivist with the Frenay ministry at the time in charge of research and location of French deportees. In her 1965 book on the Allied liberation of the camps, she uses the word “Revenants”—ghosts, but also a pun on returnees (Wormser-Migot 1985, 216)—to describe those returning from Buchenwald, Dora, and other places in the still unclear geography of the concentrationary universe. The latter revenants, she writes, “seemed to us more waxy, paler, and more sarcastic than those from Buchenwald” (217). And not without reason, as we shall see shortly.

The Nazi A-Bomb:
The Continuing Problem of Jewish Survivors

Despite the Nazis’ best efforts, the “Jewish Problem” of Europe was not “solved” by the Final Solution. Instead, the “uncovery” of the concentration camps—and uncovery is really the right word—released into the world the Nazi regime’s darkest and almost to the bitter end best-kept secret: the mass murder of some 11 million human beings. Not for military reasons. Not for economic reasons. Indeed, not for any “reason” outside their own fevered concoctions of what Goebbels once called “applied biology” that
gave them the motivation, the means, and the opportunity to do so, and so they did so through trial and error, as well as under the cover of the war.

In some sense, perhaps the closest parallel to understanding what was “uncovered” is the use of the atomic bomb, developed largely by German and Hungarian Jewish refugee scientists in the United States to be dropped on Germany. But as that war was over, the bomb was dropped on Japan instead. Leaving aside the long-argued question whether some valid military reasons to do so might have existed, what I mean here is in the sense of the unprecedented flash of an enormous release of murderous energy, not watchable to the naked eye without going blind, shooting upward to smack against the atmosphere, and spreading outward, churning up in its wake huge clouds of rock, earth, debris, bones, and ash, whose poisonous residues would drift about for years thereafter. The Holocaust was the Nazi version of the A-bomb, and arguably far more destructive at that, in the targeted precision of its killing capacity, in geographic extent, and in its long-term consequences.\(^{21}\)

No wonder the Allied troops could not bear the scenes of “uncovery,” and the Red Army soldiers kept their eyes downcast. As one GI quoted above said, “Even if you saw it with your very own eyes, you couldn’t understand it.” And not just GIs; an American Intelligence Colonel could grasp perfectly well that the rehabilitation of democracy in postwar Eastern Europe and in Germany “will have been handicapped [possibly for decades] by . . . having been progressively and systematically deprived of hundreds of thousands of the best liberal or democratic leadership personnel,” only then to add that he just could not “get” “this German thing with the Jews” (NARA, “Report of Reconnaissance in Germany,” 14–20 April 1945, US Group CC, Appendix A, Annex 6, 21 April 1945).

The Liberators did not “get” it either. If we return to the Lacanian concept of the Real used above, one might say that it is because the Real is impossible to “get” — except perhaps in a sudden sharp blast of utter incomprehension, like an atomic explosion.\(^{22}\) If those who were at the scene could not put what they saw into words, then perhaps photos and newsreels, worth a thousand words as the cliché has it, could show what could not be said. As Barbie Zelizer argues in her introduction to Visual Culture and the Holocaust (2001), it is certainly true that those photos and newsreel images have since become what we imagine the Holocaust “looked like,” but there are many kinds of images and each is always framed by somebody.\(^{23}\) So: unspeakable, unshowable (except partially), and before long the widespread idea
that the Holocaust is ineffable. Note here that these are all strategies that veer either toward theology or toward avoidance.24

To take a different perspective now, what did the survivors themselves say upon their return? The problem we next encounter is that, in France, nobody bothered to ask them.
The Return

As the excerpt above suggests, the return of the former deportees from captivity forms a unique representation: atrociously thin, lice-bitten, often still in their striped camp uniforms, with big staring eyes that quickly darted away when faced with the gaze of a passerby. This chapter will show how this key figuration soon split into various different sets of associations that often contradicted each other. And most important, how these associations began to manifest themselves in the physical and other symptoms that the returnees exhibited. Furthermore, on the surface, the figure of condensation manifests itself laconically: the representation of the Holocaust survivor seems to say it all. However, as will be seen, in fact and underlying the fact, a lot more must be said or is trying to make itself heard.

Annette Wieviorka remarks that it was not until late 1944 that any governmental or nongovernmental concern was expressed over the so-called “racial deportees” (Wieviorka 1992, 121), and even then, as we have seen, this category itself tends to appear and disappear; sometimes counted, sometimes not. The major French preoccupation was with the return of French POWs and forced and volunteer industrial and agricultural workers of the Service du travail obligatoire (STO). Moreover, as Wieviorka ob-
serves, the Resistance organizations and political parties made little effort to bring together the former racial deportees in any specific associations.

The Mouvement National des Prisonniers de Guerre et des Déportés (MNPDP, National Movement of Prisoners of War and Deportees), founded in March 1944, was itself the fusion of three resistance groups of POWs. For its part, the Frenay ministry consistently emphasized the theme of National Unity, producing a poster in which a POW in uniform on the right and a former STO with his worker’s cap and briefcase on the left are holding up an enfeebled deportee in the striped concentration camp uniform. The poster slogan reads at the top in capital letters, “THEY ARE UNITED,” and at the bottom in italics, “Do not divide them!” (see Wieviorka 1992, 121–23). Such national federations as existed, with others established in November to provide support networks for deportees and political prisoners, dreamed of a vast, single national confederation that would unite deportees and internees, work deportees, and the wives of those still “absent” who had not yet returned from captivity. 1 But, as 1944 turned into 1945, and the initial repatriation figures of April swelled into the millions by June, political differences resurfaced, sweeping away the grand dream of unity and fracturing along political lines the various federations that came into being. Thus, the FNDIP (Fédération Nationale des Déportés et Internés Politiques, formed in October 1945) became the FNDIRP (Fédération nationale des déportés, internés et résistants politiques) in January 1946. The ADIR (Association nationale des anciennes déportées et internées de la Résistance), the women’s association of former deportees and internees of the Resistance, as well as the FDNP (Fédération nationale des déportés et internés de la Résistance), the idea for which was born in Buchenwald, also were formed in 1945. The FNDIP/FNDIRP were Communist or communist-front associations, as was the ADIR, while the FNDIR was not. Then there were the various “amicales” (or sodalities to use a term that translates more readily), often created within the camps themselves, notably at Buchenwald, Auschwitz, and Ravensbrück, the big three French survivor “amicales.” But, even in the camps, these notional “amicales” were already riven with internal differences—Jews versus non-Jews; French and French-speaking Communists versus Yiddish-speaking Communists, and so on. Finally, there was the additional problem that most of the French “Israelites” who were deported had been murdered upon arrival. As Wieviorka puts the resulting dilemma: If the Jewish Auschwitz survivor, for instance, wanted to join an association or an amicale, she or he faced a very limited choice. If
the person had not been a resistant, he or she could not join the FNDIR/ FNDIRP or the ADIR, and so could opt only for the Association des déportés juifs de France or the Auschwitz Amicale that did not practice political “ostracism.” Unless that person spoke Yiddish, however, they would not feel at ease in the former association; and, even in the latter, partly because it accepted everybody, a Jewish former deportee might feel like a complete stranger “unable to recognize himself [as a Jew] in the representation given there of the deportation” (Wieviorka 1992, 131–32). The representation of Auschwitz articulated by that amicale tended to focus heavily on the internal Resistance within the camp, and the solidarity of all the prisoners; that is, the Communist image of the camps.

So, for the returning Jewish deportees—and never mind for now what these people had been through there; the specific conditions of their return; or which, if any, family members had survived—there was inevitably some disorientation, to put it mildly, regarding the re-establishment of social solidarities.

And then there was the matter of the returnees’ physical appearance: their heads still shaven; their bodies emaciated beyond imagining, scarred from lice-bites, and still wearing their camp uniforms as they rode the Paris buses. But, above all, as the writer Robert Anthelme famously put it of his return from Buchenwald-Gandersheim, “we were all of us . . . seized by a veritable delirium. We wanted to speak, to finally be heard . . . We had just returned, we had brought back with us our memories, our lived experience, and we felt a frenetic desire to tell it as it had been . . . But they told us that our physical appearance alone was quite sufficiently eloquent” (1947, 9; emphasis added). Like so many others, David Rousset, Jean Améry, Charlotte Delbo, and more, who were able to write about the camps within two years of their return, it was the same encounter with the fact that nobody back home wanted to hear what they were burning to speak about; the same awareness of the increasing distance that separated the returnees from the “homes” they thought they had returned to, including the home of language; and with it, the same eventual suspicion of language itself. Because, as Anthelme remarks, “we were still there,” in the camps. And that is what their bodies were “saying” to others who apparently had only to look at them to understand what they had been through—an experience, he adds importantly, that was being pursued (“poursuivre”) “in our bodies.” We’ll come back to this crucial point soon: namely, that what the surviving deportees had been through was, in fact, manifested in their bodies’ exteriors and
then interiors. Their wasted bodies already appeared as disturbing symptoms of an emerging larger, if not exactly entirely novel, problem—that of the relations between the somatic, or bodily, and the psychological.

For the returning POWs, workers, and other deportees, it was a somewhat different affair. Apart from the unpleasantries of delousing, to which, as we saw earlier, some newly liberated prisoners violently objected, as delousing had often been synonymous with gassing, their arrival at the border posts along the Franco-German border was not overly trying, other than bureaucratic. Lists of the repatriated had been established at the Centres de rapatriement frontaliers modeled on World War I military demobilization centers. As long as the returnee figured on the list, he or she was greeted by the handing out of civilian clothes and the pleasant surprise of cash. A political deportee—no mention of the racial deportees—received a “welcome” bonus of 1000 Francs along with a “deportation bonus” (“prime de déportation”) of 5,000 Francs. The process took about an hour and twenty minutes to check that papers were in order, and a brief medical examination was performed. Then, either at the border post or upon their return to Paris, the returnees sometimes were interrogated, presumably by someone from the Ministry of POWs, Deportees and Resistants as opposed to military or intelligence personnel, and also required to fill out one of three different, rather long questionnaires, according to status—POW, deportee, or worker. In the case of deportees, the questionnaire asked first about the reason for the prisoner’s arrest—for example, “racial” (sometimes just “Jew” was entered in the file); second, whether the prisoner had been in the Resistance; then, which type of organization had made the arrest (e.g., Wehrmacht, Gestapo, or French police); in which French prison or camp the returnee had been held; the destination of the returnee’s deportation convoy (e.g., Auschwitz); numbers of persons in the convoy; arrival at destination; and general questions about the returnee’s camp, prison, kommando, or factory; the returnee’s physical condition at Liberation; the means of return, and finally “impressions of France since your return” (AF F9 5583, MDPR). Especially amusing—in a deeply ironic sense—were the questions dealing with housing, food, leisure activities, and the attitude of the “hosts”—as if the deportees had been staying at a hotel, rather than a concentration camp. One “guest” recalled, upon arrival at Auschwitz, seeing his mother and sister board the truck that would take them to the gas chambers, as his sister did not want to be separated from her mother.
To give an idea of the laconic answers to some of these more outrageous “tourist guide” questions: one Robert Bouyer, a farmer, born 14 August 1926, and returned to France in August 1945, having somehow managed to escape to Sweden by boat, after stints in “Bouchenvateld,” “Blanguenbourg” (?)—the spelling of place names is at times eccentric—and “Lubec,” comments that housing conditions were “very bad,” the food “insufficient,” leisure activities “non-existent,” and medical care similarly “non-existent.” As for the questions dealing with morale, he responded that that of the French deportees was “on the whole . . . not too bad.” The morale of the Germans, on the other hand, was “excellent,” although their general attitude was cruel (“méchants”).

Other files that deal with the overall repatriation process (such as F9 3169, press releases by the Ministry of PGDRS, and occasional bulletins enumerating the growing numbers of repatriated) shed additional light on various aspects of the return. One undated nine-page study of Ministry propaganda efforts in the press, on radio, and in the cinema to facilitate POWs’ readaptation to French life, remarked that the “happily rapid” return of the repatriated had brought out two pressing problems. One was “how much the French public was profoundly ignorant of the psychology of repatriation” (AF, Series F9, File 3125, 3, emphasis added). The second problem, or reverse of the same coin, was that the repatriated in turn were “profoundly shocked” not just at the actual conditions of post-Liberation France, but also at the overall attitudes of the French themselves—neither France nor its people any longer resembled what they had left behind at the time of their captivity, in some cases, as long as four years before. As we shall see, POWs were of course also afflicted with a host of psychological problems and difficulties, often relating to their fear of being unable to return to or adapt to civilian life.

This particular report was written early in the repatriation process, but the author warned of the risk that the disconnection between returnees and the new society to which they had come back “could solidify into a permanent [form of] psychological discord,” and urged that a systematic propaganda campaign be undertaken “in order to recreate a climate of mutual understanding.” Other reports, written later in the process, perhaps late summer or fall of 1945, when over 1.5 million returnees had been repatriated, were less sanguine, however. A twenty-seven-page report by Dr. Pierre Bourgeois, director of the Repatriation Health Service of the Ministry, ana-
analyzed recent statistical estimates of the total number of 2.4 million repatriables of all categories. At the time of his report, one million returnees still remained to be brought home. In a table he produces, the political and racial deportees are once again indiscriminately lumped together as 400,000 persons. But, Bourgeois added that these figures were inflated, because of the very high death-rates now apparent among political deportees (60%) and among racial deportees (98%). Along with high post-Liberation mortality, and the admission of a number of unspecified mistakes made by his service, came the dawning realization that “it could not have been predicted, and besides we had no information, that the horrors [that the survivors] had been subjected to, could have [an impact] on their organisms” (12). The horrendous sanitary conditions of the camps at the time of their discovery, at Buchenwald for example, in effect had masked the fact “that the near totality of the survivors and the deportees had to be considered ill” (13). It is noteworthy here that Bourgeois used the word “malade,” which does not discriminate between physical and mental illness. Not enough time had been provided for adequate observation, he said, and the typhus epidemic and the quarantine had complicated matters. In fact, the best that had been done was to provide “a minimum of comfort.” Here he referred to various unspecified additional errors made.

But Bourgeois added that the MPG, the Ministry of POWs, had organized rapidly “a special centre for the treatment of political deportees” at the Hotel Lutetia in Paris, through which, at the time of his writing, 26,000 deportees had passed. 7 He insisted on the importance of “taking charge” of the political deportees upon their return to Paris, and noted that a number of doctors from the Bichat, Salpêtrière, and Ivry hospitals had offered their services and assistance in so doing.

The Lutetia Hotel

Many returnees, most often POWs, reached Paris by air, landing at the Le Bourget airport. Racial deportees more often returned by train, arriving at the Quai d’Orsay or Gare de l’Est railway stations. Sooner or later, many of the latter ended up at the Lutetia, a large luxury hotel near the Sèvres-Babylone metro station, where high-ranking German officers stayed during the Occupation and where various intelligence activities had their offices. It is not known which French wit had the idea that this would be the
ideal site for the return of deported Jews, in a seemingly after-the-fact insult to Nazi racism.

Whatever the case, the Lutetia had many rooms in which deportees could stay a while, depending on their state of health, the more seriously affected being moved to hospitals or specialized centers (if they existed). And at a time when serious shortages still affected the capital, the hotel was well stocked with food.

The Lutetia was also the specific first point of encounter between the returnees and French society. Large, oppressive crowds of family members and relatives gathered in front of the hotel, shouting inquiries at the returnees whether they had any information about a particular family member. While some did, it was often not good news, and they didn’t want to dash remaining hopes. Inside the hotel, facilities had been set up to provide the families with the latest official information on the status of missing husbands, brothers, sisters, and other relatives. Inside the main hall, bulletin boards had been set up with photographs of the disappeared or not yet found; some of the photos already had been crossed out, meaning that the person was dead. The constant milling about of people seeking information went on for weeks, sometimes months, or longer. Family members showed up at the hotel daily for weeks on end, desperately waiting and hoping against hope as the weeks dragged on.

As of March–April 1946, the radio began to broadcast scraps of information about the missing; for example: “Hummel, Bernard, 26. Arrested 6 August 1943 . . . As of January 1944, was at the Tambow camp [Russia] and then evacuated to an unknown destination” (in F9 5592, folder entitled “Radiodiffusion française: Emissions de service: Méssages et recherches,” item dated 8 April 1946).

And also there were the gaffes brought on by persisting Occupation habits. One survivor recalled that the policeman in charge of identity control at the Lutetia automatically wrote or stamped (it’s not clear which and, if the latter, even more astounding) the word “Jew” on her identity card, provoking a torrent of outraged protest (Lynch 1995, 122–26). Another recalled that a friend of the family had come to visit him at the hotel: “Me, I needed to talk. I was 19 and had been through an experience which few adults knew about . . . But, as she sat down, the first thing she said was: ‘My poor Charles, if only you knew the hunger we experienced here [in Occupied Paris].’ What could I say to her after that? (Lynch 1995, 122–26).
The Lutetia story had been told and retold since May 1945, both in French and in German, and in photographs by Cartier-Bresson in a 1945 book entitled *Le retour*. During the 1930s, the hotel was a temporary home for German political refugees, and before that had been where some literary eminents stayed—James Joyce wrote some of *Ulysses* there. In 2005, novelist and biographer Pierre Assouline published a novel entitled *Lutetia* that took him thirty years to write, a work of fiction but based upon a range of historical and archival sources, including access to the hotel’s own private archives. As Assouline reports in his acknowledgments (p. 459), historical persons appear in the book under their own names. He provides in the text an account of two security briefings that Hotel staff received before the return of the deportees. (The novel’s main character, a former cop who quit the police over their role in the roundup of Paris Jews, is in charge of hotel security.) The first briefing is by an unnamed high-level functionary from the Frenay Ministry who explained that the repatriation operation was “the greatest enterprise of human displacement ever conceived” (335), going on to make grandiose historical comparisons: for instance, the return from captivity of the Jews from Babylon only involved 50,000 people; the repatriation of French prisoners from the 1871 war a mere half-million men, and so on. But, he cautioned, “Do not say ‘deportee’ but ‘rapatrié.’” That’s the term we have adopted in our reports, instructions and circulars” (336). The novel’s narrator wonders how long it took for the Ministry to switch from one usage to the other, and asks himself whether the indiscriminate lumping together of all categories of prisoners, refugees and other “nomads of war” was not a way of avoiding a still indistinct presentiment that what the “deportees” had been through was very different from the others. “How could they decently expect us to consider them all the same since it was already evident that one category of the repatriated would be welcomed as the defeated, and the other as the victims?” (336).

The second briefing in the novel is by a Doctor Valette, who went into great detail about getting rid of the lice-infected clothes of the “repatriated,” further delousing by shaving their heads—a proposal that upset his audience—followed by a long shower, and the treatment of skin diseases and venereal or other contagious diseases. “Expect to see a lot of cases of tuberculosis in the form of acute broncho-pneumonia. You will be dealing with ruined bodies. Estimated average weight 48 kilos [about 105 pounds]. Any questions?” (337). Someone has a question about what to do with dead bodies. Another was concerned about the presence of medical specialists.
The answer is that a generalist and two specialists for venereal and tubercular diseases, respectively, would be available.

Cleaning up afterward, Kiefer, the narrator, finds among papers left lying about, a report dated January 1945 on the organization of the medical sector. In this report, the repatriateds’ stay at the Lutetia was minutely plotted out, including the returnees’ anticipated reactions—basically, that they would be very tired from their trip home, very docile, and would just want to go back to their families. Kiefer is struck by the clichéd nature of the report—but especially by what it does not say. Why, he wonders, is the critical duration of captivity arbitrarily set at eighteen months? According to what criteria? And why do psychological problems seem to become worse and more complicated after that time? Unable to find answers in the report, he seeks out another doctor, who tells him that he can expect to observe the following:

Sadness, bitterness, powerlessness: you’ll see this manifested generally and accompanied by specific symptoms: anxiety about meeting the family; prolonged meditation over the deaths of comrades; confession and self-accusation. Often, this emotional state leads to alcoholism, to inexplicable acts of delinquency; more rarely, to suicide attempts. (341)

Kiefer is more confused. Wasn’t the trip back only going to aggravate all this, adding to their disillusion? The doctor, admittedly not a mental health specialist, gives him four general rules to pass on to the others, but I’ll mention only the last one: Let them fill in for themselves the gaps in their experience; they tend to draw their own conclusions anyway. Kiefer wonders what on earth the returnees are going to “conclude” from their stay at the Lutetia. At the beginning of the briefings that were supposed to prepare them for the actual arrival of the repatriated, and didn’t, he had remarked that “what was missing was to [actually] hear the halting breathing of the revenants, the vacillation in their voices, to try to look them in the eye at the risk that they would immediately look away. We waited unable to imagine what was awaiting us” (335).

I’ve used these passages from Assouline’s novel to flesh out, so to speak, what many survivors would articulate about their return, often decades later. On the whole, according to Lynch, the deportees who were interviewed for the 1995 book he co-edited did not have especially bad memories of their stay at the Lutetia. It was only a provisionary stay and, while many agreed that some measures had been taken there to assist them: “they were
unanimous in affirming that . . . [these] had no real relationship to their situations, material as well as psychological” (Lynch 1995, 122). From their families they encountered only uncomfortable silence; the sole comfort the survivors could find was among their companions from the camps. “It was among themselves, in often precarious conditions, that the deportees truly were able to return to life” (122, emphasis added).

Fifty years later, Lynch continues, a residual unease still existed among the deportees over the encounter with a society incapable of understanding their situation. Lynch offers a partial explanation for this: After four years of war and occupation, rationing, restrictions and shortages of all kinds, the French wanted to forget about it all. Liberation was already six months ago. The return of the deportees was also the return of “the heavy past” (“le lourd passé”). Besides, the deportees in general were such a small minority compared to the huge numbers of POWs, and everyone knew one of the latter either directly or indirectly. “As for the racial deportees [whose numbers] were infinitely smaller, their return took place practically without any notice whatsoever” (Lynch 1995, 126, emphasis added).

War Crime Forensics, 1945–1947

As the months passed after V-E Day, the next formidable task faced by the Allies was that of meting out justice and punishment to those responsible for “the catastrophe,” to use the term initially employed by Jewish historians to name something that as yet had no commonly identifiable name—“crimes against humanity,” the official alternative, was no doubt a novel concept in international law, but also arguably somewhat vague. Establishing justice and punishment, however, involved the creation of some account of what had led up to the war itself, what had transpired under Nazi occupation, and how crimes against humanity had been committed. This involved the work of a number of organizations. We’ve seen above that soon after the discovery of a concentration camp, often within days, a report was forwarded, in the case of the American military, to the War Crimes Branch (WCB). Alternatively, members of the latter arrived on-site for a visual inspection, but also gathered depositions from former camp inmates and held interrogations of captured SS and other German and Axis-allied personal, as well as collecting the camp-related documents seized at liberation. All of this material then had to be translated. In general, taking Mauthausen as an example, the WCB set up a system of index cards with details of victims,
witnesses, and the accused (in the latter case, noting the organization to which the accused belonged and the place where the offense had been committed). Each index card indicated its current administrative status, such as actions taken, actions pending, inaction, and so on (see AF F9 file 5595, photostats of captured SS/SD/Gestapo documents and WCB files, Records UB Section, War Crimes Branch, October 1945). Each Allied nation drew up lists of all sorts: the French on 14 October 1944 created the Service de recherche des crimes de guerre ennemis (SRÇGE), which by August 1945 consisted of three hundred personnel (chargés de mission, regional delegates, and liaison officers to the major Allied Army groups). For its part, SHAÉF had created the Central Registry of War Criminals and Security Suspects (CROWCASS), initially in Paris, and then subordinated to the Berlin Control Council, and disbanded in June 1946.

The International Military Tribunal was instituted on 8 August 1945 and would be responsible for a number of trials, those at Nuremberg being the major and best known. On 17 September, the trial of forty-eight former members of the Bergen-Belsen camp administration opened at Lüneberg and, on 20 November, the first Nuremberg trial began. Of the estimated hundred thousand captured Nazi documents totalling just over one million pages, about four thousand documents were submitted into evidence at Nuremberg. The official text of the proceedings made up forty-two volumes, published between 1947 and 1949. As American prosecutor Whitney Harris, at the time a young naval officer whose Intelligence background saw him assigned to the case against Gestapo and SD chief Ernst Kaltenbrunner, subsequently wrote in his 1954 book on the Nuremberg evidence, the trial records were a formidable feat of documentary work, written and oral, fact-checked against the stenographic record, electric sound recordings of the testimony, statistics, citations, and other data in three languages, under the overall editorship of Lt. Col. Lawrence D. Egbert. The record of proceedings was published in English, French, and German, but not in Russian “because the Soviets failed to pay their contribution toward publication costs” (Harris 1954, xvii). The forty-two volumes from the trials also were accompanied by an eight-volume (plus supplementaries) collection of prosecution briefs and a large number of documents that had not made it into evidence, published in 1946 by the Office of the United States Chief of Counsel for the Prosecution of Axis Criminality.

Ironically, for all the enormous effort at documenting the case, the press corps from twenty-three countries covering the trial was bored to tears by
the lengthy reading of large numbers of documents, so much so that this became a problem for Chief Justice Robert Jackson’s management of the proceedings (see Persico 1994, 132, 311–12). Similarly bored was a young Jewish historian-in-the-making, born in Saint-Petersburg, a former French Resistance member and, at the time, the head of the Research Service of the Centre de documentation juive contemporaine (CDJC), who in 1946 found himself at Nuremberg as an expert attached to the French prosecution team. While he availed himself “thanks to the proverbial good will of the Americans . . . of a vast archival harvest,” Léon Poliakov recalled in his memoirs that the trial itself “became fastidious after the second visit and I’m not certain I even went more than twice” (Poliakov 1981: 167–68). As someone commented to him sarcastically about watching the accused: “In the end, you just take them for relatives.” So, if Poliakov did not recall much of the trial itself or of the bomb-flattened town of Nuremberg, he did use his time there to catch up with Russian journalists and writers, endlessly curious about life in the West and, in particular, Jean-Paul Sartre’s existentialism, then all the rage in intellectual circles.

Most important, Poliakov recalled, were the available documents: “they were for me the essential thing” (169). The volume of documents kept growing, as several teams of American and German staffers “inventoried, photographed, classed and sorted tens of thousands of documents of which a large number had to do with the fate of the Jews” (169). And as the volume of documents increased, he had to call in from Paris his colleague Joseph Billig to help out. Poliakov, Billig, Georges Wellers, and some others formed the initial core of French Jewish historians who would write about the Holocaust (still not yet called by that name) through the CDJC, the wartime creation of Isaac Schneersohn.10

Schneersohn was a rich industrialist, refugeed in Grenoble (which remained part of non-Occupied France until 1943) where he got the idea of collecting documents about “the great persecution.” Poliakov recalled that Schneersohn had set up an office in Grenoble, where a half-dozen typists poured over the Journal Officiel drawing up “interminable” lists of “Aryanized” Jewish properties (164). Schneersohn not only came from a famed Hasidic dynasty — his cousin Zalman, a rabbi, was a leading Talmudic scholar — but was, Poliakov recalled, “one of those kinds of men who succeed at everything because, in addition to their dynamism, they possess a naïve confidence in themselves” (164). He was handsome, elegant, and a
formidable negotiator (and indeed later would fire Poliakov from the CDJC for publishing elsewhere).

With the Liberation of Paris, Schneersohn moved the Centre to the capital, briefly taking over the offices of the defunct Union générale des Israélites de France (UGIF), more or less the Judenrat of Occupied France, and later moving to a splendid apartment on the Avenue Foch. The problem, however, was that the Centre did not have much in the way of research documentation, apart from the lists of “Aryanized” properties, and this lack obsessed Poliakov, who wanted to know more about the butchers who had wanted to kill not only him, but also millions of other human beings. Through various connections, he obtained letters of introduction that gained him access to the Ministry of the Interior, ending up in the office of a Commissioner of the National Police. The latter pointed to a large wooden crate in a corner and informed Poliakov that these were archives the police had just obtained and, as they were in German, that he couldn’t read, could Poliakov tell him what they were? The crate contained the archives of the entire SS and Gestapo administration in France!

Going through some of the documents, Poliakov kept coming across proof of collaboration activities, names of informants and denunciators, including a prominent Jewish judge. While he kept that person’s name to himself until he could consult Rabbi Zalman Schneersohn, Poliakov did point out a few other flagrant cases to the police, doing his part, as he put it, for the “épuration,” the postwar purging of Vichy collaborators from the French state administration. The police in turn told him he could take whatever documents he wished back to the CDJC for microfilming (Poliakov 1981, 165–67).

The contents of the crate provided inexhaustible documentary resources that took years to work through. Out of it, and the Nuremberg documents, came Poliakov’s best-known book, Breviaire de la haine: Le IIIe Reich et les Juifs (1951) which, since it was published by rival publisher Calmann-Lévy, got him fired from the CDJC. The Breviary was the first history based on archival research of the Nazi extermination of the Jews. Out of the crate also would come the publication of Serge Klarsfeld’s minute reconstructions of who made up the convoys of deported French Jews (2001). Late in 1947, the CDJC hosted the first international conference of largely Jewish historians from thirteen European countries and Palestine. The delegates were representatives of the Historical Commissions that had emerged from the
camps soon after Liberation, as well as other Jewish Documentation Centers created in a number of countries (Austria, with one in Vienna headed by Simon Wiesenthal, Bulgaria, Italy, Romania, Poland, among others), and the Jewish Central Information Office in London, which became the Wiener Library. One of the reports presented was about the Service européen de recherches (SER), the fusion of several similar French Jewish groups, including that begun at Toulouse in 1942 by the Organisation juive de combat to establish an alphabetized repertory of deported or disappeared Jews. The same report noted that most of the archives of the French internment camps had been saved. It also mentioned the creation in the summer of 1945 — “after lengthy discussions” — by the four Allied powers of the International Tracing Service (ITS) at Bad Arolsen to trace and repatriate missing DPs throughout Europe. The reports by emerging Jewish historians such as Friedman, Poliakov, and Michal Borwitz (another CDJC alumnus) focused on issues of the scientific study of the catastrophe (Friedman) as well as those of “a new Jewish historiography” (Borwitz) (see CDJC 1949).

From Testimony to Medical Discourse, 1945–1948

Within two years of the end of the war, beginning with the great forensic trials of the major Nazi war criminals (1945–1946), and the trials of the principal ss “medical” doctors (1946–1947), growing (if small) networks of civilian researchers were tentatively beginning to the grapple with the Jewish catastrophe, extending the fragile tendrils of the work of “psychic continuity” that was also a dimension of postwar material reconstruction, although not always seen as such. And if it was not yet fully clear, it was becoming increasingly evident that politics and geo-politics would come to weigh very heavily here in disrupting the re-establishment of psychic continuity. Churchill’s “Iron Curtain” speech was given at Fulton, Missouri, in March 1946, the opening salvo, as it were, of the Cold War.

Still, among the general French reading public, there occurred between May 1945 and March 1948 what Robert Anthelme would call “a veritable hemorrhage of expression” about “the concentrationary universe,” as David Rousset termed the latter in his 1946 essay by that title (Anthelme quoted in Wieviorka 1992, 172; Rousset 1965). To the extent that Annette Wieviorka has analyzed this outpouring of testimonial accounts and classified them camp by camp (see Wieviorka 1992, 446–76), a few titles here
should give an idea of this new genre and its varieties: Le Camp de la mort lente (1944); Je reviens de l’enfer (1945); Drancy la juive (1945), Anthologie des poèmes de Buchenwald (1946); Häftling 43485 (1947); Misère et mort: Nos deux compagnons (1948), along with some 140 other book titles in this period—personal accounts, scholarly work, and documents—not to mention newspaper accounts, and radio broadcasts.\textsuperscript{15}

On one level, this outpouring of books seemed to contradict the idea that the returning deportees were silenced. They were and they weren’t at the same time. As was seen at the Lutetia, former deportees talked among themselves about what they had experienced.\textsuperscript{16} On the other hand, as Wieviorka points out (173), publisher demand for testimonial accounts began to wane as early as January 1946. She quotes one writer’s paraphrase of what a number of editors were telling him: “‘Enough cadavers! Enough torture! Enough stories about the Resistance! We want to laugh now.’”\textsuperscript{17}

From the vantage point of early 1948, Anthelme, recalled similar statements: “‘Testimony? . . . we spit on it, we refuse it; we’ve had enough.’” More subtly, he writes about “the Phariseeeism of forgetfulness and silencing”: that if one was perhaps willing to admit that it was one and the same person now returned but who had been there, one still didn’t want to hear him or her speaking as a deportee. “And so one pleads: ‘That wasn’t real life. Forget! What you saw was false . . . Forget, forget not only the horror and the evil, chase away those memories, chase away what you thought was the truth. It was a time in parentheses’” (quoted in Wieviorka 1992, 172).

In this context, it is not surprising that one has to turn to more specialized kinds of journals and bodies of knowledge. In the medical press, not only accounts by returnee prisoner-doc tors of what they had seen in the camps, but also a new conceptual terminology, began to appear as early as one month after Liberation. For instance, Professor of Medicine Charles Richet, one of the returned Resistance “Prominenten” from Buchenwald, published an early account of “La médecine en bagne” in La Presse Médicale in July 1946 and five other articles in the same year (Richet fils 1946).\textsuperscript{18} In May 1945, Le Médecin français contained a long article by Professor Christian Champy on the Nazi “medical” experiments in the concentration camps. Further articles appeared in other medical press publications throughout 1945 and early 1946, not all of them in Paris, on the state of health of repatriated POWs and deportees and what was now being termed, in one, “the pathology of the camps,” and in another, “the pathology of deportees.” In
other words, a scientific discourse had begun to form itself around a concept—that of pathology—that gave a name to what had been experienced by those who had been deported or imprisoned by the Nazis, and what this had done to them. This is what I meant, at the beginning of the chapter, by a figure of condensation, in which an emotionally charged idea forms at the point of intersection of chains of associations. The concept of pathology soon congealed in a growing number of scientific studies. However, as Georges Canguilhem pointed out in 1966 in his classic study of the normal and the pathological, both concepts, but especially the pathological, are rooted in “a polemical situation” (1991, 41, emphasis added). Part of the polemic has to do with differing conceptions of disease; roughly, as a battle between the organism and a foreign substance, or conversely as an internal struggle between opposing forces. The polemical aspects were reinforced in the course of the nineteenth century when the differences between the normal and the pathological “became a kind of scientifically guaranteed dogma, whose extension into the realms of philosophy and psychology appeared to be dictated by the authority biologists and physicians accorded to it” (Canguilhem 1991, 43).

At the same time, in what was most likely one of his last acts as Minister of Suffering, Henri Frenay asked his Service of Documentation and Research in November 1945 to study the formation of a Commission d’Étude de l’Histoire de la Déportation (see the six-page letter by Pierre Weibel, assistant director of the Documentation Service, Paris, 22 November 1945, in AF, F9, file 3224).

As the complex twists and turns of the various bureaucratic incarnations of what became in the late 1940s the Comité d’histoire de la Deuxième Guerre Mondiale (CH2GM), its antecedents back to 1944, and eventual absorption in the late 1950s by rival institutions, have been recounted in great detail by Laurent Douzou (2005), I will confine myself here to some observations more directly related to the emergence of a medical discourse on the pathology of deportation. The many problems of the CH2GM, however, are not unrelated to my earlier remarks in the Introduction about the intertwinment of the failed attempt to write a history of the French Jewish deportations with the failure of the project of writing a history of the Resistance, of the Occupation, or for that matter of the French role in the Second World War itself. To remind the reader, the discussion around deportation was an integral part of a larger and problematic discussion about the writing of the history of extreme events.
Be that as it may, in the various plenary sessions that were held to debate issues of money and budgets for the history project, and what exactly it should deal with, the members of the third plenary session were treated to the following comment from the new Minister of the now renamed Ministry of Former Combatants and Victims of the War. “Until 1942,” opined Laurent Casanova, the new Minister, “I was a prisoner of war in a punishment camp; very few prisoners died there. So I don’t believe that a History of the Captivity presents much interest” (AF, F9, 3224, 18 February 1946, transcript of the third plenary session).

Fortunately, his officials did not seem to pay attention. The same file contains a twenty-three-page undated report entitled “Introduction to a history of internment and deportation” that reviewed the current status of archival materials from all sources, as well as camp by camp, in France, Germany, and Poland.

Part of the work of these plenary meetings was the creation of various subcommissions, including one that would examine medical issues and be made up of four doctors. Some of the historical observations in the annexes are worth reporting, since they revealed a rather different attitude than that mentioned above from publishers who had had enough of cadavers, torture, and the Resistance. “We realize that what is involved here is more than a nightmare that should be forgotten . . . [Rather that] the history of a captivity without precedent is a link in a [larger] chain . . . of the national history of all the peoples [who were imprisoned] on German soil.” On the contrary, “a phenomenon of this importance” called for a larger contextualization that belonged “as much to future historians, as legislators, and sociologists” as to the present undertaking. Because “historical truth reveals itself only with difficulty.”

The Psychology of Captivity, 1945–1946

The medical press had unveiled a new concept — “the pathology of deportation.” Fuller description of the latter, however, would take a while before more extensive development. As of 1945, initial book-length publications dealt with the experience of POWs in captivity, largely from the perspective of a philosophical psychology; that is, of a form of philosophical reflection that had not yet been absorbed by a medical discourse. We discuss two such books next to show why the slippage from philosophical to medical thinking occurred.
The French version of psychology, going back two centuries to the writings of Condillac (1715–1780), for example, and forward in the early twentieth century to Freud’s great French rival Pierre Janet (1855–1947), tended to be more philosophically than clinically based—with major exceptions to be sure, Janet included, who combined philosophy with a clinical psychology. But this was still rather different from the experimental psychology of Humboldt, Wundt, and others that developed in Germany as of the mid-nineteenth century and, by the 1880s in the United States, taking the name of “the new psychology” (on Condillac, see Derrida 1973; on Janet, see Prévost 1973a, 1973b; on the new psychology in the United States, see Roback 1964).

Jean Cazeneuve’s Essai sur la psychologie du prisonnier de guerre was published by the prestigious Presses universitaires de France in 1945. A graduate in philosophy of the Ecole Normale, he joined the army in September 1939, was captured on 17 May 1940, and spent the rest of the war as a POW. His Essai was written entirely in captivity. As his former professor at Normale writes in the book’s preface, Cazeneuve’s observations of his fellow prisoners are those “of the psychologist, and even of the psychoanalyst (Cazeneuve 1945, vii, emphasis added)—an idea that regrettably he does not develop, nor does Cazeneuve. Above all, however, the essay reveals “the testing [“l’épreuve”] of [the exceptional experience of] a prisoner of war against his anterior understanding of the human soul” and how that experience transformed his conceptions of the meaning of pain, pleasure, habit, instinct (especially sexual instincts), the self and of freedom (vii).

To draw a parallel, Cazeneuve’s essay bears some similarities to the ideas of the same period of Jean-Paul Sartre, to whom he does not refer—L’être et le néant was published in 1943, while Cazeneuve was still imprisoned—but the resemblances between Sartre’s idea that one makes one’s own freedom and Cazeneuve’s struggle with how to find freedom within the constraints of captivity are close, up to a point. After the French defeat in 1940, Sartre himself had spent almost a year as a prisoner in Stalag XII D in Lorraine; he had been mobilized into the army for the duration of the “Phony War” with its interminable empty hours of crushing boredom. But as for so many, the experience of war and captivity, even if a relatively brief one, had been decisive for his thinking. There was before the war and, then with the war, the stripping away of all previous illusions. Sartre had discovered here his grand theme of human freedom. As he noted in his diary: “The paradox
of our condition is that it is both unbearable and easy to live” (quoted in Cohen-Solal 1985, 274).

For Cazeneuve, captivity was not “easy”; perhaps because it lasted so much longer. Yes, one was free to think, but then the very concept of freedom was “highly imprecise” (Cazeneuve 1945, 13), having political, physical, psychological, and ethical dimensions. The problem with captivity was that it was not sufficient to come to terms with the exterior constraints — the lack of material comfort, physical limitations caused by being fenced in by barbed wire, the lack of contact with women, the forced uprooting from one’s usual social contexts — but rather with how one experienced and coped with these privations subjectively or, to use a word from the Sartrian philosophical lexicon, phenomenologically.

For instance, Cazeneuve initially was preoccupied with the psychology of dreams: the fact that the prisoner in his sleep dreams of his life in which he is not a prisoner, only to wake up to find that he is. But he also knows that he will not be one forever. Reconciling this double existence of living simultaneously in two worlds is a serious problem: to wit, the frequency of prisoners going mad, or experiencing profound self-alienation, even personality split (3). So while it made a degree of sense to speak of a psychology of captivity, since it is a particular condition of the human psychic process, was it therefore just an aspect of human psychology in general, or was it a pathological condition? The concept of pathology, derived either from experimental situations or from observations of the mentally ill, had perhaps been helpful to psychology broadly speaking, even if debate continued over how exactly the study of abnormal states helped one understand “the normal subject,” since illness is only so to the extent it is not the same as health (5). The prisoner was not by definition unhealthy. The fact was that he had been placed in abnormal conditions, and so this was not the passage from the normal to the abnormal as in hysteria, but the transformation of a normal state by an abnormal environment. Thus the first part of Cazeneuve’s study consisted of an enumeration and description of the transformations of the psychic life of the prisoner by the particular conditions of existence called captivity; the five negative environmental transformations enumerated above, along with three positive ones: the new forms of cooperative social existence and organization that become possible under captivity; and with these, new kinds of activities (one with self-imposed goals as opposed to those imposed by the camp routine); and thirdly, of a different relation-
ship to temporality. Captivity is a double split (“coupure”) — with respect to the past, but also with respect to the future, even if theoretically speaking captivity was not meant to last forever (except for those prisoners who died in captivity). While learning to live in an indeterminate present, cut off from past and future, was difficult in the extreme, it was not impossible. One could, for instance, make of captivity an object of thought, as in the case of the present essay, although this too was not without its problems. But to the extent that the prisoner cannot live without thinking or act without thinking that his action has some point, he is always making value judgments (85). And a component of the act of making judgments is to choose to hope, to hope in hope. He realizes that hoping can be dangerous, reactivating cycles of optimism and pessimism. This is why Cazeneuve found in a religious conception of faith a means of anchoring hope more firmly. In this sense, he was no Sartrian at all.

In the conclusion to part one, Cazeneuve enumerated the principal traits of the psychology of the prisoner: increased physical pain as a result of the lack of pleasure; anxiety as a result of an ever-present sense of danger; separation anxiety stemming from the idealization of a love-object (wife, family, home); a personality crisis stemming from the unmet needs for self-determination and continuity; and finally, a crisis of temporality, of indeterminate waiting, that can only be resolved by hope and faith (90–93).

In the briefer second part of the essay, Cazeneuve probed more deeply into what he termed “the complex” (95), by which he meant less a specific psychology of the prisoner per se than a prismatic unity of consciousness as a dimension of the interplay of human suffering and freedom generally. In part one, one of his key concepts was the idea of “déracinement” (55–64) or uprooting, an idea central to the writings of Simone Weil, although he did not refer to her work. 20 The equivalent key concept in part two was that of “ennui” as the affective tonality of “the complex,” and is drawn from a discussion of the boredom that so oppresses the prisoner, even soon after his imprisonment, and from which no distraction (e.g., attending a play put on by the other prisoners) gives him respite, in part because he always remains aware of the fact that he remains a prisoner. 21 And yet further analysis reveals that ennui is not the result of the monotony resulting from the objective uniformity of impressions, or even from seeking distractions as prisoners had a lot of time on their hands. Rather, the objective cause of ennui stems from “the specifically psychological explanation” (131) that it is a subjective state of human psychology in general from which we flee by
means of psychological automatisms (a concept key to Janet’s psychology),
games and other distractions and diversions; in other words, of all the ob-
jective determinations that we claim make up our lives in our flight from
freedom. The “psychological drama” of captivity, which Cazeneuve looked
at in part one, where the external conditions of captivity “reconstitute the
psychic state of the prisoner” from the outside, and then in part two, by ex-
amining that same psychic state from within, in its interiority, leads him to
conclude that “one can only suppose that the human being moves between
two poles: that of the automatisms that preserve him in his being; and that
of freedom (“la liberté”) which lets him liberate himself [from the finitude
of being]. Between these two extremes, the movement back and forth is con-
nuous” (154–55). Captivity, finally, “reveals to us what we are . . . at the
same time objects in [finite] being and subjects . . . in [infinite] being able
to make value judgments” regarding human freedom.

By contrast to Cazeneuve’s “metaphysical” approach to the psychology
of captivity, we look briefly at another book of the same period, written by
“Doctor of Letters” Jean Viau in his massive, 366-page Psychologie du prison-
nier. Not because the two works were vastly different; like Cazeneuve, Viau
found the study of the psychology of the prisoner interesting less in itself,
but because “it opens onto the Infinite” (Viau n.d., 363). However, some
differences between the two are worth noting. First, Viau himself was not a
former POW and so the empirical data for his study was based on question-
naires addressed mainly to officers who had experienced captivity. Why of-
ficers? Because, as he noted, they were more likely to be self-reflexive about
their experience—“des gens réfléchis” (11)—than the ordinary soldier. In
fact, it would take many years before historians (re)turned to the reality of
the experience of the common soldier in both World Wars. In France, this
was not until the reissue in the 1990s of the work of historian Jean Norton
Cru from 1929 to 1931 on the testimony of soldiers about the 1914–1918
war. In the work of both Cazeneuve and Viau, it is important to recall that
the “experience” of war—and, for that matter, of deportation—was seen
primarily through the eyes of the “lettered” classes.

Second, where Cazeneuve had drawn upon the Janetian idea of psycho-
logical automatisms, Viau spent some pages on the conceptual, dogmatic
pillar upon which rested the sciences of physiology, psychiatry, and certain
branches of clinical psychology; namely, that the physical cause of all ab-
normal mental phenomena was attributable to cerebral lesions. Without
getting into this “theory” in detail now, one of its disadvantages was that its
accuracy could only be confirmed after the fact — by autopsy of the brain of the (now dead) patient. Part of the enthusiasm in scientific milieux for the study of POWs was, in Viau’s words, that “they offer[ed] to psychologists an entirely novel means by which to understand man . . . to the extent that captivity is . . . factually and essentially psychological” (3).

What Viau means by this was slightly different from Cazeneuve’s view, but only slightly. On the one hand, according to Viau, “the scientific value of POW cases — and so of mental illness — is they provide in a delimited place and time” the opportunity “to study the passage from the normal to the abnormal” (6–7), although he did state like Cazeneuve that captivity also allowed one to observe “the transformations of a normal state by an abnormal milieu.”

What all this amounts to was roughly two principal responses to the conditions of captivity. In the first instance, prisoners “abandon themselves more of less completely” to the external conditions of their captivity, including “the last remaining privilege of their interior freedom” (362). In the second instance, “the others are able to find . . . in each material obstacle a new pathway in which to grow intellectually.” Only — and here Viau sounds very much like Cazeneuve — “in learning how to surpass himself, can the individual come to the self-realization of the familial piety that, subordinated to patriotic devotion . . . must bow down [“s’incliner”] . . . before God” (363).

Perhaps the most that can be said of these two studies of the psychology of captivity is that, if nothing else, the field of study in France as of 1945 was at a very early state of development, although this would change rapidly with an outpouring of medical dissertations that we’ll look at shortly.

Before turning to these, I want to discuss an extraordinary article that appeared in the April–June 1946 issue of the *Journal de Psychologie normale et pathologique*. Written by a young psychoanalyst, M. Dambuyant, it is entitled “Remarques sur le moi dans la déportation” [Remarks on the Ego in Deportation] (1948). Not only does the article provide a useful contrast of the stark differences between POW captivity and deportation (in Dambuyant’s case, to Ravensbrück for Resistance activities), but the acuity of her observations allows one to understand from the inside the extent of the psychic damage experienced by the subject in deportation.

Dambuyant begins by recalling the “limit points” that you actually remember in a fragmentary way: your arrest, finding yourself in a jail cell, and then a transit camp; all of those points that she calls “the death of the
world.” But even that “death” does not prepare you for arrival at a German concentration camp, for which the word “Hell” used by the deportees on the first day is so soon completely inadequate. Because it is not a place, as Hell might conceivably be.

It’s something else that puts us before the infernal, the demential, the monstrous, but [also the] completely Other, the Other World . . . For one, it is a completely alien world because thought has no grip on it . . . [And yet] it is a “real” world, a wall utterly indifferent to the human and as a result you find yourself totally alone. This cursed world is just itself; there is no connection to any outside, no answers to your calls. One simply gets lost. (Dambuyant 1948, 4–5)

Here, you are in the realm of “the infra-human” (6). Because the prisoners are all mixed together, from the ones condemned to death to the women there by mistake or those employed as informers by the Gestapo, there is no sense of proportion, anywhere. And this is compounded by the absurdity of the groundless orders received, and the endless, unpredictable interdictions.

The term she comes up with to characterize what is most typical in the formal sense about the camp is “the spectacular”: the camp entrance tries to appear pretty, decorated with flowers, while nice, tight formations of prisoners, marching in step, return from work. “It is a spectacle without spectators” (6), whose effect is to make you doubt your own existence, as we too are expected to participate in these empty roles, and to learn the art of pretending—for no one. “It is this false game that is the most interiorly destructive . . . because it is experienced as the shame of being human and sometimes . . . as painful, crazed laughter” (6).

The experience is one of constant fracturing or doubling. A spectacle without spectators. The most profound inner desolation, the most absolute despair, the sense of going mad, the lack of communication with anyone, and simultaneously a kind of perpetual astonishment that the same species built civilizations or created artworks; and thus the impossibility of connecting the men you see to the idea of man. (8)

According to Dambuyant, abandoned to your self, you find you can no longer be “at home” in yourself. As part of this doubling of self from self, comes the physical “desolidification” (15) of your own body, so that if you get a glimpse of it while getting undressed, there’s a certain astonishment
at the changes your body is undergoing and that you hardly notice happening. You end up looking at your own body as if it was the body of another. Whether it is yours or a comrade’s, there is the “same similarity of non-appearance” (16).

In the end, one becomes one’s role, a personage rather than a person, so much so that anxiety sets in about losing “your personage.” However, it is the taking on of “the personage” that lets you eventually connect with your comrades, partly so as to not lose your “self” (which is not your self) again. And with this reconnection comes your ability to “reconstitute” (17) yourself as the semblance of a human being; capable of acts of politeness; making decisions; focusing on work. But the on-going struggle continues between your personage and what remains of your self that must learn to resist being totally taken over.

Dambuyant concludes her article with some observations on what happens afterward, when you are no longer a deportee. First of all, as the body regains weight, it is surprising to find it has much the same form as before. Likewise with the “old” self, and while she is very insistent upon the importance of (aesthetic) form and the return to it, it is no longer with the same equanimity or habitual automatisms as before. The radical separation experienced in the camp from a too-familiar self is too extreme. You may feel joy once more, but it is superficial. One re-emerges as an affective failure (“intimement . . . un échec”), pursued by distress and the fear of forgetting what had happened to you there.

This is why she remarks on the unreliability of former prisoners’ accounts of their deportation experience afterwards. “[T]hey are worth next to nothing because one imagines what it was [like] on the basis after of what it might have been,” and so risks making what happened more “heroic” than it was (26).

We can see from the above that as of 1945 and 1946, several different ways had developed in which to look at both POW captivity and deportation—psycho-philosophically in a metaphysical or proto-theological sense; and psychoanalytically. It should be mentioned that other approaches were taken as well, from the more conventional domains of psychiatry, both civil and military; however, the discussion of these will be the matter of a later chapter. In this early postwar period, psychiatrists were also publishing scientific papers on “the psychology of betrayal,” “the mental sequelae of captivity,” and “the psychoneuroses of war,” among
other topics. The question we pursue for now concerns the ways in which alternative perspectives were closed off, and why.

Medical Dissertations on Concentration Camps and Deportee Pathology, 1941–1946

Ironically, one of the first French medical doctorates that I was able to locate dates from 1941, the first year of the Occupation, and was written by an Albanian candidate, Higmet Dibra-Menzelxhin. Entitled “Psychoses in the Concentration Camps” (in French), it was submitted to the Faculty of Medicine of the University of Paris.25 The camps in question (Gurs, the largest, near Bayonne; Saint-Cyprien near Perpignan; and Rivesaltes, also in the non-Occupied zone) had been established initially by the French government in the late 1930s for former soldiers of the defeated Spanish Republican armies refugeed in France. With France’s defeat in May–June 1940, the camps now became detention centers for Jews, enemy aliens, political refugees from Belgium, even the odd tourist sucked into the whirlwind. Many of these detainees were held there until August 1942, when they were deported to the Occupied Zone and then into the Reich.

Dibra-Menzelxhin’s dissertation focused on the camp at Gurs and detailed sixty-five cases from June 1939 to June 1940 requiring hospitalization for psychoses at the hospital nearby that served the camp’s 15,000 to 20,000 prisoners (Dibra-Menzelxhin 1941, 11). Of the sixty-five cases discussed, twenty-five were Spanish, thirty-one were former members of the International Brigades (including a thirty-five-year-old African-American male dressed in women’s clothes), and four were Jews (35–36). These four—one “female Polish Israelite”; the other three German Jewish men—all would die between July and December 1940, of unknown causes, or simply with the notation “no explanation.” It should be recalled, though it was not mentioned by the author, that by this time Vichy antisemitism, and particularly the legal exclusion of Jews from French citizenship, was just about to get underway.

But Dibra-Menzelxhin made two observations here worth emphasizing. The first was that concentration camps are “a totally new” phenomenon “in the sociological domain” (10). As he explained this, the concentration camp is a completely artificial society established without the consent of its members, in which thousands of men and women of different “races,
nationalities, language, education, and opposed [political] opinions” find themselves thrown together in close proximity. Accordingly, he found that “the camp factor” was certainly the main determinant of the mental disturbances observed, as well as “the dominant preoccupation of all our patients” (17–18).

His second finding concerned “the frequency” of persecution mania, often linked to political themes. These, however, and despite what he had just said about “the camp factor,” have no objective basis, but rather were founded upon personal “interpretations” by the patient that translated into hallucinatory behavior, psychomotor turbulence, aggressivity, attempted suicide, and self-mutilation. For Dibra-Menzelxhin, a psycho-pathological syndrome is “not an illness with a determinate cause . . . it is the patient that creates the form of his psychosis” (65). Actually, this last is a tremendously important point concerning the “causality” of mental disturbances, a question that had been present since the beginnings of modern French psychiatry with Esquirol’s work of the early nineteenth century. As we have seen, a number of theories about the “location” of these causes were in contention: cerebral lesions being the principal materialist theory; heredity the one most favored by German psychiatry; but also psycho-dynamic theories such as Freud’s, for example, that stressed the sexual aetiology of neurotic symptoms. Psychoses, of course, are a different order of phenomenon, but generally speaking the debate turned on the importance to give to external factors versus internal factors, and on how difficult it can be to distinguish between the two. By arguing that “the patient creates the form of his psychosis,” Dibra-Menzelxhin’s dissertation gave greater emphasis to internal and interpretive factors, a line of thinking that one can also find in (some) 1930s psychiatry and in particular in the medical dissertation of Jacques Lacan on psychotic paranoia (1932). But as a brief illustration of the persistence of these questions and especially in relation to current external events, such as the war, another medical dissertation, this from 1940, attempted to correlate a perceived increase of acute psychosis cases — up 33 percent in the Nantes area — as a result of the tensions of the Phony War, increased numbers of refugees, and the beginnings of military operations (Roger 1940). The author quoted Esquirol’s hypothesis that since the taking of the Bastille and subsequently, it was clear from French history that madness is related (“se rattache”) to external events. But since this particular dissertation only dealt with ten cases of acute psychosis, it provides little empirical support for the overall and larger argument.
Turning now to those dissertations that dealt specifically with deportation, most likely the first medical dissertation to be published on this topic was that of Guy Robert Lemordant, a highly decorated Resistance member. It was submitted to the Faculty of Medicine of the University of Strasbourg and supervised by Professor Marc Klein, a professor of bio-medicine who had himself been deported as a Jew to Auschwitz, Gross Rosen, and Buchenwald, where he was liberated (see Klein 1946). Entitled “La Pathologie concentrationnaire,” Lemordant’s thesis was in part a personal account of his deportation experience, but was also an attempt to describe the physical manifestations and timeline of the illnesses among the prisoners at the Melk concentration camp in southern Austria, liberated in April 1945 by the Second Moroccan Division of the French colonial army. According to Lemordant’s account, the Melk camp was “inaugurated” in early June 1944 (Lemordant 1946, 16–17). Wieviorka claims vaguely that he spent most of his time there in the “infirmary,” or Revier in German camp language. Lemordant writes that he had been designated a prisoner-doctor by the chief prisoner doctor at Mauthausen, a Polish doctor named Chaplinski who was a former student of Gilbert-Dreyfus, of whom we shall speak later, to replace another French prisoner-doctor disliked by the Ss (18). Lemordant remarks that “it is not possible to overstate the level of horror of our [overcrowded] infirmary,” which became ever more filthy, crawling with lice, and stinking as the number of the sick and dying kept growing — up to 6,000 deaths a day from pneumonia by April 1945. Initially, however, it had struck him as a “perfectly normal” infirmary, although the prisoner-doctors soon learned that “we were not there to reduce mortality [rates] . . . but to triage and recuperate rapidly the human material available so that it could serve longer” (18). He quotes from an Ss medical manual that “the only treatment for psychosis . . . is a rapid death,” that a prisoner’s desire to commit suicide is “perfectly respectable,” and that one should allow him do so.

Initially, the cases that came to the infirmary presented “rather simple pathologies: a few cases of pneumonia, pleurisy, inflammation of the skin, phlegmons or suppurating infections, minor accidents . . . in short, the best one could hope for” under the circumstances (16–17). But this changed very rapidly. If at first the cases were relatively few and mainly consisted of infections and acute pneumonia, the numbers grew as the seasons changed: by summer, cases of phlegmons and septicimia resulted in as many deaths as cases of pulmonary infarct; by the fall of 1944, these were the three lead-
ing causes of death; by the winter, even more cases of tuberculosis, severe vitamin deficiencies, and (in German) of “Kollaps”—the sudden death of prisoners of all ages and in a seemingly adequate physical condition—not to mention growing numbers of cases of nephritis, endocarditis, myocarditis, more severe accidents, and suicides, who were mainly Jews, “without a doubt the most miserable of all the prisoners” (76).

The pathology of the camp, simple at the beginning, becomes more and more complex, as the different factors—overwork, denutrition, lack of vitamins, the cold, lack of rest, overcrowding, increasing parasites and filth accumulated their effects and deliver to infectious agents, organisms incapable of defending themselves. (29)

What results was a generalized pathology (“une pathologie spéciale”) deformed in its symptoms—for example, “bloody diarrhea” could be a sign of a variety of internal disorders, such as dysentery, appendicitis, and other suppurations. And the prisoner-doctor was helpless, and could do nothing for the cases of tuberculosis; sometimes he could treat diarrhea if charcoal powder was available.

The “Kollaps” cases appeared with the winter cold, and by the time they reached the infirmary were either comatose or had lapsed into indifference. The overall progression of the Kollaps appeared to manifest itself with ocular problems, then respiratory; circulation as the pulse beat ever more slowly; the skin became anaesthetic; and finally there were no more reflexes. Eventually the patients slipped into a state between coma and death, from which there was no recuperation, despite, when available, intensive medication and stimulation of the heart (47–49).

Above all, Lemordant concluded, this “thesis is a testimony . . . in order to make better known the conditions and misery of my comrades” (78).

Henri Rosenscher’s dissertation, also from 1946 and the University of Paris, was supervised by Professor Charles Richet, at that time working at the Pitié hospital, with a chair in problems of nutrition at the Faculty of Medicine. Entitled “La pathologie du déporté,” it was based upon eight months Rosenscher spent at Dachau, but unlike Lemordant’s dissertation, attempted to focus more specifically on “the medical point of view” (Rosenscher 1946, 9). Thus, while Rosenscher wrote of the pathology of the deportee in general—hunger, fatigue, cold, ill-treatment, overcrowding, starvation—he focused more specifically on two sub-pathologies, both drawn from Richet’s work; namely, the pathology of hunger, and the
pathology of overcrowding. He also mentioned in passing “the psychosis of hunger” (45) and “the pathology of the German spirit” (65).

The pathology of hunger manifested itself in three phases. According to Richet’s calculations, a deportee expended some 3,000 calories a day through work and from the cold. The prisoner’s ration was 1,050 calories a day. With such a discrepancy between caloric output and input, the physical consequences were dramatic. First, came rapid weight loss, then the skin became loose, the stomach hollowed out, the orbits of the eyes also; the muscles literally melted away (deltoids, quads, the gluteals being the last to go). With this came the loss of all physical strength.

Since the heart is a muscle, a second consequence was of cardiac insufficiency: breathlessness, slowing of the pulse, joint pain, and increasing slowness and clumsiness of any physical movement.

The third and final stage was “Allgemeine Korperschwache” (AKS or general body failure), the official name for what was otherwise termed in camp language “the Musselmänner” — the reduction of the body to a walking skeleton of mummified skin, weighing about 30 kilos (66 pounds). Past 50 percent of initial body weight, weight loss became irreversible, and the Musselmann just suddenly dropped dead. Rosenscher reports of an autopsy on one such case that revealed “a tiny, shriveled heart, a very pale liver and intestines the thickness of cigarette paper” (33).

For the pathology of overcrowding, Rosenscher also referred to the work of Richet on hygienic breakdown, resulting in Buchenwald (where Richet made his observations) in one prisoner block alone of monthly mortality rates of 525 or 3.4 percent, rising by April 1945 to 1,350 or 10 percent. Overcrowding led to the proliferation of a variety of skin infections, dyptheria, and especially of exanthemic typhus, where in Rosenscher’s account, death rates at Dachau reached as high as 40 percent; from January to March 1945, 11,000 deaths out of 30,000 prisoners (54–57).

The even higher rates of œdema, skin inflammation, and diarrhea among prisoners — up to 80 percent of all cases — lead him to some interesting findings on the disruption of metabolic functions due to weight loss and starvation. He reports on the correlation between decreased glucose levels in blood and spinal fluid and the resulting increase in a range of psychic disturbances: from idiocy and mental delibility, to hallucinations and persecution delirium (43). Hunger and the hyperatrophy of the muscles also lead to further psychic disturbances, notably sexual dysfunction, as well as anesthesia of the skin and the inability of skin to scar from cuts.
But perhaps where Rosenscher innovates most strikingly is that his is one of the first studies to concern itself with following up repatriated cases. For example, of some total 210,549 repatriateds in the Département de la Seine, upon their return, 7.7 percent of former workers and 7.5 percent of former POWs were considered ill, but of the deportees 65 percent were ill (68). Rosenscher consulted 1,000 medical files of repatriated deportees, 306 of whom were still in “an altered state of health” ten months after Liberation. The most important of these cases, he noted, consisted of continuing pulmonary fragility and extreme fatigue. If the number of specific nervous disorders were few, neuro-amnesia, hysteria, epilepsy, paralysis, and significantly lowered blood count were all still observable six months later. Frequently reported psychic problems included difficulties in concentration, deterioration of memory, instability, and irritability, often related to fears about readaptation to civil life.

Finally, a few comments can be made about a third medical dissertation, also from 1946, Joseph Hafner’s “Aspects pathologiques du camp de concentration d’Auschwitz-Birkenau,” supervised by Champy. On the one hand, Hafner argued for a comparative pathology that would compare several camps (Hafner 1946, 10). As well, the list of pathologies discussed in the dissertation was longer than in the other dissertations: Hafner listed “camp pathology” (26), “surgical pathology” (34), “traumatic pathology” (36), “medical pathology,” and also “the pathology of the women’s camp” (51). In a word, he suggested that almost every aspect of life in the camps was accompanied by a pathology. At the same time, he wrote that there was no evidence of a particular pathology in general, in the sense that no new diseases were discovered.

But our principal medical surprise . . . was to observe that it is possible to produce in several days by a complex of abnormal conditions of hygiene, lack of food, housing, and by means of superhuman physical effort and extreme conditions of nervous tension, serious cathexias of an intensity that the medical world has not had the opportunity to observe in centuries. These cathexias might normally have appeared as a result of very long periods of deprivation . . . [Here however] was a complete syndrome of acute deficiency that results in the death of an individual in several days, two–three weeks [at most]. (12, emphasis added)

Not to get especially technical, but “cathexia” generally speaking can be understood as the loss of the will to live. If, for the sake of argument,
Freud was right that human life is a losing battle between the life instinct and the death instinct, cathectia might be seen as the sudden release of the former, resulting in rapid death.

For a more concrete example: Doctor Jules Robert, a general practitioner, was deported to Buchenwald from 1943 until the liberation of the camp, staying on afterward to help the surviving deportees. There he kept a notebook on a pad of the thin stationery that prisoners used to write letters home twice a month. Each sheet of camp stationery had room for two letters, in roughly a 5-by-4-inch space, on one side only. In this space, Robert wrote each prisoner’s serial number, name, date of birth, nationality, and date of death if death had occurred. He had enough room for a two-line diagnosis of the prisoner’s condition. His notebook is about one hundred pages long, and followed the serial numbers 60578–69493, 81189–81527, 85098 and various numbers not in sequence, for a total of under 10,000 prisoner numbers, assuming they were all accounted for, which is not very likely since a typical page is roughly sequential but with numbering gaps. If one of Robert’s pages contained information on six prisoners, he perhaps looked at six hundred cases on the outside. So, for example, one entry reads: 60639 Barry, Francis, F[rench], d.o.b 7/7/17; diagnosis: “in fairly good shape”; transferred out 5/IV/45.

Robert’s general diagnostic categories were asthenia (unresponsiveness); extreme thinness; abscess; rheumatism, and so on, and especially (in his spelling) “Kachexie.” This was by far the single most-common diagnostic notation in the notebook, often accompanied by the remark “deceased.” His observations in the field, as it were, appeared therefore to confirm Hafner’s amazement at the concentration camp’s ability to dramatically accelerate the onset of cathectia.

A Medical Field in Search of Itself, 1945–1953

Little by little, dissertation by dissertation, through growing numbers of articles in the scientific medical journals, a central concept of pathology, yet to be fully defined as it covered everything from the appearance of a “normal” illness to a much broader range of phenomena, was taken up by increasing numbers of medical doctors: neurologists, endocrinologists, epidemiologists, psychiatrists, but next to no psychoanalysts. One young visionary, however, yet to make his mark although in the next decades he would shake French psychoanalysis to its roots, was terribly impressed by
the potential applications of psychiatry and psychoanalysis in reversing the effects of war. Returned in the fall of 1945 from a five-week stay in England, Jacques Lacan noted the wartime uses of British psychiatry in minimizing the extent of mental disturbance among civil populations, in combat training of commando units and RAF pilots, not to mention the equally impressive deployment of psychoanalysts in the demobilization of British troops as well as the civil reintegration of POWs. “In a century in which the development of the means of acting upon the psyche will only increase,” wrote Lacan, this surely would lead to new forms of the abuse of power. Postwar French psychiatry in particular, he felt, had to face the tasks “incumbent upon it by a demoralized country” (1947).

Meanwhile, the work of description and observation of the returnees’ state of health proceeded however it could. The FNDRP, one of the Communist national federations of deportees, internees, and patriot resisters, had very quickly set up a medical dispensary on the rue Leroux in the bourgeois sixteenth “arrondissement” for federation members. Later, a center for rest and readaptation named after the Resistance hero and martyr Jean Moulin would be established in the late 1940s on the outskirts of Paris. The rue Leroux clinic exists to this day, no longer restricted to federation members but open to all like any other medical clinic. The same building houses on its upper floors the FNDRP editorial offices of its long-running newspaper, Le Patriote Résistant, as well as the federation archives, such as they are. For instance, none of the patient files from the immediate postwar period exist any longer, having “disappeared” over the years, as I was told, to unknown locations, if they still exist at all. The then-head of the clinic was Dr. Louis Fichez, an endocrinologist by his medical training (and whose scientific work we’ll discuss in the next chapter). More important for our immediate purposes is that he was part of a group of former deported prisoner doctors—Charles Richet, Gilbert-Dreyfus, and Michel Uzan—along with neurological luminaries such as Dr. René Targowla. Targowla had done significant work in the 1930s on long-term, late-appearing psychological symptoms among World War I veterans, and was himself a veteran of the post-WW1 political and medical battles for veteran pension reform.

In their scientific work, “the gang of four”—Fichez, Richet, Gilbert-Dreyfus, and Targowla—were the principal figures; the other associates would come and go according to the circumstances. They pioneered what eventually came to be known as “the pathology of deportation” by the mid-1950s, the title of the 1956 textbook on the subject co-authored by Richet,
Fichez, and Albert Mans. In 1945, though, what to call it was still in flux: Targowla had published on “psychic aesthenia,” a Janetian term used for a while afterward, but, as we saw in the dissertations, Richet, for example, wavered for several years as to whether the object of study concerned the long-term effects of malnutrition, famine, or what he also called as late as 1959 “states of physiological distress” (“misère psychologique”; see Targowla 1945). In other words — and the next chapter will focus upon these developments in greater detail — an oscillation was set up between physiological effects and their psychological consequences, but both lasted much longer than had been assumed they would.

Similarly, a parallel oscillation occurred between doing medical research and doing politics, initially within the medical profession for its conservatism, and more broadly as concerned pension issues pertaining to the classification of non-military former deportees. Fichez, in what was likely one of his last interviews in the mid-1990s — his exact dates are untraceable — with a Master’s student in history, recalled the group’s battles with the National Academy of Medicine, and the ignorance of their medical colleagues regarding the effects of famine and malnutrition, although they were all too personally and professionally familiar with obesity (quoted in Vernant 1996, 76-77).

As for the group’s politics, Fichez was very likely a life-long Communist and certainly maintained professional connections with Soviet bloc institutions until the end of his working career in the 1980s. Richet was not; but he did devote much of his prestigious career to the reform of state and medical institutions’ inability to grasp the social implications of his scientific work. Gilbert-Dreyfus was a Communist for a while after the war — he also liked fast cars. He looked back upon this period as well as his attempts at being a writer as the follies of youth when he acceded to the chair of clinical medicine at the University of Paris Medical Faculty in 1959 (see his inaugural discourse in La presse médicale, 6 June, 1959, Fonds Marianne Hamburger, Alliance Israëlite Universelle Archives).

One of the key French postwar debates where many of these issues came together concerned the pension implications deriving from the legal status of what it meant in law to be a deportee, a debate that dragged on well into the early 1950s. As of May 1945, when repatriation got seriously underway, the status of deportee was fixed by decree and, as we have seen, lumped all types of deportees together indiscriminately (POWs, political deportees, STOS, not to mention Jews). All returnees received a small sum of money
and some vacation time, renewable in the case of POWs and deportees. Political deportees received an extra 3,000 French francs and a new suit. No distinction was established among deportees between politicals and rac-
cials. At the same time, Article 9 of the decree gave a very broad definition to
the term — pretty much anyone transferred out of France and incarcerated
by the enemy; the one condition was to be a French citizen, which thereby
excluded the majority of deported refugee Jews. The vagueness of the ruling
saw renewed attempts in 1948 to define who was a deportee, a debate that
took place in the National Assembly, where Richet was an expert witness.
This new debate proposed two definitions: “deportees and internees of the
Resistance,” and “deportees and political internees.” The debate, which
began in March and went on until June in the Conseil de la République,
is given fifteen pages of detailed analysis by Wieviorka (1992, 143–57), so
we’ll just mention her main points here. First, that the first new category of
deporotees and internees of the Resistance, unanimously adopted by both
chambers of the legislature, created an especially prestigious class of Re-
sistants with a special identity card, lifetime public transport privileges,
medals, and honors (150, 156). Second, the other category of deportees and
political internees led to a violent debate over what to do about the French
Communists who had been allies of Nazi Germany until the latter attacked
the USSR, even if they became resistsants afterward and had experienced an
electoral peak in popularity between 1945 and 1947. As Wieviorka writes,
this second debate is in fact about the Cold War, and the concentrationary
universe is simply evacuated from the discussion: “it is much more about
the [history of the internal] Resistance than the deportation” (155). Fi-
ally, she notes that designating all deportees and internees as politicals
was meaningless: Was the aged Jew or the Jewish child a political? Nobody
seemed to care much, in the end — not even the representatives of the major
Jewish institutions.

Still, this debate did not clarify the pension status of many deportees,
and particularly so, as the work of Fichez and Richet notably kept trying to
draw to the attention of the authorities in the ministries of Health and So-
cial Security, the continuing manifestations of what Fichez in a 1951 article
called “the very particular pathology of the camps.” From 1949 through
1951, cases of late-appearing tuberculosis showed up among former de-
portees at Public Assistance hospitals. Finally a law of 5 January 1951 cre-
ated a commission to review the pensions of deportees and internees. The
work of the commission saw an opportunity for the first applied research
on concentrationary pathology. The commission itself included Fichez and Richet, among the four doctors representing deportee associations, and Targowla as Commission rapporteur. In May 1953, a new decree recognized that “the methods of total war . . . had created unforeseen pathological circumstances” not taken into account by the barometers previously used to determine pensions for war victims. It called instead for “a differential diagnosis” as proposed by Targowla as a means of establishing pension attribution according to a new “special barometer” (“barème spécial”; see Vernant 1996, 80–82, who draws heavily on issues of Le Patriote résistant of the period; also the undated collection of documents published later in 1953 or 1954 by the FNDIRP entitled La pathologie des déportés). It also proposed upward revisions of pension allocation percentages for a whole range of illness presentation for—and only for—resistant and political deportees. If a claimant could show that his or her condition had not been present prior to deportation, following the usual investigation by the police, medical certificates, and the like, the claim would be granted by presumption (“par présomption”), even in the absence of definitive proof that the illness had been contracted during deportation, if the political or resistant deportee could show the identity card that certified him or her as such (quoted in FNDIRP document collection, n.d., 252). The list of now pensionable illnesses included varieties of arthritis, gastrointestinal and cardiological disorders, denutritional asthenia, a range of female genital disorders of the vulva, vagina, and uterus, as well as assorted chronic lesions and tumors (FNDIRP document collection, 246–50).

This episode in which the new medical research field, through political associations, was beginning to introduce its findings into the justifications for state decisions, was hardly the end of the matter. On the contrary, the politics of scientific debate about the consequences of deportation were merely getting under way, in France and elsewhere.
In the previous chapter, we saw how the figure of the concentration camp survivor eventually came to center upon one particular idea; namely, that the survivor was the physical and psychical incarnation of the pathological—the abnormal—as a result of having been made by the Nazis into the unwilling subject of a drastic experimental intensification of external forces. The camps were sites of the deliberate acceleration of “normal” biology: hunger, starvation, cold, overwork, and fear, all combining to rapidly bring about the end point of physical processes prematurely. Ageing, wasting away, Kollaps, the reduction of physical movement, and the loss of the will to live, as far as the physical body went; asthenia and premature senescence for the neurological systems; and this was only the beginning of the medical findings. As Leo Eitinger, the doyen of the first generation of survivor researchers, put it in the late 1990s:

The newly released prisoners had no one left, there was nowhere for them to go, they were completely through with their own lives, and they hadn’t the faintest idea what to do with the new life so unexpectedly granted them. [For the new international organizations that looked after them] . . . the individual person was, as yet, of very little importance. . . . Indeed, the individual had no right to decide for himself, to determine his own

**Figure 3**

The process by which energy (cathexis) is transferred from one mental image to another. . . . More generally, the process by which the individual shifts interests from one object or activity to another in such a way that the latter becomes an equivalent or substitute for the other.

**Rycroft, A Critical Dictionary of Psychoanalysis, 1968, 35**
fate. . . . [The Jewish] ex-prisoners . . . themselves were not capable of understanding their new circumstances, so different from the world of which they had dreamed. (1998, 769)

Eitinger added that at the time two possible actions might help Jewish survivors in particular. One was that they could somehow make it to Israel and start new lives there. The second, and another form of displacement, was that “scientific studies,” as he himself would shortly undertake in Norway, were “needed to describe life in the concentration camps and the short and long-term reactions to concentration camp survival” (769). Here, medical studies of concentration camp effects might provide at one remove a replacement for the disorientation of the former prisoners.

That the unprecedented set of circumstances confronting survivors would be fascinating to some medical doctors, even if they were at the same time personally appalled by what the survivors had been through, is not surprising. The physicians were the ones with the appropriate training to best understand physical deterioration. Further, the central concept around which their observations would crystallize in the French context particularly, the pathology of deportation, also derived from the medical training of the neuropsychiatrists involved; it was an integral part of the dogmatic underpinnings of their profession. And yet, as shall be seen in the present chapter, even given figurative condensation over the survivor, there was room for different ways by which this would be approached, involving fundamental differences over the ethics of medical practice. It is such displacements that we focus upon here. As will also be seen below, those survivors who did receive medical attention — and these were far fewer than the many more who simply were abandoned to their own devices — were by and large all viewed as manifestations of the pathological or the psychopathological. While various diagnostic labels would emerge for these states — most notably KZ Syndrome — the overarching term that I use to group them together is “the pathology of catastrophe,” following Marc Dworzecki (see below). In part, this is because the Hebrew and Yiddish word for “the catastrophe” — Ch’urban — was the first name given to what subsequently was called the Holocaust and later the Shoah. In part also, it is because “the catastrophe,” as will be seen later, covered the broader range of contexts in which the survivor will in turn experience displacement.
The word *soma* in classical Greek means the body, or bodily. (This has nothing to do with Aldous Huxley’s use of the word in his 1932 novel *Brave New World*, to figure an ecstasy-producing tablet derived from a mythological Hindu plant.) In modern medical thought, the soma refers to all the cells of the body—with the exception of germ cells—and all those parts of the body that make up a mortal individual: the tissues and organs, muscles, alimentary canal, stomach, intestines, kidney, bladders and ducts, liver, pancreas, and other glands. All of these organs and bodily systems, including the autonomic nervous system and the generative organs, have nerve receptors or are conduits for the sensory.

With the question of the content of bodily sensory systems matters become more complicated: in effect, a revival of the mind-body split in many ways, but where the differences between the two have become blurred. Does the nervous system “feel” and if so, in what sense? Similarly, are the organs and muscular system carriers of “emotions” and, if so, which? The various medical sciences also diverge here. If medical sciences generally agree that the sensory or receptor systems of the body may be points of origins of “reactions,” are such reactions simple or complex? Psychology, for example, postulates that such reactions may be constitutive of an individual’s inner “affective experience.” But this in turn calls for a different organizing concept than that of the soma, namely that of “the psyche.” However, as we have just seen, it is not a simple matter to clearly separate the two. For instance, one could say that the phenomenon of sleep (and so dreaming) is the precise point at which somatic life turns into psychic life, but, even so, it’s not as if physical activity ceases during sleep either. So this problem of boundaries will return again and again in various forms, in part because the primary concern of medical science is crises of the bodily.

Those whom this chapter terms the somatologists tended to be more preoccupied with the consequences of concentration camp incarceration for bodily systems (the heart, the digestive system, glandular dysfunction, and so on) than they were with the psychological. But, as we shall see, such a separation became ever harder to maintain as time passed.

As noted at the end of the previous chapter, with the campaign for pension reform and illness eligibility reclassification led by the FN DİRP in the early 1950s, the revised list of pensionable presentations were all somatological. Notably, in the case of women deportees, these included: “sequelae
[lasting consequences] from traumatic lesions and mechanical troubles at the level of the female genital apparatus”; chronic infectious lesions; functional troubles (e.g., dysmenorrhea, endocrinial problems); benign or malignant neoformations (polyps, fibroids, tumors); sequelae from surgical ablation (ovarectomies, hysterectomies); and obstetric complications (FNDIRP Archives, La pathologie des déportés n.d., 249–51).

More generally, what Targowla now termed “post-concentrationary asthenic syndrome” (PCAS) was not to be confused with neurasthenia, nor neuro-psychaesthenic states, nor psychoses, nor hysteria. Rather, PSAS presented as specific aetiological and pathological factors, the absence of previous psycho- or neuro-pathic factors, and a clinical presentation marked by a tendency to dissimulate or minimize problems, and an absence of diffuse complaints, compared to the theatricality and egocentrism of classical hysteria. Where hysteria was an illness of extroversion, deportee asthenia was one of introversion, or “involutive neurasthenia,” as Targowla put it (1954a, 62).

Targowla, in his dual capacity as Commission rapporteur and neuro-psychiatric expert, made some remarks that are useful in further definition of what he termed “neuro-psychic post-concentrationary pathology.” For one, he indicated that concentrationary pathology was a branch of the pathology of war, but surpassing combat pathology in importance. The “originality” of what deportees experienced stemmed not just from mass concentration, but also from having been part of a deliberate process of “produktiv Vernichtung,” (productive annihilation), the massive, accelerated destruction of “human elements” (177). Having personally examined some twelve hundred deportees since 1946, the majority of them resisters, Targowla sketched out the state of the study of the neuro-psychiatric sequelae (lasting consequences).

In so doing, he was struck by the rarity of grand neurological syndromes—no cases of hemiplegias, Parkinson’s, multiple sclerosis, brain tumors, or the like—most likely because such people could not have survived long in camp conditions. Other than some belated sequelae from head wounds, nerve damage, migraines, and four cases of facial paralysis, Targowla’s most striking observation was that nearly all cases of nephritis (renal illness) and polynephritis, initially widespread, had regressed without apparent consequence. Similarly, with major psychopathic syndromes, he noted very few cases of chronic delirium, schizophrenia, or manic-depressive psychosis among concentration camp survivors. Some sixty
cases of periodic psychosis or cyclothemia were observed. Repatriation itself, however, was marked by a few instances of transitory mental confusion and anxious melancholy that rarely recurred.

The “capital finding” of the methodical clinical examination of resistsants and political deportation survivors was a morbid ensemble that, because of its frequency and the constancy of its presentation, Targowla termed “the common residual symptom of the camps”: namely, the asthenia of former deportees (178). This was a three-dimensional form of neurasthenia, with motor, mental, and neuro-vegetative symptoms. The motor or muscular symptoms manifested themselves as a general lassitude, especially in the morning, but also as exhaustion due to physical effort throughout the day, and marked by chest pain, breathlessness, heaviness of the limbs, constrictions felt at the knees, pain in the tibia, and headaches. One of the aspects of generalized muscular fatigue was a diminishment of auditory capacity.

Psychic asthenia, or what Janet had called a lowering of psychological tension, here translated into failures of intellectual activity that corresponded exactly to psychomotor asthenia. Memory troubles were noted most frequently: the inability to take in new information; forgetting names, addresses, phone numbers. Attention was diminished, thoughts distracted, ideas vague, perception incomplete; at the same time, a certain pleasure was derived from morose rumination. Such psychic fatigue appeared clearly in a range of tests of memory, attention, ideas, association, and so on, in which the subject’s increasingly evident poor performance produced anxiety, powerlessness, and pain in the forehead and eyes. In addition to such functional symptomatology, affectivity and sensibility were also affected: “moral depression, emotional instability, anxiety, paresthesia . . . which, with psycho-motor adynamism, form a clinical complex” (180).

As Targowla noted, affective depression was equivalent to a diminution of activity. Desire weakened, as did sexual interest and “sentimental pulsions.” Ordinary daily activities were experienced painfully, and worries excessively dwelt upon. The subject was “morose and worried, pessimistic, of abnormal and excessive emotivity, allied with irritability, [and] impulsive irascibility which explodes for pointless reasons.” The former deportee couldn’t stand noise; the crowd oppressed him; society wore him out; he preferred solitude. His malaise diminished when with his camp comrades, but at the same time he also feared that painful memories would resurge.

Deportees suffered neuro-vegetative sensory troubles as well: head and bone pain; back and knee pain; dizziness; fear of falling; inability to sleep.
at night; nightmares; anguished wakening with heavy sweating; nightly and daily incontinence.

Finally, Targowla described two characteristic “functional visceral syndromes”: heart and digestive problems, separately or in combination. The heart troubles were “essentially subjective,” that is, independent of any clinical lesional symptomatology observable through radiology or electricity (182). Digestive problems were also neurotonic. Laboratory examinations, X-rays of the skull, encephalograms, and lumbar punctures did not reveal consistent abnormalities.

If such was Targowla’s clinical description of the asthaenia of deportees, perhaps one of its most striking traits was its latency phase (183). An initial period of convalescence was followed by a period of apparent health, but this only lasted several weeks, even at times up to two years. Targowla mentioned several patients in whom the affectation appeared in 1953, eight years after their return.

How then did Targowla situate post-concentrationary asthenaic syndrome within the larger neuro-psychiatric context? Surprisingly, perhaps, he described it as “a neurosis in the classical sense of the term,” or what Charcot and others of his time would have called “hysteria without crises.”

That said, Targowla then went through the historical diagnostic progression from the end of the nineteenth century, and subsequent refinements of the definition of neurasthenia, from very broad to increasingly precise. He concluded that there were two categories of neurasthenia: primitive and symptomatic, with post-concentrationary syndrome taking either form in any case. Targowla added that what “the ancient authors” had termed *hysteria major* developed on a particular terrain unknown to them at the time; namely, fundamental neuro-psychic asthaenia (186).

Nineteenth-century work on the origins of hysteria and later neurasthenia (hysteria without crises) had attributed its violent emotional states to social factors such as overwork, insufficient sleep, slum conditions, undernourishment, and poverty, along with infections and tuberculosis, alcoholism, and chronic rheumatisms. Some of these causes could be attributed to hereditary predispositions, but also could be acquired without any predisposition. To be sure, some deportees showed hereditary constitutional elements that could translate into the clinical profile (paranoid tendencies, obsessions, etc.). But, for the most part, the condition of deportees had been, so to speak, created under experimental conditions “colossally amplified” by the torturers. The study of concentrationary illness and its
pathological physiology as presented in the work of Charles Richet and Alfred Gilbert-Dreyfus now made it possible to identify precisely the pathogeny of “neurasthenia”—namely, despite the reversibility of functional and anatomical changes in survivors, a disequilibrium of the central regulators of vegetative life, including affectivity, was evident and tended to be located, according to the most recent hypotheses, in the hypothalamus.

“Moral misery” and its substratum “physiological distress,” along with the late-presenting asthaenia of deportees, were in many cases triggered by one final factor: the fact that the returnees’ readaptation to civil life had not occurred under “the most favorable” psychological and practical conditions. This had produced a terrain of neuro-psychic depression upon which the first symptoms of asthaenia developed. The end of the latency phase often coincided with the attempted return to normal daily activities.

Finally, the residual syndrome common to camp survivors was not an illness specific to former deportees; but a well-known—if involuted—neurasthenic syndrome. Adoption of the term “deportee asthaenia,” thus had a dual aim: (1) to counter the erroneous conception of neurasthenaia as a constitutional condition independent of external circumstances, and (2) to struggle against the prejudices associated with neurasthenia and its subjective symptomology in the minds of doctors, the public, and of patients themselves.  

In the context of the commission for pension reform, Targowla brought to bear new scientific findings upon the attempt to change state actions. More than this, though, Targowla also addressed his own larger research field—neuropsychiatry—in the history of its debates over hysteria and neurasthenia, and in the process refined the exactitude of these diagnostic categories. Third, by his various references specifically to the work of his colleagues Richet and Gilbert-Dreyfus, Targowla identified an emerging scientific discourse network, whose development in France and beyond was beginning to form at this time.

Before returning to this theme, however, it may be useful to learn something more about these men I call the somatologists, beginning with Targowla himself.

**René Targowla (1894–1973)**

Not all doctors have a medical syndrome named after them; René Targowla did, in the emerging discussions in medical circles after the war over the consequences of deportation. “Targowla syndrome” was in effect a later
name for what Targowla termed, as we have just seen, deportee asthenia (Dworzecki 1962; Abalan 1987). As we also saw, however, the latter was not in the end a condition entirely specific to concentration camp detention as much as the inward displacement of a neurasthenic condition.

Targowla’s thinking was formed by his experience in the mid-1930s of examining World War I veterans still troubled by symptoms up to eighteen years after their wartime injury. According to the work of independent researcher Gregory Thomas, after evaluating eighty-nine cases where troubles reappeared after a long latency period, “Targowla concluded that their post-traumatic symptoms were not in fact lingering sequels to the physical trauma, but rather ‘banal,’ subjective troubles which appeared in conjunction with arteriosclerosis” (Thomas 2003, 37; see also Targowla 1936). It was the patient, according to Targowla, who incorrectly attributed his symptoms to the wartime injury, based on an association between present symptoms and those suffered originally.

The cases examined by Targowla and colleagues Maurice Pignède and Paul Abély (1930) revealed scores of men who continued to suffer from illnesses with psychological components years after their wartime injuries. As Thomas notes, these veterans had not succeeded in reintegrating into normal life. They were plagued with recurrent memories of war and with affective symptoms, as well as the lingering effects of physical wounds. Their problems were “moral” as well as financial, due to inadequate pensions. On the “bright” side, as they had not been classified as mentally alienated, they had at least avoided the fate of their more traumatized comrades, locked away in asylums, often for many years and unable to see their families.

In the 1920s, Targowla had been associated with the pioneering work of Edouard Toulouse, a prominent psychiatrist (and socialist and freemason) who in 1922 established the first “open” psychiatric service at Sainte-Anne Hospital in Paris. The Service libre de prophylaxie mentale was more an outpatient clinic for mildly psychopathic cases, and supported by laboratory facilities and a dispensary. Although it did possess wards, these were very different from the main hospital’s locked wards. As an open facility, Toulouse’s Service could circumvent the strict legal requirements for voluntary and involuntary admissions to asylums established under the law of 1838. Indeed, among other things, Toulouse’s work was a grim commentary on the wretched state of French public asylums (a further unsuccessful reform of the latter upon Liberation will be discussed in the next chapter). Patients requiring psychotherapy at the service were seen by Eugène
Minkowski, a highly significant figure in French interwar psychiatry whom we also encounter later in this chapter (on Toulouse, see Thomas 2004; also Ohayon 1999, 26–36).

As Annick Ohayon points out (1999), Toulouse’s Service, which in 1926 was renamed the Hôpital Henri-Rousselle after the senator who politically supported its creation, triggered bitter debates in the medical profession and particularly among “alienists,” as mental illness doctors were still called. The central issue concerned what kind and what numbers of mental patients could be treated by an “open” service. Toulouse himself was not very certain, but had argued in his 1896 book, Les causes de la folie, that “an important mass” of patients currently was sequestered in asylums who should not be there. His opponents mocked his “megalomania” and supposed claim that he could cure a hundred thousand mental cases in Paris alone. One newspaper reported that a certain Rambon, a double murderer, had been treated at Henri-Rousselle—effectively suggesting that murderers were on the loose there (see Ohayon 1999, 34). Other opponents claimed that Toulouse was more interested in research than in treatment, largely because of the existence at Henri-Rousselle of one of the first laboratories of applied psychological research. Despite the uproar and jealousies of the medical profession, Henri-Rousselle rapidly became a center for research and social experimentation, where supporters of experimental psychology worked together with subsequently influential psychoanalysts like Jacques Lacan and Daniel Lagache, and phenomenological psychiatrists like Minkowski.

Henri-Rousselle was absorbed by Sainte-Anne in 1941.

From this brief overview, we can see that Targowla came out of a medical milieu in an important period—one of intellectual ferment, and especially of the first institutional confrontations among psychiatrists, psychologists, and psychoanalysts that would last for decades thereafter. Most significantly, these new currents of thinking about and treating mental illness were highly contestatory of the more established branches of asylum psychiatry. Targowla’s work in pension reform with former POWs, and ultimately with deportees, while still firmly grounded in classical neuropsychiatry, showed that this field was not averse to social reform, nor to the recuperation of patients traumatized by the many dimensions of war long after the events and, as a result, pushed into the margins of social neglect—although not without a lengthy medico-political struggle to bring about change.
Charles Richet (1882–1967)

Targowla’s principal colleague in the study of the pathology of deportation, Charles Richet, in many ways continued where the former’s work left off, but in the different medical field of endocrinology. Richet came from a distinguished medical family. His grandfather, Professor Alfred Richet, who long taught surgery at the Hôtel-Dieu hospital in Paris, capped his teaching with a celebrated Treatise of Medico-Surgical Anatomy, considered at the time “an original effort” to bring to both medicine and surgery the latest developments in anatomy. His father, also Charles (Robert) Richet, was a world-renowned physiologist (France’s first Nobel winner in physiology in 1913), and the originator of the attempt to bring together physiology and psychology, publishing late in his career, following academic custom, a massive Traité de Métapsychique (1923). It was gently received by current leading psychologists such as Janet. Richet père was also a man of varied other interests, especially aviation—he was a pilot during World War I—and, early in the twentieth century, helped develop the helicopter with the Breguet brothers. He was equally fascinated by psychic phenomena and, during the First World War, developed a plan for rockets propelled by mental energy (C. R. Richet 1916). Richet fils followed the family path into medicine but, according to one of his obituaries, with no pressure or assistance from his father. The two would together publish a Treatise of Medico-Surgical Physiology where they aligned clinical medicine and physiological thought. Richet fils’ medical studies took place during the First World War and focused on infectious diseases. In 1917, at Marseille, he was one of the first doctors to detect the cholera infection. He fought in the Dardanelles campaign, a military disaster of the first order, which deeply impressed him with the suffering and death of troops in miserable conditions, camped on the beaches under heavy shelling.

During the interwar period, the scientific work of Richet fils focused on problems of nutrition and the physiology of nutrition, the study of the pathologies of nutrition, such as famine, as well as the endocrinal basis of neuromuscular problems. In 1931, with several collaborators, he published a book on the alimentary conditions of indigenous populations in France’s colonies. Each territory was examined carefully by a doctor, an agronomist, and a colonial administrator. The book also looked at the lives, health, and work habits of native populations in relation to agricultural development and the adequate production of food supplies. He was very interested in de-
mographic trends, birth rates, and their impact on national development, particularly in France, publishing in 1939 an article entitled “La Destinée de la France et sa natalité.” Six months later, the “Phony War” began, followed by France’s collapse before the Wehrmacht in June 1940.

Richet was arrested for Resistance activities in spring 1943 and imprisoned at Fresnes on 20 May. On 21 January 1944, he was deported to Buchenwald; his wife Jacqueline, to Ravensbrück; and their son Olivier was sent to Dora and then Bergen-Belsen. All three survived and jointly wrote a book about their experiences (Richet, Richet, and Richet 1945). Charles Richet was liberated on 14 April 1945. As his 1966 obituary in the *Presse Médicale* put it, “His soul would remain forever marked by the experience” (Debré 1966).

After his return to Paris, Richet was appointed to the Hospital for Sick Children. He had been admitted to the National Academy of Medicine in 1940; and was later given a university chair in alimentary problems at the University of Paris Faculty of Medicine, created especially for him. But his later scientific and humanitarian efforts were entwined predominantly with the study of “the pathology of deportation,” in which he was one of France’s leading scholars by the mid-1950s, his textbook on the topic going through three editions by 1962 (*Richet fils* 1958). He devoted the rest of his life to furthering the understanding of this pathology in both scientific and political milieux, as well as publishing on the related topics of famine, alimentary insufficiency, and the pathology of social misery.

Invited to speak on these topics at numerous congresses (despite cancer of the throat that eventually would deprive him of speech), Richet was associated with peace movements for the neutrality of doctors in times of war, and the Fédération Internationale des Résistants (*FIR*). The recipient of many national and international honors, Richet stipulated in his will that only two of these should be mentioned: the Grand Cross of the French Legion of Honor along with the German Cross.

One of the key themes running through all Richet’s work is the idea of “physiological distress.” Here we look at a short 1948 paper on this topic, co-written with Alfred Gilbert-Dreyfus, Henri Uzan, and Louis Fichez, all key figures of the somatological approach.

The notion of physiological distress (“misère physiologique”) was at the center of many of Richet’s concerns, whether in military life and colonial campaigns; among what we today term the homeless and battered women; but also as the “normal” condition of life among the popular classes of
many poor countries, particularly in the Far East. However, up to this time, little scientific work had been done on physiological distress, and even less so on its sequelae.

The central illustration of physiological distress is that of concentration camp deportation, personally experienced by all four authors. “For between one to four years, subjects dwelled in fear or rather anxiety, simultaneously victims of both material promiscuity and familial, gender and moral isolation, underfed, unheated, deprived of sleep, overworked, packed in narrow rooms, and afflicted with skin and intestinal infections” (Richet et al. 1948, 649). As all four authors had had occasion since Liberation to observe “a large number of deportees,” the observations reported in the paper were felt to be generalizable to other varieties of the aetiology of physiological distress.

They began by remarking on the high numbers of camp comrades who died within days of Liberation, many as a result of fatal diarrhea provoked by sudden excessive food intake; others, having depleted all their physical reserves, “went out like lamps that had run out of oil”; whereas still others survived for several weeks before they rapidly succumbed, affected by the “irreversible” forms of physiological distress.

At the opposite end of the scale were the reversible forms, in which some, remarkably, regained their health or at least the appearance of it. Between these two extremes were a large number of “slowly reversible” forms of alimentary insufficiency, especially among those over forty-five. Richet and his colleagues made passing reference to the striking fact of the late presentation of pulmonary or other forms of tuberculosis whose symptoms appear only after the return to normal life. They went on to identify major categories of the symptoms of physiological distress: first, weight loss to as low as 40 kilos that, three years after, had only risen to 60 kilos. The cause was not skeletal, but due to the loss of both body fat and muscle.

In some women, however, the four (Richet, Gilbert-Dreyfus, Uzan, and Fichez) observed “curious oscillations” of this pattern: weight gains of up to 5 kilos a month followed by considerable water-retention obesity, attributable to emotional and affective shock, sometimes transitory, but in many cases permanent.

Physical and intellectual fatigue was an even more constant observation than weight loss, coming with any kind of exertion. In its discrete form, physical fatigue presented as a painful sensation in the legs. More acutely, the patient had to sit down, or often required prolonged periods of bed-
rest—in one case, for thirty-seven months following Liberation. The decrease in resistance to fatigue appeared to be caused, in part, by more or less irreversible muscular atrophy. Although appetite was conserved, it was often exaggerated. Sleep was difficult, often with insomnia at night or hypersomnia in the day. The central bodily core was subject to hypothermia that seemed associated with thermophobia due to vasomotor instability. The authors raised the important question of whether these were really pathologies or, rather, represented the onset of premature senility. They then hypothesized that the latter may be a general state of accelerated aging. If a year of military campaigning was equivalent in its toll on the body to two civilian years, might not a year of “physiological distress” count for four?

At this point in time, they found little evidence of lasting cardiovascular disequilibrium. Hepatic functions also appeared unaffected. Gastrointestinal functions remained perturbed, with recurring diarrhea and colitis. Digestive troubles often were related to problems of food absorption, attributable to lack of digestive juices and the persistence of high levels of starch in the faeces.

Psychic troubles were frequent, even when post-infectious factors had been eliminated. Many minor manifestations could be observed in the realm of the affective, to the point that one could speak of “affective asthenia” (Targowla) or “affective anaesthesia” (Minkowski). Numerous cases of psychoasthaenia turned into what the authors called “social apraxia,” the inability to socialize. However, most of the frequent nervous manifestations could be attributed to vasomotor difficulties.

Genital problems, including impotence or semi-impotence in men, were characteristic of physiological distress, but were also proportional to aging, both normal and premature. As the authors were unable to find evidence of endocrinal stigmata, they assumed that impotence was of an emotional original, an aspect of general asthenia. Among young female former deportees, puberty was often delayed, and in older women menopause was premature. Amenorrhea (absence of periods) was of considerable frequency. But, in most cases, except for women over forty, the menses returned to their normal periodicity.

At the glandular level, the picture was not clear enough for them to identify sequelae, other than noting a very large number of cases of hypoglycemia, and the relative frequency of caloric or nutritional anemia, although not out of proportion to comparable civilian states. Overall, the four authors concluded that it was “illusory” to think that subjects could, after
years of physiological misery, be brought back to their previous condition. “The best one can hope for is to slow down the advance of lesions” (653). The dominant theme of the study was that long-term sequelae were equivalent to partially or totally irreversible troubles.

This 1948 paper, then, quite clearly laid out the somatological terrain in which these men would work for the next decade and sometimes longer, refining their findings, and in many instances reversing them where initially they had observed few anomalies. The main change overall would be the move from general physiological distress to the specific forms of the pathology of deportation.

For reasons unknown, Gilbert-Dreyfus never used his first name, perhaps because it was too closely associated with that of his famous (or infamous) relative, Captain Alfred Dreyfus of the celebrated “Affair” that rocked late nineteenth-century France to its core, violently revived a lingering antisemitism, and, in reaction to which, gave rise to Zionism. It was always just “Gilbert,” the first name that he used even when writing pseudonymously, as he did with several books right after the war and his return from Mauthausen and Ebensee.

In France, endocrinology was initially experimental and physiological, following the work of Claude Bernard. It did not take the present-day form of clinical endocrinology as an individualized medical specialty within the domains of internal medicine until after the 1930s.

Born 17 August 1902 in Raincy to the east of Paris, Gilbert-Dreyfus’ branch of the Dreyfus family came originally from Dunkirk. His father was part of the post–Dreyfus Affair opening of previously closed professions to Jews; a polytechnician (engineer) who became a high-level state functionary. His mother was a gifted woman who spoke several languages.

Henri Bricaire speculated in Gilbert-Dreyfus’ obituary eulogy that he was drawn to medical studies for two reasons: first of all, the desire to follow in the steps of his elder brother, killed at the Somme in 1916 (Bricaire 1990). The second reason says a lot about the philosophical aspects of French medicine. One could be a doctor by day, and by night a logician, or psychologist, a teacher or a writer. “A writer,” Gilbert-Dreyfus wrote, “cannot treat a sick patient, but a doctor can write as much as he wishes.” And indeed, postwar, he himself aspired to the role of “man of letters,” inspired perhaps by his close friendship with his fellow doctor and camp comrade,
François Wetterwald who, in addition to practicing surgery, was also a published poet.

Gilbert-Dreyfus’s medical career was a brilliant one; named “Interne des Hôpitaux de Paris” (roughly, a residency) in 1924, he became laboratory head as well as head of clinic in 1930. In 1934, he was named “Médecin des Hôpitaux” with a consultancy at the Beaujon and then at the Cochin hospitals. At Cochin, he founded his own “school,” bringing to clinical practice a more biological approach and furthering research in bioclinical synthesis.

The outbreak of the war saw him refused entry into the army—the result of severe health problems in the late 1930s. With the fall of France, he left Paris for the non-occupied zone, and joined the Resistance. In 1941, he established the Resistance group known as la Brigade des Maures (the Moors’ Brigade). In 1943, when the Germans took over the non-occupied zone, Gilbert-Dreyfus went underground, heading the medical organization of the Southern Zone of the Resistance. Arrested by the Gestapo in November 1943, under the pseudonym of Gilbert Debrise, he was deported to Mauthausen and then its sub-camp Ebensee, where he and Wetterwald were prisoner-doctors.5

In his 1946 Les Morts inutiles (Useless Deaths), Wetterwald dedicated a chapter to Doctor Gilbert-Dreyfus “for me—and many others—forever Gilbert” (141). There, Wetterwald explained what he called “the French concept” of medical duty adopted by himself and Gilbert as prisoner-doctors. “The idea was, first, to try to help as many human lives as possible; and, second, to try to send [back] to work the smallest number of [sick] workers so as to, within our limited means, sabotage the German war machine” (141–42). He also expressed his astonishment at the lack of converts to their medical approach. For a minor infraction of discipline, the nurses promptly denounced it to the kapo or the ss personnel on duty, even when the patient or comrade was of the same nationality as the former. He also commented on the servility of other prisoner-doctors in sending patients who could barely stand back to work, just for an extra ration of soup.

Gilbert-Dreyfus, in the two books he wrote as Gilbert Debrise in 1945 and 1947 about Mauthausen, Ebensee, and Dachau, was unsparing in his denunciation of the perversion of medicine, not only by ss doctors, but in particular by leading university specialists. In Weekend à Dachau, a collection of sketches written between 1945 and several years after, he wrote that some people still did not want to know what went on in the camps. He stressed the importance of passing on his experience and the experience of others.
of the camps, not out of morbid curiosity, but to show to what abjection a political regime could reduce an entire people. And especially how

the most famous German medical doctors—the histologist from Hamburg, the oculist from Bremen, or the internist from Jena—became . . . vivisectionists who amused themselves by tearing out the kidneys and livers from living bodies, [who] became deliverers of cadavers to industry, suppliers of bodies to the gas chambers—and this with all the indifference of boys who like to torture toads. (Gilbert-Dreyfus 1947, 95)

After Liberation, Dreyfus stayed on for several weeks to take care of the remaining deportees and to supplement scant medical resources that otherwise would have left them without care. Late in May 1945, he returned to Paris and soon thereafter was appointed to the Pitié Hospital, where he would spend the remainder of his career as a doctor, researcher, and teacher. There, Gilbert-Dreyfus established an endocrinological unit within the internal medicine service and later an Institute of Endocrinology and metabolic diseases that soon gained an international reputation.

Fundamentally, Gilbert-Dreyfus was a clinician. After he became professor of clinical endocrinology in 1959, he gathered around him the most specialized students, as well as many doctors from abroad, by far preferring the intimacy of contact with patients and students in the clinical context to the amphitheater lecturing of traditional academic medical teaching. With almost seven hundred scientific publications to his credit, Gilbert-Dreyfus was what the French call “un grand patron,” a big boss, of endocrinology.

In his inaugural professorial address, he looked back at the camps “from which no one was meant to return” and where “we lived lives whose unreality is beyond the limits of the intelligible.” Yet this was where Gilbert-Dreyfus also learned that “courage, loyalty and solidarity are worth more than many a dialectical subtlety”—perhaps a reference to his former Communist infatuation. He also learned there that a doctor could effect cures with no medicine beyond his own energy and ideals. Gilbert-Dreyfus then asked his audience to observe a minute of silence “in memory of my exterminated comrades: over 200,000 out of 230,000 deported” and, before his surviving comrades from Mauthausen and Ebensee present for the occasion, he swore an oath “to never forget those who died there so that France could live” (address given 4 May 1959 and published in La Presse médicale on 6 June 1959).
While this address made only passing mention of his postwar work with Charles Richet, Henri Desoille, and Wetterwald, we saw above in the 1948 article co-authored with Richet and others something of Gilbert-Dreyfus’s endocrinological contribution to understanding physiological states of misery.

Of the remaining members of the somatological group who worked on the pathology of deportation into the mid-1950s, such as Uzan (mentioned above) or Antoine Mans, little is known about their careers, in part because their names tended to appear mainly as collaborators on articles and books. For instance, Desoille edited a special issue of *Le Médecin français* on the deportation camps in April 1949; in March 1961, by now a medical professor, he gave the opening address at the Third FIR Medical Congress on the theme of asthaenia and premature senescence among former deportees and resistsants (see FNDRP archives, conference proceedings). In 1947, Wetterwald published an article in *Praxis*, a Swiss journal, on medicine in the concentration camps; it was mainly descriptive and contrasting SS “medical” practices with the (understandably) limited role of prisoner-doctors (at least those who were so disposed) in helping their fellow internees (Wetterwald 1947). We will return below to Dr. Louis Fichez (whose work at the FNDRP clinic was mentioned in the previous chapter) and his major contribution as organizing secretary of the scientific congresses of the International Federation of Resistsants (FIR).

The work of the somatologists to the late 1940s demonstrated a growing network within medical specializations seeking to understand the somatic effects of deportation and their impact upon bodily systems. Interestingly, however, their research subjects were predominantly former political and resistant deportees; indeed, there is no mention whatsoever of Jewish deportees, despite the fact that Gilbert-Dreyfus was himself Jewish. Wetterwald’s 1947 article noted simply that “the Israelite sick” were treated apart from the rest of the camp population, in their own facilities where medication was even less available than for the “Aryan” deportees (11). In other words, the somatologists formed a network that focused on certain deportation effects and acknowledging only certain categories of deportees. This was due to their medical training as well as to the postwar politics of organized Resistance groups in France (as also throughout much of Europe).

If the “somatologists” blithely ignored that there might be a “Jewish” quotient of camp returnees, it nevertheless seemed clear, both from post-
war accounts by surviving Jews and from captured Nazi documentation about the Final Solution to the Jewish Question that the largest single statistical category of those murdered in the camps were Jews. Inevitably, then, this rather significant aspect, sooner or later, would become the object of attention.

As we have seen repeatedly in France, the Jewishness of the deported and exterminated was for decades (doubly) obscured by the romanticized mythology of the Resistance, as well as within shamed silences about the national humiliation of the 1940 defeat and Occupation, and the subsequent struggle for the liberation of France from both the Nazi Occupier and the collaborationist government at Vichy. In all of this, the tiny numbers of Jewish deportees who returned from the camps were easy to ignore, left to their own fate and resources: subsumed by or, at best, readily absorbed into Resistance and post-Resistance internal political rivalries.

In terms of French medical thought—in this case, in the context of the clinic of trauma—there is a tendency, as Berthomé remarks, to “confer to an ensemble of subjective sufferings a unified form together with a univocal signification” (1997, 263–64). In this sense, to be fair to the somatologists, the very idea that there could be something “Jewish” about a tableau of symptoms was utterly absurd.

However, the somatologists were not the only medical practitioners interested in surviving victims of the concentration camps. Another group in France would pose a considerable challenge to the somatological approach.

The “Halakhists,” 1936–1948

Those I term here “the halakhists” were a group of Jewish scholars from a variety of medical disciplines who formed a scientific society in 1936 devoted to the history of Jewish medicine. Among the society’s board members were Dr. Isidore Simon, the long-serving—and indeed sole—editor of the society’s journal from 1948 to 1985; his thesis supervisor Maxime Laignel-Lavastine, professor of the history of medicine at the Medical Faculty of the University of Paris; Drs. Eugène Minkowski, L. Fildemann, L. Pérel, and others from a number of countries, including the United States (Harry Friedenwald) and from Palestine (Professor Reichertz); as well as Dr. Henri Baruk, head of the National Asylum at Charenton.
At the first conference of the Société d’histoire de la médecine hébraïque (SHMH), Minkowski gave a paper on Freud, “médicin juif,” his life and work on the occasion of Freud’s eightieth birthday. Other papers were presented on what would be consistent themes of SHMH’s subsequent journal over the decades: the role of Jewish doctors in the founding of French medical schools; nervous and mental illness in biblical, Talmudic, and rabbinical perspectives; Maimonides and medicine; Spinoza and medicine; and so on. The SHMH pursued its activities until the declaration of war in 1939. Simon was mobilized and then demobilized in July 1940, after France’s surrender. He moved to the southern non-occupied zone, served in the “maquis” (underground) in the Cantal region, and then as part of the Repatriation medical service until July 1945. He returned to Paris and established himself as a psychiatrist.

In June 1947, the SHMH resumed its activity under the presidency of Henri Baruk, and in June 1948, Simon brought out the first issue of the Revue d’histoire de la médecine hébraïque (hereafter RHMH). Since the RHMH will be the principal site for the elaboration of the “halakhist” perspective, I return to its contents below. For now, as was done with the somatologists, it will be sufficient to provide some background on the principal protagonists, although Minkowski’s work will be discussed separately, in part because of some of its differing emphases, but also because his was a transitional position in the shift from neuropsychiatry to existential psychiatry in the slow transition toward psychoanalysis. Generally, though, it is worth noting that the somatologists and the halakhists are not equivalent. Even if the former were politically on the fringes of the medical establishment, they were still very much part of it. The halakhists were definitely not part of the medical establishment, although Baruk was the closest to it as head psychiatrist at Charenton. After all, they were just Jews and, for the most part, East European Jews, having received Talmudic educations before their medical or academic training in France. And furthermore, they wanted to reform, not to say revolutionize, medical history, training, and ethics, and from a Jewish perspective. But in the context of this study, they provide an indispensable example of how Holocaust survival affected Jewish medical practitioners.

Isidore Simon (1906–1985)
Simon’s lifework was editing the Revue d’histoire de la médecine hébraïque, which literally died with him on 17 September 1985. During this remark-
able editorship, Simon’s tireless energy enabled him to recruit authors from around the world and maintain links with researchers from his native Romania and elsewhere, as well as faithfully reflecting the Renaissance of Jewish thought in many fields that emerged with the founding of the State of Israel. Born in Bala, Transylvania, on 5 November 1906, Simon arrived in Paris to pursue medical studies at the age of twenty, already equipped with a classical Jewish education. Recall that until the arrival of the Nazis, Eastern Europe contained numerous major centers of Jewish culture of formidable intellectual richness (see, for example, Judith Friedlander’s discussion of this generally and in particular of the influence of Lithuanian Judaism on contemporary French thought, in her 1990 *Vilna on the Seine*). Simon undertook his medical dissertation under the supervision of Professor Laignel-Lavastine (1875–1953) on “Assaph ha-Yehudi—doctor and astrologer of the Middle Ages, with a study on medical thought in the Bible and the Talmud.” As a young medical practitioner, Simon thereafter continued his work in medical history and especially in the development of the concept of “Hebraic” — in other words, Jewish — medicine, a concept that Freudenthal and Kottek claim that he invented (2003, xii), a remark that calls for more elaboration than I can provide.

In addition to editing the *RHMH*, Simon taught under the auspices of Laignel-Lavastine’s chair in the history of medicine, supervising over one hundred medical theses. He also taught at the University Centre for Jewish Studies, then at the Centre Paul Broca in Paris, one of a number of such institutions subsequently founded for teaching and research in Jewish history and culture. He was a founder and the first secretary-general of the Mogen David Adom, the Israeli equivalent of the Red Cross. Simon was also involved in the creation of Jewish sport associations and secretary-general of the French section of the Friends of Hebrew University in Jerusalem.⁹

As we saw with the somatologists in the 1920s and thereafter, Simon and the other “halakhists” were at the center of a parallel, but specifically Jewish, intellectual ferment in the mid- to late 1940s, which gained institutional density with the founding of the State of Israel’s emerging medical and educational institutions. Here, too, new fields of knowledge and further study of history of medicine emerged, along with new possibilities for knowledge exchange among Jewish doctors. Over all this, however, hung the great dark shadow of the “catastrophe” of the extermination of European Jews.
MARK DWORZECKI (1908–1975)

Due to the vicissitudes of transliteration, Dworzecki’s name could be spelled any number of ways; the French spelled it Marc Dvorjetski; he himself kept the Marc or Mark first name in his publications in French or English, but for a while changed his first name to Meir when he ran for the Third Israeli Knesset in the 1950s. However one spells his name, Dworzecki (the version that seems to have lasted longest) came to the attention of the rhmH group when he arrived in Paris to study soon after the war. He rapidly gained a reputation in medical circles for “a brilliant Sorbonne thesis,” as Baruk recalled in his autobiography (1976, 178), published in 1950 under the title Ghetto à l’Est. Active among former deportees while studying in Paris, by the time the first issue of the rhmH came out in June 1948, Dworzecki was one of its first and most long-standing contributors, with a rousing three-page call for “anathema against criminal Nazi science” (1948, 60–63). There, Dworzecki wrote presciently that “the world still does not know what happened in the more than 1,000 concentration camps in Poland nor the innumerable ghettos and extermination camps of Lithuania, Latvia, Estonia, the Ukraine, White Russia, and other occupied countries” (61). But one thing was clear: “the Hitlerite doctors had transformed the opus divinum into an opus satanium” (62), and so he called for the creation of a new medical ethic (“une morale médicale”). His one-line bio with the article described him as a member of the Jewish Medical Association of Palestine; he had moved there in the interim.

Dworzecki’s postwar life seems to have been completely entwined with understanding the Holocaust, in which field he was consistently a pioneering figure, and not much else is known about his earlier biography. Most likely a Lithuanian Jew, he already held a medical degree from Vilna. Surviving the Vilna ghetto as well as various concentration camps in Estonia, he somehow got to Paris thereafter. Equally active after among former deportees in the new State of Israel—where one in four new immigrants were camp survivors—as early as 1949 Dworzecki approached the Hebrew University with a proposal to establish an Institute for Research of the History of the Jewish People during the Holocaust. However, the state of Holocaust research in Israeli universities was minimal at the time, some claimed because of the upheavals of the War of Independence, and did not get off to more than a slow start until after the creation of Yad Vashem in 1953. Moreover, Dworzecki’s 1949 proposal was viewed with suspicion by faculty members because he was not an accredited historian. This situation
in Israel did not change much until the 1960s, despite important efforts by other researchers.

Dworzecki himself was tireless in his efforts to establish a research chair, meanwhile teaching Holocaust studies temporarily at Tel-Aviv and Bar-Ilan, and social studies at Hebrew University. With the establishment of Bar-Ilan University in 1955, Dworzecki lobbied extensively among politicians, university heads, and other public figures for a professorial position. Finally, in the 1959–1960 academic year, Bar-Ilan established for him a Chair in Holocaust Studies—not only the first such chair in the world, but likely the only one ever funded by survivor organizations. As Professor Boaz Cohen writes in a twenty-year survey of Holocaust teaching and research in Israel from 1947 to 1967, for Dworzecki, “Holocaust research was a sacred mission and a calling” (B. Cohen 2004). As long as Holocaust survivors were alive, Dworzecki asserted, research of the Jewish history of the Holocaust era was fundamental to current Jewish life.

Dworzecki’s scientific work on the pathology of famine in the ghettos (1954) or on the pathology of deportation and pathological sequelae (1956), for instance, is not without resemblance to the findings of the somatologists, although he is specifically reporting on the effects of famine among ghetto Jews. In general, Dworzecki argued that both the method of constraint and the health conditions of the Eastern ghettos were simply dress-rehearsals for similar methods and pathologies that would reappear in the concentration camps. For instance, the “use” of uncontrolled illness and epidemics to exterminate ghetto populations (although not necessarily a deliberate tactic in the camps, as the SS were terrified of epidemics, and many quicker methods to exterminate Jews were available in the camps); the appearance within the ghettos of AKS (Allgemeine Korporschwach or general bodily breakdown), prolonged severe malnutrition resulting in the barely living who had crossed over into walking death (those who in the camps were termed Musselmänner, the so-called Muslims); stunning rates of amenorrhea of up to 80 percent among women as of the first day in the ghetto; sickness caused by lice; oedemas or inflammation of the hands, feet, joints, and face; urinary and intestinal problems; tuberculosis; infantile struma, or hyperatrophy of the thyroid affecting over 75 percent of children.

In discussing the Vilna ghetto, Dworzecki mentioned the 120 Jewish doctors there, of whom he was one, and “their training as intellectuals raised in the traditions of social medicine,” their acceptance that they would die in the common tragedy, as well as their consistently high scientific levels
of competence (1954, 260). He himself displayed this competence in his analysis of the Warsaw ghetto’s shrinking caloric components that demonstrated clearly that the population would have died of famine within a short period in any case, had it not been for Nazi eagerness to “cleanse” Eastern Europe of all Jews by deporting them to the death camps. The Warsaw ghetto’s Jewish doctors kept very careful records—of clinical, pathological, histological, chemical, biological, and hematological examinations—of patients admitted to the one Jewish hospital as a result of famine. These records were collected as The Illness of Famine (La Maladie de la Famine) edited by Dr. Israel Maleikovski, who described the work in its preface as “the unfinished symphony of a Jewish doctor in 1942.” Maleikovski was deported from the ghetto in 1943. The book was later found in the ghetto’s ruins and published after the war in Polish and in French (see Apfelbaum 1946).

Here I want to turn to a paper of Dworzecki’s on the pathology of deportation and its sequelae, given at the Third World Congress of Jewish Doctors in Haifa in 1955 and published in the *RHMH* in March 1956. While it takes us a little ahead of our present time-frame, Dworzecki there made a very interesting move: In a word, he provided a different genealogy of the concept of pathology of deportation, by that time widely accepted among European scientific circles, as we shall see below. Dworzecki agreed that because of the war, famine, suffering, and the psychic toll of deportation to ghettos and camps, “a new science” had been created: the pathology of deportation or, as he put it, of “the pathology of the epoch of the catastrophe.”

Dworzecki situated the scientific origins of the study of the pathology of the catastrophe in the medical practices of the Vilna ghetto’s Jewish doctors, who met weekly to discuss manifestations of any new pathology presenting under ghetto conditions and to seek practical means to combat these. Transcripts of these meetings, statistical data, conference papers, and other essays summarizing the findings were—amazingly, given the conditions of the ghetto and its liquidation—found in the ghetto ruins at war’s end. Copies of these were placed in the various Jewish documentation centers established throughout Europe (from Amsterdam to Warsaw) at the time—and in the French Contemporary Jewish Documentation Center, established as was seen above during the war itself. (Similar records were also found at Theresienstadt, and similarly preserved.) Dworzecki made the key point about the Vilna doctors’ practice of noting the immunological responses of patients, their biological and psychic capacity for resistance in both body and soul, adding that this practice was approached on a far
greater scale than usual medical observation (Dworzecki 1956, 32, emphases added). He also observed that the Warsaw ghetto medical records published as *La Maladie de la Famine* reached conclusions that “the medical world would find surprising”: for instance, that, despite the general famine, there were no signs of classical avitaminosis. This was because the Vilna doctors had observed the lack of iron and vitamins B and D in the rations and had somehow managed, often at great risk, to procure illegal supplies, but apparently enough to make a difference.

More bluntly, Dworzecki wrote—in what some might see as medical chutzpah, but is rather a stark illustration of the various, rarely contiguous, cultural-linguistic poles in Holocaust research—“Separated from each other by thousands of kilometers, but everywhere [throughout the ghetto and camp system], it was Jewish doctors who began the [first] research on ‘the pathology of the concentrationary universe’” (33). While Dworzecki recognized that it was not only Jewish former deportee doctors (especially in France, but also in Holland, Belgium, and Denmark) who had developed perspectives on the pathology of deportation, he added: “For us Jews, the notion of pathology of the years of the catastrophe is much larger than that of the pathology of deportation, in the same sense that the book of Jewish suffering is also much larger” (33). Dworzecki further remarked that—and it is an entire research program he was presenting here—“we want to include here all the pathological phenomena that manifested themselves among deportees, whether in the ghettos, in the Nazi concentration camps, in non-Nazi labor camps, among those who fled into the forests and became partisans, as well as those who managed to live [through the war] under false identities among the Aryan population” (33).

Dworzecki’s paper sharply defined the key distinctions between the somatological approach and that of the “halakhists”: If the science was largely similar, the approach to medicine was significantly different in that drawing from the Jewish tradition provided a much broader timeline, included in its scope both body and soul, was more preventative than interventionist, and finally reflected a medical ethic that not only applied to the Holocaust (in terms of Nazi medical experimentation), but also that was sorely lacking in “Gentile” medicine, to put it this way—or so the “halakhists” argued.¹²

**HENRI BARUK (1897–1998)**
Depending upon whom you read—or more likely speak to, as they are less willing to say so in print—Henri Baruk was either one of the most impor-
tant French psychiatrists of the twentieth century or something of a crank, a not very serious if tireless dabbler in far too many matters. The man was certainly indefatigable. Baruk lived to be one hundred, and published many books, ranging from massive treatises to short, classic works of scientific vulgarization, as well as an autobiography in 1976 after he had retired as a practicing neuropsychiatrist, and he continued his ceaseless activity for another quarter-century thereafter. However you look at it, the man was a phenomenon.

To the extent that his life and career was coterminous with that of twentieth-century French psychiatry, I will confine myself here to the postwar period of his involvement with the RHMH and the burgeoning psychiatric institutions of the State of Israel. But it is important to note for the record that there was not a domain of psychiatry in which Baruk was not significantly involved, from infantile psychiatry to gerontology (in which he was a pioneer, opening at Charenton in 1955 one of the first services in psychiatric gerontology). In the psychiatry of adults, according to the celebrations of Baruk’s life and career at one hundred published in the Annales médico-psychologiques, “he deepened prolonged clinical observation, psychophysiology, diagnostics, prognostics, aetiological therapeutics, forensic psychiatry, pedagogy and professional training in medical ethics”—and this is just the short list (see Biéder 1998). Baruk was thoroughly steeped in the work of the great figures of early nineteenth-century French psychiatry such as Pinel (1745–1826), but especially Esquirol (1772–1840)—Pinel’s favorite student whose life and religious devotion inspired Baruk to begin careful reading of the Bible (see below)—and, of course, later in the century, Jean-Martin Charcot, under whom he had worked on aspects of hysteria. In the twentieth century, Baruk admired the work of Pierre Janet, Maurice de Clérambault, and his other teachers in neuropsychiatry (Souques, Chauffard, and Klippel). Like them all, Baruk was clinician, generalist, psychiatrist, physiologist, and philosopher. In 1931, after interning at Sainte-Anne Hospital, Baruk was named head psychiatrist at the Charenton Asylum, where he remained until 1968, combining his administrative and clinical work there, from the late 1940s, with teaching neuropsychiatry as a professor at the University of Paris.

In the late 1930s, Baruk began reading the Talmud and related rabbinical texts, learning Hebrew with a certain “Mr Kontoryski,” a former Ukrainian yeshiva teacher who had moved to Paris. Baruk wrote that he wanted to learn Hebrew because of its correspondences “with my therapeutic method
founded on [the ideas] of peace, justice, and certain Psalms” (1976, 171). He would also write in a 1939 article in *Evolution psychiatrique*, the journal founded in the mid-1920s by Minkowski and others, that “the study of the biblical traditions are the best preface to understanding human nature, its aspirations, passions and weaknesses” (quoted in Biéder 1998, 127).

Given Baruk’s extensive involvement with the *rhmh*, the psychic condition of former deportees that would continue to preoccupy him at least until the 1967 Six Day War, his many trips to Israel, and his attempts to apply Talmudic and Kabbalistic concepts to psychological testing—notably, his so-called “Tsedek test” (1947), measuring a person’s capacity for just actions, that earned Baruk if not scorn, at least plenty of snickering from the profession—the irony is that he was not Jewish himself, although his wife Suzanne was. Rather like the reverse of the case of the Dresden philologist and wartime diarist Viktor Klemperer, whose marriage to an Aryan saved him from deportation, Baruk’s unclear Jewish status probably helped save his wife from persecution. As he once said of Esquirol, Baruk too can perhaps be considered “one of the Just.”

As we’ll shortly look at Baruk’s political interventions at the growing networks of medical congresses that, from the late 1940s, turned increasingly to the pathology of deportation, I’ll conclude this biographical overview of the leading halakhists with a discussion of one of Baruk’s reports from the first issue of the *rhmh* entitled “Hygiene and Hebraic medicine in Palestine” (1948).

One of the central questions that obsessed the *rhmh*, and the one taken up here by Baruk, was “Does a Hebraic medicine exist?” (“Existe-t-il une médecine hébraïque?”). The question opened what was really a travel report on kibbutzim and early psychiatric facilities. Baruk noted that “certain of our colleagues, even Jews . . . especially Jews, have asked us this question with a lot of doubt and a certain apprehension. They say in effect that medicine is one and that it is regrettable to make such particular distinctions” (42–43).

Baruk went on to observe that the question of “Jewish” medicine—I find the term “Hebraic” medicine so awkward and archaic that I won’t use it further—was tied to the existence of a “Jewish people” that had managed (in spite of recent events) to maintain itself in various countries, and to sustain a Jewish philosophy that now in particular needed to achieve a greater awareness of itself. The “resurrection” (Baruk’s word) of Palestine and the return to the Holy Land of an important Jewish population posed
the issue of the Jewish people’s reconstitution, with the equivalent forging of the living kernel of Jewish civilization, part of which included its medical traditions.

Baruk wrote that what was striking about Jewish social hygiene, or for that matter humoral medicine, was the lack of separation between the bodily and the psychological, although in modern medicine the psychological was still a very recent domain of scientific knowledge. Baruk claimed, had introduced key psychological ideas regarding dreams, the subconscious, creative inspiration, even the sexual life, all of these long ignored by medical thought, and only recently (if partially) taken up by Freud. Baruk then went on to list a number of discoveries attributable to Jewish doctors, past and recent: circulation of the blood (Hayem); sexuality (Erlich); the unconscious (Freud); psychosynthetics (Goldstein); Gestaltpsychologie (no person’s name is given here); and the inferiority complex (Adler). More pointedly, Baruk wrote that

the psychological theme has always been a very highly developed one in the traditions of Jewish medicine and it is probable that properly moral or ethical questions will now be the object of new studies. While modern medicine is more and more driven by pure technology and risks forgetting its human dimensions, the old Jewish medical tradition, preserved in the subconscious, now resurges to rebalance technical progress through renewed attention to psychological notions and the synthetic understanding of the human person. The development of psychology is [utterly] characteristic of such trends. (47)

In its own way, this was as much a research program as that presented by Dworzecki with respect to a broader conception of the pathology of the catastrophe, although Baruk’s was perhaps even more ambitious — nothing less than a rewriting of the Western medical tradition, and seemingly of a good part of the Jewish tradition as well. This idea turns on how one understands the meaning of the term “halakah.”

Needless to say, the term is a highly complex one to which I can provide only the briefest discussion. For one, it “stands sometimes for the whole legal part of Jewish tradition, in contradistinction to the Haggadah, comprising thus the whole civil law and ritual law of rabbinical literature and extending also to all the usages, customs, ordinances, and decrees for which there is no authority in the Scriptures” (Jacobs 1904, 163, emphases added). In Jacob Neusner’s formulation, the halakah (or Halakhah) stands for “the
normative law” of the Oral Torah as the principal medium by which the rabbinic sages set forth their message (2002, 74). As Neusner further notes, the halakah “takes place in a timeless world, establishing patterns of conduct and public behavior that transcend circumstance and locality” (viii). It serves “as the means for the translation of theological conviction into social policy” (10). Given the recognition of a world ruled by gentile power (but not gentile hegemony), this at the same time is a formidable statement of Israel’s freedom to make choices in ordinary life (12).²⁰

Thus, one can understand more readily the “halakah” as a total ethic of the norms of conduct entailed in being a Jew and so, if one is a doctor, of an ethics of medical practice. The “halakhists” who concern us here wanted an expanded meaning of the halakhic to a wider sense that would permit both a re-view of the history of medicine in which the importance of the Jewish contribution was far more present than previously acknowledged, as well as a new medical ethics that would make it—ideally—impossible for doctors ever again to be participants in the kinds of experimentation on human beings that took place in the Nazi camps. Making at least the beginnings of such a contribution—however hesitantly and unevenly—was the mission that the RHMH set for itself during its almost forty-year history. As no doubt Baruk did too in his even longer life, although it is not certain, despite his voluminous writings, whether he ever succeeded in producing a total psychology of the human person. Or for that matter, whether “the experimental moral psychology” that he began writing about in the mid-1940s was in fact possible within the psychiatric field. Not for nothing did Biéder remark that Baruk, with his love for the work of Spinoza, opted for “a monistic conception of man” (1998, 127) in his philosophical work. In other words, that Jewish thought understands the human person as an inextricably spiritual if embodied entity. According to Biéder, the Hebrew word for the body (gouf) does not even appear in the Talmud.

Because the RHMH drew upon many collaborators, these are too numerous to mention, as we did with the somatologists under the rubric of lesser collaborators. However, one might point to the work of Dr. Louis Copelman, like Isidore Simon, a Romanian native and psychiatrist who alternated between teaching at the University of Bucharest and in Paris. Copelman contributed various articles to the RHMH on new research on the pathology of deportation (see, 1950; and 1962, a special issue on concentrationary life). We now turn to the broader stage of international scientific congresses in which the halakhists and somatologists would not so much
clash as hold parallel conversations, often in different sites of scientific dissemination. The key reason for doing so is to provide a sense of the comparative contexts that French Holocaust survival research encountered as it came into contact with different medical cultures.

International Congresses on the Pathology of Deportation and Related Issues, 1946–1952

The first discussion of the psychological and psychological consequences of the war and Nazism to take place outside of France most likely was in a report on that topic presented by Eugène Minkowski at the 1946 meeting in Basel of the Swiss Psychiatric Society, but not published until 1948. Subtitled “general aspects of the problem,” Minkowski’s report began by commenting upon the catastrophic geographic upheavals that resulted from the war, the dispersion of peoples, the so-called DPs (displaced persons), the repatriation of prisoners from camps all over Europe, as well as the return of the deportees from various European sites. Moving from the geographical breakdown of frontiers to the related breakdown of psychological frontiers, Minkowski pondered whether the existing conceptions provided by psychiatry and psychopathology were adequate to grasp the new facts of post-Holocaust psychological existence. These included the Nazi “systems of destruction” based on “the unlimited rationalization” of racial hatred, and the damage these may have irreversibly caused to an anthropology of humankind. For example, Minkowski noted that while one could perhaps speak of the resulting “trauma,” this was a new form of traumatization “so extravagant that we are left dumb before it” (1948, 283). Not only had “civilization” suffered an extraordinary moral abasement, but related ideas about the individual and his/her social and emotional connectedness no longer appeared to hold true either. Here, Minkowski drew on his teacher Eugen Bleuler’s notion of “affective anesthesia,” a numbing of the person and extended this idea to the contemporary world, to many aspects of collective life, and now empty notions of personal or inner “intimacy.” Death, especially as witnessed in the concentration camps, had also become meaningless: “there are no dead any more, only cadavers” (296). Minkowski added in a later article that in such context, not only had the degradation of death reached its “ultimate degree,” but this was also the utter degradation of life itself (1948, 82–98). While the 1946 paper was reflective of Minkowski’s own “existential” psychology, it clearly also illustrated some of the power-
ful emotional aftershocks of “the catastrophe,” still resonating strongly, here among a gathering of psychiatrists. At the same time and however speculatively so, Minkowski’s paper offered an early instance of the possible, unprecedented extent of the catastrophe.

In 1947, the first World Medical Congress was held in Paris, and in 1948 a Congress of General and Comparative Pathology. Other than brief mention of both congresses in Revue d’histoire de la médecine hébraïque 7 (1950), few details were given, and the site of the 1948 Congress was also not mentioned. However, the 1950 First World Congress of Psychiatry, in Paris, got much more coverage: for one, because Baruk presented a paper on German doctors and criminal medical experimentation; for another, this was the first postwar congress in which German psychiatrists would participate, arousing a great deal of trepidation. Some participants drafted an open letter to German psychiatrists reminding them “that for the first time [in history living] human beings were used as experimental animals” and that this unspeakable crime had left the world stunned by “the greatest drama in history” that took place in Germany (see full text in Baruk 1950d, 10–11). The non-German psychiatrists were looking for an apology of collective responsibility from their German colleagues, probably not realizing the very limited extent to which German psychiatry had been purged of former Nazis, nor indeed the tremendous conflicts brewing between opposing factions of psychiatrists within the soon-to-be Federal Republic. One instance, as late as 1985, occurred at the first International Psychoanalytic Association’s conference to be held on German soil since 1933, when the American psychiatrist and former German Jewish refugee, W. G. Niederland, declared that a majority of medical evaluators involved in reparations payments to victims of Nazism were “former Nazis” (quoted in Pross 1998, 107). We’ll return to this in the next chapter. Baruk had extensive correspondence with Professor Dr. (Med.) Dr. (Phil.) G. Mall at Tübingen University prior to the 1950 conference, negotiating the wording of a weak apology by German medical societies to be presented at an International Congress in Copenhagen scheduled for the year after (see Baruk 1950d, 13-21 plus appendices).

Baruk, as vice-president of the World Medical Congress, invited four hundred attendees and notables to Charenton on 24 September. There he spoke about Charenton’s “glorious history” and in particular of the development of the “Esquirol School that opened the way to scientific and philanthropic psychiatry,” going so far as to call Charenton “the Jerusalem of psychiatry” (Baruk, 1950d).
Acknowledging the presence of German participants in the first contact since the war and its terrible events, Baruk expressed “a certain malaise, not to say a veritable unease,” that among the participants there might be doctors “who had collaborated with Nazi criminal medical experiments.” He expressed the desire for a statement of collective responsibility, appealing—to the Germans as both a psychiatrist and as president of the Société d’histoire de la médecine hébraïque—to acknowledge the primary place of the Jewish people among the victims, and also “the millions of others of all religions.” Baruk asked German psychiatrists for three things: a manifesto solemnly condemning these crimes; a religious or secular ceremony “purifying Germany of the traces of these crimes”; and active aid to the victims of Nazi persecution. How the audience responded was not mentioned, but in Baruk’s correspondence with Mall, the response was lukewarm, at best. Mall wrote that he was not for solemn declarations and that “the [Nazi] epoch must be effaced not by words but by deeds,” a statement that not only has a Nazi-like emphasis on the act (“der Tat”), but is also odd coming from a psychiatrist. (Baruk personally respected Mall for his nondoctrinaire approach to psychiatry.)

Perhaps because of these contentious questions of collective responsibility, it is not clear whether the conference planned for Copenhagen in 1951 took place or not. At least, I cannot find any confirmation of this in the RhMh or other sources. Certainly the first of the Fédération Internationale des Résistants conferences took place there in 1954.

For the halakhists and their parallel network of conferences, it is no doubt more significant to draw attention to the 1952 World Congress of Jewish Doctors, held in Jerusalem. The previous such congress had taken place in British-mandated Palestine in 1936. Between the 1950 Paris conference and the 1952 Jerusalem one, Baruk and RhMh collaborators Dworzecki, Simon, and others had been examining criminological, juridical, and forensic aspects of the Jewish tradition, for example, at a conference at the Sorbonne in May–June 1951. They sought to define the principles of a new medical ethic, debated the question of medical experimentation on animals and humans in medical history, notably as expressed in Claude Bernard’s famous 1865 essay on experimental medicine, and, basing themselves on Nuremberg documents, attempted to frame an international convention forbidding the future participation of doctors in chemical, psychological and biological warfare (see RhMh 9–15, 1951–1952).
Delegates at the Jerusalem conference passed a series of resolutions summarizing these discussions and calling for a new international convention. The so-called “Jerusalem Declaration” reiterated the distinction that Baruk had presented to the French National Order of Doctors: that is, between “biological experimentation” (animals only, “sacrifice[d] . . . to science to better understand aetiological and physiopathological knowledge”) and “therapeutic attempts” (“l’essai thérapeutique”) involving interventions on human subjects for the sole purpose of saving life. The halakhists subsequently often referred to the “Jerusalem Declaration” in an unsuccessful attempt to make new international law. In the long account that Simon wrote about the Congress (1952), he expressed the emotion, real and symbolic, felt by all those present at being in the Holy Land for the first time after two thousand years of exile. While the conference panels did not dwell specifically upon the Holocaust, a number of papers dealt with Israeli military medicine in the recent “War of Liberation”; and one specifically with the psychiatric problems of Israeli soldiers—namely, the surprising appearance of “shell shock” (see Müller 1952).

Baruk himself headed an impressive French delegation to the Congress and was appointed president of the France-Israel Medical Committee, affiliated with the French Association pour le développement des relations médicales (AYRM) established in 1920. Here we see another instance of the important role in medical knowledge transfer, especially in psychiatry, that the French halakhists brought to the new state. Indeed, the influence of the halakhists was decidedly greater upon nascent Israeli medical and psychiatric institutions than that of the somatologists, who were a more visible presence at the FIR conferences.

The FIR Medical and Scientific Conferences, 1951–1981

As its name suggests, the International Federation of Resistant (FIR in French; IFW in German) was an international federation of national political former Resistance fighters. Based in Vienna, it was viewed, particularly by the government of the Federal Republic of Germany, which later banned it, as Communist or at the very least “Communist infiltrated.” An undated seventy-page booklet published by the Federation in the 1980s looks back on the thirty years of conferences devoted to “medicine and social practices” that it sponsored. The booklet explains in German that “the initia-
tive [for the medical conferences] came from a group of French doctors notably Professor Charles Richet and Dr. Louis Fichez as well as Danish doctors associated with Dr. [Paul] Thygesen” (FIR 1960). This network of doctors was significant for a number of reasons. First, it was the first international encounter between the French somatologists and their Danish counterparts; second, Fichez sat on the FIR Medical Commission until at least 1979 if not longer, and discovered in himself tremendous “apparatchik” skills as organizing secretary of many congresses through the 1950s to the 1970s; third, Fichez translated into French Thygesen et al.’s 1952 study on “Famine Disease in German Concentration Camps.” Accordingly, the first FIR congress was held in Copenhagen in June 1954 on the pathology of deportation and its sequela.

The FIR conferences were the first such conferences until about 1961. Pross (1998, Appendix C: Conferences on Persecution-Induced Health Damage, 219–21) lists fifteen others through 1985, held by different resistance organizations; three conferences from 1963 were held at Wayne State University in Detroit; and another in New York in 1965. The American gatherings were the first to take place outside Europe.

The FIR conferences were held in Moscow in 1957; in Brussels in 1958; in Liège in 1961; in the Hague in 1961; in Bucharest in 1964; in Paris in 1970; in Prague in 1976; in Warsaw in 1979; and in Berlin (DDR) in 1981 — and their overall themes were fairly consistent. For instance, the Moscow congress, co-sponsored by a research group from the World Federation of Neurology, looked at therapies and functional aspects of the restoration and rehabilitation of former resisters and deportees; the Bucharest conference dealt with the psychogenesis and therapy of the sequelae of deportation; and the Warsaw one with the fate of children in the Second World War. On average, each conference drew about two hundred medical practitioners (from the various branches of internal medicine, neuropsychiatry, gerontology, and social readaptation) representing deportees from a dozen countries, and was open to a variety of perspectives in addition to the French “somatologists” (Richet, Fichez, and Targowla). Among the halakhists, Dworzecki, for instance, gave a paper at the Hague conference on the late sequelae of internment and deportation; and Louis Copelman spoke at the Liège conference on psychosomatic aspects of the pathology of deportation. (As far as I can tell, Baruk never participated, for reasons not known.) Many of the conference proceedings were published under the imprimatur
of the **FIR**. Non-FIR conference proceedings were published in various medical journals.

Each FIR conference was an occasion to summarize continuing research on deportation pathology, its sequelae, and other aspects as discussed in the preceding congress. Over time, the term “pathology of deportation,” while still widely used, split into new formulations: The Scandinavians in the 1950s preferred the concept of “KZ Syndrome” (also sometimes KL for KonzentrationsLager; KZ is pronounced “ka-tzet”), as did the Poles in the 1960s, although not pleased at having to use German nomenclature. In 1964, the Wayne State conferences began referring to “post traumatic symptomatology.” At the 1976 congress in Warsaw, Dr. Elie Cohen (whose work is discussed in the next section) used the term “post-concentration syndrome,” which he subtitled “a disaster syndrome.” The next chapter looks further at these and other later mutations, as the concept moved away from its initial relationship to the Nazi concentration camps to encompass far more general phenomena.

Meanwhile, the French somatologists hammered away with their findings. Fichez, for instance, in his opening speech to the Third FIR Congress at Liège, stated that FIR conferences so far had established two principal somatological findings: (1) the syndrome of chronic progressive asthaenia, and (2) the early ageing of the organism in the form of premature senescence. The symptoms, he went on, were now known; the aetiology was known; and there was one common cause—Richet’s concept of “psycho-physiological distress.” That said, this did not mean that there was either unanimity or lack of vigorous discussions, dissension even (although the halakhic perspective was almost negligible). Targowla, for example, at the Hague congress, once again raised his doubts about the specificity of deportation pathology. Was it not, he asked, just a modified form of “prison psychosis”? He also went on to suggest that most of the “psychopathologies” probably would have organic origins that laboratory research would in time uncover. Targowla also remarked that the syndrome of premature senescence, rather than being an aspect of concentration camp survival, already could be found in Kraepelin’s turn-of-the-century studies (Targowla 1950b, 228). Here, Targowla returned to his previously formulated idea, based on his work with World War I veterans, that these were “subjective syndromes,” but that could present “10–20 years later.”

A very different point of view was argued by Professor P. Kluyskens of the
University of Ghent. Namely, the various studies and findings suggested that “post-concentrationary pathology revealed symptoms previously unknown to [medical] experts” (my emphasis) and, indeed, was one of the least explored domains of medicine. Kluyskens went on to express his own “certitude of a causal link between late-presenting symptoms and the period of concentration camp incarceration” (from the FNDIRP archives’ conference proceedings).

Was the pathology of deportation in fact a pathology, or something else of a subjective nature? Could the source of its continued, prolonged destabilization of the lives of former deportees be identified within the body? The 1954 Copenhagen Congress, for instance, had opined that the definitive cause could be located in a dysfunction of the hypothalamus. This was a view once favored by Thygesen, among others, although by the Fifth Congress, in a paper that looked back at twenty-three years of survival research, he no longer believed this. But he had no doubt that “KZ syndrome was [by this time] internationally accepted” as a medical condition. By the early 1960s and the Hague Congress on late-presenting sequelae, a sufficient body of research had been amassed for Thygesen and Richet to establish a periodization of the work done so far.29

Richet, for instance, in his opening speech (and conceding Dworzecki’s point that camp pathology was identical to that of the ghettos) distinguished four research phases. The first, from within the camps themselves, as observed by prisoner-doctors, cited mortality rates of 50 to 75 percent, as a result of death caused by dysentery, pneumonia, typhus, tuberculosis, and famine. A second phase, focused on Liberation and the year of the return home, found continued higher mortality rates among former deportees than among civilians, as well as late-presenting tuberculosis, and the lasting effects of denutrition. The findings of the third phase, from 1947 to 1955, Richet called early sequelae, where all bodily systems were affected: the heart, the digestive system, the circulatory system, as well as the psyche, with emerging psychological troubles. The fourth phase, post-1955, included late-presenting sequelae, “in which lesions appear up to 10 years after our return.” Thus, for three principal reasons, Richet stated, the deportee was “un éternel malade” — forever ill: suffering, first, permanent fatigue; second, premature ageing; and, last, premature death. Noting that over half of former deportees showed neurological problems, he also commented on the growing attention by Norwegian and French researchers to “psychic and psychological” abnormalities.
Increasingly, then, by the 1960s, even in the largely somatological context of the Fir congresses, the attention given to the psychological and psychosomatic aspects of deportation pathology became more preponderant. In other words, it is beginning to move away from the neuropsychiatric, in part because of the latter’s inability after some twenty years to definitively locate the pathology within the body. While the research examined here never ventured into the still highly suspect realm of the psychoanalytical, by the 1970s, papers were presented on a new effect—the manifestation of psychological problems in the second generation, among children of Holocaust survivors. The fundamental problem was that of the ever-receding appearance of late-presenting sequelae: ten years, then twenty years, thirty-five years, and trans-generationally.

In the remaining part of this chapter, we try to get a better grasp of the transformations going on within the field of psychiatry in France since the war through a brief discussion of the work of Minkowski, but also comparatively in Scandinavia, in Poland, and in Israel.


Eugène Minkowski (1885–1972) is no longer as well-known in France as he once was, although English-language sources consider him to be “one of the most original psychopathologists of the twentieth century” (Urfer 2001, 279). Born in St. Petersburg, although from a venerable Polish-Jewish family, he moved to France because of the Russian Revolution of 1905, and fought with distinction in the French army in 1915. Even so, he was never completely accepted within Parisian medical milieux: as a Russian, he was suspected of harboring Bolshevik sympathies; having studied in German-speaking Switzerland, he was seen by others as a Trotskyite (a radical Jew). Although he became a French citizen after the war and completed his third medical doctorate in 1926, he was never able to establish himself within leading French medical institutions. As we saw above, in the 1920s, he was the psychoanalytic consultant at Henri-Rousselle, moving on from there to different hospitals, such as the Rothschild. Someone once called him “the oldest intern in France” (Mahieu 2000). More importantly, another scholar remarked that his work represented everything that French psychiatry had repressed (“le refoulé de la psychiatrie française”) (Thierry Trémine, quoted in Mahieu 2000, 13).
From its foundation in 1926, Minkowski was associated with the editorial group of *Evolution psychiatrique*, a journal that saw its role as advancing the state of French psychiatry. In many articles and books in the 1930s, his major contributions were in deepening the understanding of schizophrenia. During the war years, he and his wife, Françoise Minkowska (Trockman)—also a psychiatrist of note, especially for her work with traumatized children—refused to leave Paris and both wore their obligatory yellow stars, often hiding out at the Sainte-Anne medical library. They were almost arrested in 1943 when the Vichy police turned up at their apartment, escaping thanks to a friend. Both were closely involved with various Jewish organizations, especially the OSE, whose mission was to save Jewish children, managing to protect over two thousand children as well as many adults. As we saw, Minkowski was among the 1936 founders of the *shm*H, which began to publish the *RHM*H in 1948.

Mahieu likens Minkowski’s psychiatric work to those Russian dolls or matryoshkas, in which you open one only to find another inside and another inside that, and so on. So, obviously there are too many dimensions to Minkowski’s thought to develop here. Therefore, I’m going to focus on a 1962 paper he gave in Jerusalem at a meeting of the Israeli medical association that discussed contemporary psychopathology. “Psychopathology” is a term I’ve already used in this book, but without going into its meaning—so what is it, and where does it fall within the realm of psychiatry?

Minkowski called it “psychology’s little sister,” in that psychopathology looked clinically at the various dysfunctions (hyper- and hypo-) of the “normal” functions recognized by psychological psychiatry: memory troubles, troubles of consciousness, perception, and judgment. Too tidy, all this, Minkowski remarked, and too neatly schematized. Clinical psychopathological observation had quickly enough seen that there was a difference between auditory and visual hallucinations, and even more variations with perceptual difficulties, not to mention such diagnostic concepts as paranoia, mania, or schizophrenia. These words covered a whole range of cases, each very different from another, as were “the underlying [mental] mechanisms” (Minkowski 1962, 176). It soon becomes clear that the “banal” categories of psychology, such as difficulties of judgment, didn’t mean a lot when confronted with a case of delirium. Also, the “psychological” was based on a norm against which were established so-called “abnormal” symptoms: Once again, he felt this was too tidy and also too abstract, as clearly what was labeled “pathological” too often still contained a lot of
“normal.” Indeed, the very idea of normal was rife with abnormalities (see Margree 2002 on the work of Georges Canguilhem; as well as Canguilhem 1991). As a result, given the general unhelpfulness of psychological categories, psychopathology had moved further away and established its own concepts and notions, as it became an increasingly autonomous field. For instance, as Minkowski’s work had shown, the concept of “affective psychopathology” could be also analyzed by what he termed the “phenomeno-structural” approach.31

In the French psychiatric tradition, Minkowski stated, two paths led to the psychopathological. The first lay in Charcot’s work on hysteria—or psychoneuroses as Minkowski put it more contemporaneously—where the former eventually gave up on a purely neurological explanation of the enormous varieties of hysteria, and concluded that the problem lay instead at the level of “the representation”—that is, an idea or interpretation of something by the patient. Extending this further led to the work of Babinski, Janet, and Freud.

The other approach to psychopathology came out of asylum psychiatry and focused on the equally grab-bag concept of “dementia praecox,” premature dementia, and its causes. Roughly, the difference between the two approaches was that where the latter concentrated on the mechanical, organic causes of madness, the former—as Freud’s 1885–1886 studies with Charcot made clear—uncovered, in the representation (or idea), affective and conflictual emotional factors that had been repressed.

There was a third approach, but it came from outside the French tradition and derived from the early work of Jung and especially Eugen Bleuler at the Burghölzli clinic in Switzerland, where Minkowski studied in 1911 and 1912. There, Jung in a small book on premature dementia in 1907, and Bleuler in his 1911 Treatise, produced a veritable revolution in academic psychiatry by foregrounding the concept of affective content as key to understanding both psychoses and schizophrenia—to the outrage of their fellow psychiatrists for whom these were “anti-university” (Minkowski 1962, 184), subversive and indeed “anti-intellectual” ideas. Which they were, and which caused Bleuler’s career great harm, although he stuck to his guns regarding the importance of nonintellectual factors like emotion and affectivity in the interpretations of life given by patients and their sympathetic understanding by (some) psychiatrists. Minkowski claimed that the human being, here the doctor, always tried to seek “the human,” whatever the phenomenon observed—psychoses, madness, autism, or schizophre-
nia. In such a perspective in psychiatry some have seen an old-fashioned “humanism”; others, the penetration into medical thought of the varieties of “existential philosophy” that too often confused content with processes; and others still, the sinister influence of “irrationalist” philosophers from Nietzsche to Bergson, and so on.

The main point here, however, is this: Minkowski’s work opened the way to a dimension of camp survivor understanding that until the 1950s had been virtually nonexistent in the medical literature; namely, how had survivors themselves experienced what they had gone through? Everybody, somatologists and halakhists alike, had been too busy either drawing spinal fluid, measuring glucose levels, or campaigning and reforming in the name of wider, albeit important, causes to bother asking survivors the simple, yet not so simple question: What did you experience there?32

The first to attempt to do so was the Dutch physician, Elie A. Cohen, in his 1952 medical thesis written after his return from Ebensee concentration camp and Auschwitz before that.33 Cohen’s Human Behaviour in the Concentration Camp was published in English translation by Jonathan Cape in London in 1954, and republished a number of times since. In his preface to the 1988 edition, not only did Cohen express his continued guilt at having chosen life, at the price of his own conscience, but he also said he had sought over the years since “many explanations about why I managed to survive the concentration camps” (E. Cohen 1988, xviii). The explanation that Cohen favored was “my egoism.” At the same time, as one of the 1,052 survivor Dutch Jews who returned (of the some 60,000 deported), and whose numbers were “getting smaller and smaller . . . [w]e are irreplaceable eyewitnesses, passing away” (xx).

While Cohen was apologetic that he was only a physician and not a psychoanalyst, his references drew on a variety of medical, psychological, psychoanalytic, and other sources (e.g., Freud; the 1946 article by Minkowski; the 1946 and later work of Dutch psychoanalyst Eddie De Wind; French writer Jean Cayrol’s 1948 article on dreams in the concentration camps, and others).34 And while Cohen claimed that his “real aim” (xxii) was to find a psychological explanation for the behavior of the camp prisoners, he in fact took his own particular affective experience of Auschwitz as the starting point of his observations and reflections.

The first hundred pages of the book dealt with the organization of the camps, followed by a detailed description of camp medical conditions, as well as ss medical experiments on prisoners. Chapter 3 dealt with the psy-
chology of the prisoners. The fourth and longest chapter, curiously for this period (1952 to 1954), discussed the psychology of the SS.35

Or perhaps not so curiously in the sense that, for Cohen, the shock of prisoner arrival at the camp, almost from the first day, was so great that it produced, at least in some prisoners, what he called “acute depersonalization” (170). There is much technical discussion against De Wind’s views on fright reactions; because something more was involved for Cohen. Acute depersonalization—or what Bettelheim termed “a subject-object split” (E. Cohen 1988, 118)—was attended by a disturbance of the affective reactions brought about by the repression of the emotions, paradoxically allowing the prisoner to find himself “in a more advantageous position than another who was passing through the apathetic or the euphoric phase” (171).36 With his intellectual faculties unimpaired, Cohen felt he could assess the camp more precisely, draw accurate conclusions, learn to make himself inconspicuous, and observe the maltreatment of others “without compassion.” One might say today that such a “fortunate” prisoner had become a sociopath. Cohen himself said that he remained skeptical about this; that acute depersonalization did not last more than several months, then disappeared, or became chronic. His skepticism was based on seeing affective displays between deportees if a long-lost friend arrived at the camp, as well as in the emotions always aroused in prisoners by the selections.

One key—but unclear—point in Cohen’s analysis turned on the role of “repression”: On the one hand, arrival at the camp strengthened the force of repression; but then, after enough time spent in the camps, repression seemed to be overridden, and behavior became determined mainly by instinct, and the life instinct in particular—to survive at all costs—driven most of all by hunger (164).37 In other words, this is regression to a debased form of human life; a number, not a name; a digestive system in search of food. But this does not jibe with Cohen’s insistence on the virtual disappearance of sexual life in the camps; if one has become little more than instinct, would not the sexual instincts proliferate also?38 We’ll come back shortly to this contentious point in discussing the work of Michael Pollak.

Centrally, Cohen restated the Bettelheimian argument about the more or less complete identification of most of the prisoners with the SS, “that only few escaped.” This identification allowed Cohen to explain why, among Dutch deportees at least, there was no hatred of the SS, who appeared simply incomprehensible. Further, it also let him make the even more crucial
point that the Jews’ identification with the ss was a version of “Jewish self-hatred” (189): the ultimate attempt to achieve complete assimilation with their oppressors—as it were, the lived form of the Final Solution to the Jewish Question.\footnote{39}

Such a line of argument is either pernicious or very subtle, especially as Cohen then went on to argue, based on Freud’s group psychology, that since the prisoners did not form a group in Freud’s sense (the surrender of the ego ideal to a love object, which as Cohen later discussed was precisely the case of the ss with respect to their leaders, Hitler in particular as the totemic father), the attempted complete assimilation can only fail. If it failed, and could only fail, the result—which is not a claim that Cohen made—would be shattering of the “survival” strategies of Jewish deportees at war’s end, literally left with nothing, and having been stripped of all psychological defence mechanisms for an indeterminate period of time. In Freudian terms, no ego through loss of self; no superego through the failed attempt at assimilation; and so just id. While Cohen in his conclusion stressed that the human capacity for adaptation was much greater than previously thought, the real point he leaves us with is the reverse: less an analysis of “human behavior” in the camps than a psychopathology of the Jewish survivor. And as such, the first attempt to do so, even unwittingly.

By contrast, a later study also tried to explore the subjective experience of the concentration camps. And both were in this sense extensions of Minkowski’s work in trying to grasp the affective tonality of the concentrationary experience. Michael Pollak’s \textit{L’expérience concentrationnaire} was first published in 1982 and republished in 2000. Subtitled an “Essay on the maintenance of social identity,” it is above all the work of a sociologist, and thus strongly influenced by the “symbolic interactionism” approach in American sociology, especially the work of Erving Goffman on “total” institutions such as prisons and asylums (1961). Pollak’s focus also reflected later developments in Holocaust studies, such as the analysis of the testimony of survivors, the silences in such testimonial accounts, and the puzzling work of memory with respect to past experience.

Confirming and/or contradicting Cohen’s view, Pollak framed the concentrationary experience within the larger context of “extreme experiences” and considered their impact upon identity as self-image—with respect to both one’s self and that of others. Pollack also looked at the nature of memories of the extreme. In so-called normal experience, common sense relieves persons of much existential worrying about their identity, although
social situations and differing social contexts (the large city, say) allow us to play various roles, using “masks,” clothing, and so on, to display or conceal emotions. Manipulating what Goffman called “the presentation of self in everyday life” is the social game played by all, and its rules are reasonably clear. However, the sudden uprooting from ordinary life to be plunged into an extreme situation such as the concentration camps involved a loss of “logic” or common sense. Moreover, not just the lack of social rules, but also the arbitrariness of existence under “rules” so completely outside the bounds of normal experience as to be utterly incomprehensible created for survivors a double problem of identity maintenance. The question of how, after being torn from one’s ordinary life, family, and social context, to survive such loss was often compounded in the new social context of the “absurd” concentrationary universe by the “impossible” choice between bodily integrity and moral integrity. How survivors dealt—immediately and subsequently—with this either/or and its lasting damage to both body and soul, Pollak argued, was what made survivor accounts not just factual accounts (“this happened or that happened”) but valuable “instruments of identity reconstruction” (2000, 12). Yet, such identity reconstruction was also not without many problems that appear in analyzing how survivor accounts are told; what they concentrate on; what they leave out; what survivors cannot (either by self- or external censorship) or will not speak about, and so on.

Pollak focused on three of twenty lengthy interviews that he conducted with survivors: three women survivors from Auschwitz and then other camps in Western Europe: “Margareta” from Vienna; “Ruth” from Berlin; and “Myriam” from Paris. Myriam was a prisoner-doctor, which let Pollak observe—consistent with a similar observation made by Cohen—that, to the extent the SS doctors were willing, usually grudgingly, to extend some degree of professional respect to their fellow (“racially inferior”) doctors, prisoner-doctors were among the privileged in the camps, relatively speaking (184). Pollak noted that the prisoner-doctors’ accounts tended to dwell upon whatever humanitarian actions they were able to accomplish in the camps, as a way of deflecting attention away from their relative privilege. Further, according to Pollack, accounts by former prisoner-doctors and nurses made up the single largest category of deportee survivor accounts. This observation speaks to both the relative ease of their living conditions and also to the fact that it was the “literate” survivors who wrote the first accounts of the concentration camp experience. In indirect contradiction of Cohen’s claim that sexual instinct virtually disappeared in the camps,
Pollak’s three female interviewees made it clear that sexuality in the camps was far more rampant than Cohen (and others of that time) believed. On the contrary, the realm of sexual ambiguity appears considerable, notably in Ruth’s account. We are not talking about those deportees who served officially as camp prostitutes, but of relations between male guards and boys, female guards and women deportees, women deportees with each other: that is, considerable variation and degree of sexual activity. One suggestion about female homosexuality in recent scholarship is that it was less policed by the Nazis than male homosexuality (in the SS punishable by death—if caught). The larger (and perhaps obvious) point here is that where there are human beings, however otherwise debased, there is sexuality.

Unlike Cohen’s, Pollak’s study did not pathologize his subjects. This reflects the turn against “pathologization” that took place in survivor studies in the 1990s. Pollak did write about “mutilated lives” (231), and did not by any means underplay the many hardships faced by his interviewees in adapting to post-camp life. However, Pollak’s analysis of the narrative structures of his interviewees’ accounts focused more on evaluating proportionalities. For example, he noted that about three-quarters of the narratives he looked at focused for 80 to 100 percent of their content on the camp experience alone, as if before and after had no importance. Of course, these proportions vary, and in some case demonstrated the inverse: 20 percent on the camps and 80 percent on identity reconstruction. Pollak used the term “survivor syndrome,” which was a later variant of “the pathology of deportation,” “the KZ Syndrome,” and related descriptors. More importantly, he wondered whether “the survivor syndrome” observed by many psychiatrists and psychoanalysts—his references are to work published in the 1970s and 1980s—was not, in fact, a projection by these medical professionals of their own unwillingness to listen—as well as the difficulty of survivors (or, for that matter, of most people) to speak candidly about the most horrible aspects of their lives (249).

The Scandinavian School of KZ Syndrome, 1952–1980

Why the Scandinavians (Danes and Norwegians) nominated as “KZ Syndrome” what the French termed the “pathology of deportation” is hard to say with certainty. As we have seen, the French term likely was prompted by their more inclusive understanding of “deportation” as standing for the experience of POWs, STOs, and Resistants, under the loose category of “de-
portees” that referred to all of the above—and only occasionally to Jews. For the lead Norwegian researcher, Leo Eitinger, an Auschwitz survivor, the KZ (Konzentrationslager) was precisely where and what the former deportees had been—“kazetniks” in concentration camps. Berthomé observed that the first official medical usage of the term “KZ Syndrome” was at the FBR conference in Copenhagen in 1954 (1997, 267–69), although he found very little difference between Danish work and Norwegian studies.

Eitinger (1963) remarked that Norwegians were deported to Germany mainly for printing secret newspapers, trying to join the Allies, or helping Jews escape to Sweden—but he provided no further data. Other Norwegians, considered less dangerous by the Occupier, were imprisoned in concentration camps in Norway. Of the 1,200 Jews in Norway before the war, about 500 escaped to Sweden; the rest were deported—twelve survived. The Norwegian resisters deported to Germany were released before the end of the war, brought back to Sweden, and returned to Norway after Liberation, where they were welcomed as heroes. This meant that, for the most part, they picked up their lives “almost as though nothing had happened” (60), and did not find in the immediate aftermath the adjustment difficulties and self-reproaches described among other Jewish ex-inmates (or not until the mid-1950s and the appearance of sequelae).

Eitinger ascribed the lack of attention to symptoms in part to immediate postwar euphoria but, more importantly, to medical ignorance. “Doctors in our normal and well-organized society had never had the opportunity to see and examine resurrected corpses,” and moreover had no idea of the circumstances of concentration camp existence (60, my emphasis). In 1957, the Norwegian Association of Disabled War Veterans asked a group of physicians to examine former deportees and veterans still—up to twelve years later—unable to readapt to a normal life; and whose “breakdowns were becoming more frequent as time passed.” Furthermore, considerable diagnostic controversy existed among doctors that had affected the attribution of disability pensions. By 1961, a Norwegian team (headed by Professor Axel Ström of the Neurological Department of the University Hospital in Oslo) had examined 500 patients and published data on them.

Eitinger’s paper reported on the first 131 former deportees. Of these, over 70 percent presented with more than seven of the ten symptoms of “neurastheniform concentration camp syndrome” as defined by Thygesen at al. (1952). This syndrome “appears in most cases to be the result of organic changes in the brain . . . that seem to have originated after . . . concentration
camp internment as a multiple trauma caused by mechanical and toxic injuries as well as... by starvation and exhaustion” (Eitinger 1963, 63). Among the psychiatric symptoms was depression—“total, existential depression” since Liberation—as well as anxiety syndrome persisting for more than fifteen years in otherwise psychiatrically healthy persons (stable individuals, fisherman and farmers) who had not been able to work through the horror of their wartime experiences. This led Eitinger back to the always thorny problem of causality in psychiatry—for instance, “premorbid personality predisposition” before the war (ruled out); Kraepelin’s “endogenous psychoses” (ruled out); Freud’s emphasis on disturbing childhood experiences (also ruled out). “It is thus much more the war experiences than the experiencing personality which seems to be the decisive factor.”(65).

Targowla (1954b) had some concerns with the psychiatric and neuropsychiatric work of Danish researchers, particularly Thygesen et al.’s massive 1952 study—over 450 pages long in its original journal supplement form—while considering it “an important study.” In a word, the Danish study was not sufficiently clinical; for example, the psychiatric discussion was based on a mere fifty-two individual examinations. And the usual professional and national jealousies cropped up; Targowla frankly preferred his own concept of “emotional paroxystic hypermnesia syndrome” to the Danes’ “neurastheniform syndrome,” and he also got in a few plugs for the work of Richet et al. (1948). He complained that the study’s otherwise important bibliography did not contain enough references to current French work on the sequelae of deportation. However, this criticism was more than just academic pettiness; the inclusion of those references, he felt, would have emphasized further the “striking concordances” between the research being conducted in the two countries.

Above all, Targowla was suspicious of the Danish study’s methodology, with its heavy emphasis on statistical data and tables worked up from the questionnaire respondents’ material. He wondered about the resulting precision, and whether what the study demonstrated was not, in the end, “more mathematical than real” (Targowla 1954b, 612). This is by no means a minor matter. Indeed, it has implications for all studies, medical and otherwise, that rely on statistically derived portrayals of supposedly real phenomena.

Thygesen addressed this very question in a 1980 paper reviewing Danish work on “the concentration camp syndrome” since 1947 and 1948, when he
and others began examining all surviving Danish former camp prisoners living in Copenhagen.

The discussion came up because, by the 1980s, some psychiatrists drawing from recent political events in Latin America and elsewhere where torture was widely used on opponents, real or imagined, had begun to speak of “a torture syndrome.” This gave Thygesen his opening; namely, that “a syndrome” was “a specific unified corpus of sequelae,” which is not the case with torture. However, it was the case with concentration camp syndrome, in part “out of respect for history and . . . with the place(s) where the syndrome originated” (Thygesen 1980, 224). Even if concentration camp syndrome by then was listed by the World Health Organization as a “recognized disease,” the more important observation that Thygesen made is that “[i]t took 10 years to establish the existence of the syndrome and another 15 to describe details of the picture — and the job is not yet finished” after twenty-five years (224; my emphasis).

This was also to say that the work of identifying KZ Syndrome took place within a context of social and other conditions that influenced both the findings and how these were categorized and treated. “We needed a specifying term which would denote — as we later discovered — often disabling deterioration of health” (224, emphasis in the original). One of the imperative reasons for the creation of the term was not only to help rehabilitate victims’ health, but also as a concept for qualifying under compensation laws.

Thygesen was quite open about how the characteristics of KZ Syndrome also reflected the medical orientation used. In the early 1950s, those methods were primarily neurological and neuropsychiatric. The use of gastrointestinal methods, he remarked, would have yielded “a different kind of concentration camp syndrome.” And a more “psychodynamic or psychosomatic approach” would have drawn attention to still different aspects of the syndrome. It’s a lot like Minkowski’s Russian dolls.

Most important of all, Thygesen remarked, in order to help the victims of the camps with compensation, the research findings had to conform to existing theories at the time about disability. The work had to meet both “the objectivity requirements of scientific method” (as then understood) and “the so-called medical basis for claimed disability”— in other words, the KZ Syndrome had to be shown to be “biological” (224).

Now this is not to say that Thygesen and his colleagues made up their
findings. As he recalled, their very first examinations in the late 1940s “hinted at a biological cause—something which perhaps was irreversible but exact knowledge of which was lacking” (224; his emphasis). But then one doesn’t go before a pension disability board and say, “well, perhaps,” or “the evidence hints at such a result.”

In fact, Thygesen’s candor here is more revealing of how science really works, as many other authors have shown. It’s the whole problem of evidence, whether in medicine, law, or another research domain: How “solid” is it, or rather how persuasive can it be made to appear? Science requires the additional burden of the replication of results, and clearly, in France, in Scandinavia, and as we shall see, elsewhere, European medical researchers were finding the same results among concentration camp survivors.

Finally, on the Scandinavian School, Jean-Marc Berthomé makes the highly interesting observation that, however “scientistic” it may been with its statistics, tables, histological graphs, and so forth, there was something “democratic” about its overall findings (Berthomé 2002, 268). First, there was no doubt about the origin of KZ Syndrome and where the ultimate source of the evil lay: in the barbarity of the Nazi concentration camps. But this is an ethical point. Second, medically, the metaphor of a sick nervous system caused by the consequences of hunger was also a further way of distancing the Scandinavian medical discourse from the social practices of a state (the National Socialist state) so utterly foreign to their own. Third, as Eitinger’s (nonetheless controversial) comparative work (1964a) on Norwegian and Israeli former deportees showed, the results were the same: namely, that anyone, or rather any organism, will succumb to the same degree to the only truly objective causal factor—prolonged somatic degradation. “In a word, that we are equal before the worst, the worst being designated here under the general rubric of deportation” (Berthomé 2002, 269).

Polish Perspectives on KZ Syndrome, 1945–1961

A number of writers have commented that Polish medical studies on concentration camp syndrome “took a fundamentally different approach from American and German studies” (Pross 1988, 91). Leaving American approaches for the next chapter, certainly the German literature clearly reflected the work of the researchers we have encountered so far, the somatologists far more than the halakhists. The Polish literature, while not
unaware of, say, Targowla, did constitute a unique corpus of its own, however. The so-called Krakow School around Antoni Kepinski, Stanislaw Klodinski, and others, many of whom were former Auschwitz deportees, had set up a treatment and rehabilitation center for survivors after 1945. The members of the Krakow School published in the long-standing journal Przeglad Lekarski (Medical Review) that first appeared in that city in 1862 and has published ever since, with some interruptions such as revolution, wars, and Nazi occupation. Since 1961, the journal has published an annual supplement devoted to the experiences and consequences of the Nazi concentration camps. At the Warsaw Congress of the FIR in 1979, editor Dr. Josef Bogusz presented a paper on the work of the Przeglad Lekarski-Oswiecim supplements since the 1960s; to date, twenty-six volumes have been published (over six thousand pages).

Pross is among the strongest of non-Polish writers to stress what makes the Krakow School unique in its approach. First, that survivors’ suffering could not be approached through conventional medical concepts. At the same time, the school also rejected psychiatric as well as psychoanalytical perspectives, preferring to focus on “the analysis of the subjective experiences and the statements of the individual patients” as Kepinski put it (quoted in Pross 1988, 91–92). For Kepinski, the usual approaches to KZ Syndrome were based on an overly rigid separation of psychological and physical factors; on the contrary, they were “firmly linked,” so much so that if somatic phenomena produced psychological sequelae, this also worked the other way, with somatic damage resulting from psychological tensions.

For his part, Klodinski importantly remarked that one of the crucial traits that distinguished Polish research was “that it is not linked to pension claims, which often distort the results” and, as we have just seen, subordinate the complexity of phenomena to statistical reductionism (quoted in Pross 1988, 92).

This picture of the Krakow School, however, appears less radically different when approached from within the school itself; here the work of Zdzislaw Ryn, a member of the second generation of researchers. In his “Evolution of Mental Disturbances in the Concentration Camp Syndrome (KZ-Syndrom),” he opened with the observation that “direct contact with former inmates of concentration is . . . a strange and unique experience” — although, he adds, “from a psychiatric point of view.” The ex-prisoners were themselves aware that “their psyche is peculiarly different”
(Ryn 1990, 23). He quoted Kepinski’s remark that their “otherness” is revealed when they talked about the camps, from which they could not free themselves, either from its endless circles of terror and debasement, or from their experience of acts “of kindness and noblemindedness.” The prisoners remained a puzzle to themselves, as much as to the mystery of human beings. As Ryn put it,

The stamp left by experiencing camp stresses seems to be something permanent or even progressive, in the physical and . . . psychic spheres. The stigma . . . of the concentration camp has been transferred to the second or even third generation. . . . It has become fixated in the population that suffered in the . . . camps and the war. It is . . . a process lasting in time and extending beyond the individual life. . . . It displays a dynamic of its own . . . and is subject to evolution. (24)

And while there was little question as to the biological effects, the psychic and psychosomatic effects are more complex, because the trauma of the camp experience was “a shock unparalleled in [the] previous experience” of the deportees: the resulting borderline blurring between reality and unreality; mental depression as complete breakdown and prostration; and deep changes in personality structure and values (24–25). Above all, although deportees’ injuries and somatic complaints healed, “in their psyches the reality of the concentration camp [has] remained alive” some fifty years later when Ryn was writing, making former deportees’ subsequent view of the world and emotional ties stamped for the rest of their lives with the camp’s “inhuman habits and stereotypes of behavior” (25).

Since the beginning, research on the medical consequences had been plagued with numerous difficulties that have only “increased with the passage of time.” He identified three of these lasting — still unresolved — prob-
lems: (1) the causal relationship between illnesses suffered in the camps and present-day states of health; (2) the influence of concentration camp disease on the etiology of subsequent diseases, such as sclerosis, premature aging, and mental disorders; and (3) what he termed “the greatest controversy,” namely, the absence of temporal continuity between trauma in the camp and the onset of a disease (25–26). Ryn went so far as to question what was ultimately the basic problem: Should a causal relationship be assumed between late-appearing effects and incarceration? But, having raised the question, he did not probe it further, and so it remained an assumption, although “there is no doubt that the concentration camp disease will persist in the generations to come” (33).

A third researcher, Barbara Engelking of the Polish Academy of Science in Warsaw, in her 2001 book Holocaust and Memory, reflected the turn to the analysis of survivors’ personal narratives that we encountered with Pollak’s study. While recognizing “the enormous contribution” of the Krakow School (255), she had a number of problems with their work. For one, she questioned the representativity of their research sampling based on volunteers’ answers to questionnaires, as opposed to random surveys, as well as the lack of control groups. For another, she considered that social science research instead of medical research was perhaps a better method for dealing with the problems of Holocaust survival.45 Third and finally, Engelking observed that Polish research, as indeed Western research generally, had focused too much on the pathology of camp experiences and so only on the negative, dysfunctional aspects. And yes, it was “possible to be happy” (258) even after the experience of the camps.

The Israeli Holocaust Problem and Early Research, 1948–1969

Leo Eitinger had remarked that it was “regrettable that . . . Israeli psychiatrists have been so preoccupied with . . . practical work that they have not had the opportunity to work through the large material at their disposal . . . . Until now only case reports and scattered surveys have been published” on concentration camp survival (1964a, 30–31). By “practical work,” he meant setting up the infrastructure of hospitals, clinics, research facilities, and other institutions in the medical field that came with the creation of the state, and, as we saw, with which technology transfer in psychiatry the
French halakhists especially were closely involved (for instance, the Baruk psychiatric institute at Tel Hashomer Hospital of the University of Tel-Aviv, and elsewhere).

For the new country, a quarter of whose population were Holocaust survivors, it is possibly an incredible irony—or not? Should Israelis have been different from other nationalities?—that the sabras, the Jews born in Palestine before 1948, had a lot of problems with survivors. The damaged “human material” that arrived from European DP camps clashed profoundly with their own self-image as heroic farmer-fighters. Here too, there were all the macabre jokes about the saponim—Hebrew for “the soap people”—and the widespread myth that the Nazis had used the fat of burned Jews to create low-quality soap for military and civilian use. The general response to the newcomers, who admittedly came with a lot of psychological baggage, was not all that different from the French response to deportee Jews. Most Israelis did not want to hear about what the deportees had been through “over there” in the Diaspora. And so the best thing was to just shut up and somehow try to put your life together again. This sweeping under the carpet of the Holocaust problem was, of course, definitively shattered in Israeli public opinion by the 1961 trial of Adolf Eichmann. By the same decade, if not occasionally earlier, Israeli psychiatrists were also giving serious, sustained attention to the psychopathological effects of Nazi persecution. A related irony, but not one significantly different from the uses of military psychiatry in the European context, was that, as early as the War of Independence (1948–1949) and the wars of the 1960s and 1970s, a phenomenon surfaced in some ways even more shocking than Holocaust survival; namely, that Israeli soldiers suffered from mental breakdown in battle! (see Müller 1952; Palgi 1963, 1973; Dasberg 1976).

In certain ways, the work of Israeli psychiatrists with survivors, to which Eitinger was also a contributor between 1962 and the end of that decade, was not all that different from the findings we have discussed above. The psychiatric pathology from a ten-year study (1952–1962) of several hundred survivors found that, compared to the common psychiatric illnesses of hospitalized patients, German concentration camp survivors presented a clinical syndrome “not amenable to classification according to the accepted psychiatric nosological entities” (Nathan, Eitinger, and Winnik 1963).46 The pathology was chronic, there were no psychotic symptoms; but instead fatigue and depression; anxiety manifestations; nervousness and hypersensitivity; social maladjustment and withdrawal from everyday life. The
syndrome was independent of previous personality patterns, significantly related to the specific experience of war, but, unlike other studies elsewhere, there was no evidence of “organic etiology” (113).

Not being tied down as much as some of the Europeans to the organicist aspects meant that Israeli psychiatrists turned to psychoanalytic explorations much sooner, by about the late 1960s.

This was especially the case with the work of Heinrich Zvi Winnik (1902–1982), a pioneer of Israeli Holocaust research and a president of the Israeli Psychoanalytic Society, founded in 1933 as the Palestine Psychoanalytic Society. Winnik was born in Bukovina, studied in Vienna, Prague, Breslau, Chemnitz, and Berlin, where he was senior physician of neurology at the Lankwitz Hospital until 1933. With the Nazi takeover, he fled to Vienna and then Bucharest after the 1938 Anschluss, escaping to Palestine in 1942, where his family also managed to join him. He was one of the first Israeli researchers to make contact with other researchers such as Eitinger in Norway, in Holland, and later in the United States (see Hertz 1993).

Like Richet, who tried to find in various larger fields and ultimately in gerontology, where exactly to locate his psychophysiology of distress, Winnik spent the decade 1969 to 1979 trying to make something of the new if short-lived science of victimology, invented in 1949 by the French psychoanalyst B. Mendelsohn, as a domain in criminology and applied psychology.

Here, however, I want to look briefly at a 1969 paper of Winnik’s entitled “Second Thoughts about ‘Psychic Trauma.’” I mention this paper in part because of the importance that American research would give to the concept of trauma from the late 1950s on. Winnik’s main argument was that trauma, defined as an emotional shock that makes a lasting impression on the unconscious mind, had to be distinguished as an event and as an experience. As an event, which was how the concept had been used historically, trauma was seen as an external factor, an injury or an accident, that provoked abrupt changes to which the organism could not adapt; basically a form of extreme stimulus. As an experience, however (that is, in the context of psychic disturbances), it was Freud who had borrowed the term from somatic medicine and transposed it to psychic states, stressing that “Trauma cannot be assessed in terms of an external event alone” (quoted in Winnik 1969, 83). For Freud, one of the psychic planes of the ego consisted of “a stimulus barrier,” or protective shield strong enough to resist many excessive forms of stimuli, but “trauma” was a psychic force strong enough to break through the barrier. For example, in another writer’s usage, trauma
was “an eruption of the death instinct” (84). More importantly, a British psychoanalyst writing in 1950 had used the concept of trauma in a discussion of war neuroses and concentration camp survivors to ask what exactly this “stimulus barrier” consisted of. And why did it suddenly collapse, even long years after the initial occurrence of the stimulus? The questions, Winnik noted, were especially significant in understanding why a morbid recurrence ensues in the concentration camp syndrome when a patient could be seemingly healthy for many years, turning abruptly into “the most difficult traumatic experience”? Winnik believed that Freud’s writings could provide an answer to these questions. Later and later sequelae—up to forty years later, and then skipping generations—would be one of the central concerns of Israeli Holocaust research.

Early on in his paper, Winnik noted that the Neuropsychiatric Society’s focus on the concept of trauma was no accident, and in fact “may be conditioned by the incessant threat to the security of our country” (82). Furthermore, he remarked that the very concept was perhaps deeply entangled with Jewish and Israeli history, a history that had to endure and overcome “so many traumatic” experiences. This too would concern later Israeli research.

As we end the chapter with a brief look at early Israeli studies, what we have covered in the pages above has been the dissemination and displacement of ideas around the pathology of deportation throughout Europe. In France first, where as Richet remarked in the third edition of his and Mans’ *La Pathologie de la déportation*, “the French School had largely played the leading role,” adding that “the Anglo-Saxon world” had yet to show much interest (1962, 34). But, as we saw, French approaches split unevenly between a widespread somatological emphasis and a minority Jewish ethical re-examination of the history of Western medicine. Both perspectives then sought to link up through international conferences with fellow researchers in other countries; the somatologists far more successfully so, in part for political (Resistance) reasons, but also because of a shared approach to medical training, with various differing emphases here and there. The halakhists, so to speak, lost their struggle to influence the medical profession, with some exceptions in the Israeli context, and even there these were still exceptions. The importance of recovering their work here, however, adds yet another layer to the unknown history of Holocaust survival research. We can speak, then, to some extent, of a postwar phase of displacement in that *Europeanization* brought with it specific refinements, as well as
lasting questions, to the understanding of the sequelae of deportation. The Europeanization of the \( \textit{KZ} \) syndrome, as it were, skipped across the Mediterranean to grow somewhat different roots in Israeli soil, such as a greater reliance on psychoanalytical approaches.

Why this latter move did not occur in France, as well as affecting the ways in which U.S. Holocaust researchers turned the question of survival into a dimension of the larger problems of modernity, is the subject of the next chapter.
The Failure of “Liberation Psychiatry,” 1944–1947

The French Resistance signified many things: a rallying point during the war for those who found the defeat of 1940 and the Nazi Occupation untenable; the armed struggle against the Occupier; an internal political struggle between Gaullists and Communists; an opportunistic haven “after the Germans had left,” as one writer put it bitterly, for those of, at best, ambiguous allegiance (Rajsfus 2005: 13); and a utopian aspiration that five years of war and sacrifice surely had to see translated into a better, fundamentally more equitable society, whose institutions incarnated the “pure spirit” of the Resistance. One of the key figures to articulate in print the utopianism of the Resistance was the writer and editor-in-chief of the leading Resistance newspaper Combat, Albert Camus.¹

Less well known was the impact of the Resistance spirit upon French psychiatric circles in the project of “Liberation psychiatry.” As psychiatrists Georges Daumézon and Lucien Bonafé put it, Liberation psychiatry was nothing less than “a revolutionary transformation of the problems of psychiatry in France” (1946, 584). The core of the project was to “transcend the idea of the hospital and the asylum” and break forever the institutional separation of the mentally alienated from the surrounding world (588).

Inversion . . . is a genre [that] consists in the reversal or inverse of an arrangement of words, relative to the order in which ideas follow from one another in the analysis of thought.

PIERRE FONTANIER,
Les Figures du discours, 1827

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As Daumézon and Bonafé indicated, the brutality of the war years had produced terrible suffering for asylum patients, with “over 25 establishments requisitioned [by the Germans], the expatriation of the sick, and around 40,000 patients left [abandoned], under-nourished and dying at a terrifying rate” (586). As well, the hardships endured by asylum medical personnel not only had led to a heightened consciousness of their own responsibilities, but also allowed them to “experience” what tens of thousands of patients had long felt: namely, that “the defense of humanity was indivisible” (586).

The resulting ferment among doctors and patients had created “absolutely revolutionary perspectives” for the future of French psychiatry (584). For one thing, sociological perspectives were brought to bear upon psychiatric understanding of both madness and the social problems of the collectivity, as opposed to the traditional view blind to the complexities of “social facts.” More exactly, it was no longer sufficient to study these individuals simply as statistics but to approach them as dynamic phenomena. Second was the attempt to modify public attitudes towards madness by creating society-wide “psychiatric needs” (“un besoin psychiatrique”), since psychiatry had the knowledge resources to educate the population “with the elements necessary for the individual understanding of mental hygiene” (588). Third, recent British and American work in group psychotherapy made further great hopes possible. Here Daumézon and Bonafé referred to a lecture (no date provided) at the Sorbonne, given by the chief medical consulting psychiatrist to the British Army, which had “an exceptionally tonic effect on all French psychiatrists” (587). Even, they added, the “horrible efficiency” of certain collective actions upon human groups in the Fascist countries allowed one to envisage both the promise and the possibility of “more beneficent” measures. They did not, however, spell out what might constitute such measures.

But as the epigraph for this chapter suggests, one of the figural consequences was a profound turning inward upon itself by French psychiatry. Despite the enthusiasms of Bonafé and Daumézon (the latter subsequently the “big boss” at Sainte-Anne Hospital, with whom Michel Foucault studied in the early 1950s), and a number of other psychiatrists and psychoanalysts, it was clear by 1947 that the Resistance spirit of unity was beginning to rigidify and fracture: In the end, the Resistance spirit in psychiatry was merely “ephemeral” as the writer Jean Paulhan observed in 1952, although
a later version resurfaced in the 1960s’ “antipsychiatry” movement with the
work of Foucault and others in France, Thomas Szasz in the United States,
and Ronald Laing in Britain.

In 1975, historian of French psychiatry Jean Biéder looked back at “myths
in the history of psychiatry” and Liberation psychiatry in particular. He ar-

gued that the attempted “new policy of a psychiatry of openness” at the
time was the result of misreading the “lessons” of the war, of captivity
and deportation: in effect, that there was a direct parallel between the con-
centration camp and the asylum (Biéder 1975, 351–52). This parallel was
“widely exploited” at the time, particularly with the premise that, like the
concentration camp, the asylum functioned to destroy its prisoners. While
there was no doubt of the sincerity of those involved, or the effervescence
that followed the Liberation and favored such an ideological movement in
modern psychiatry, this raised a two-fold problem for Biéder. First, he held
the camp/asylum analogy to be a false one, exacerbated by Nazism and the
Occupation—as Daumézon had argued at the time (although from the
perspective of his own somewhat different agenda for psychiatry). Second,
Biéder suggested that Liberation psychiatry simply further occulted the lin-
gering and longstanding crises of French psychiatric culture.

For Biéder, the failure of Liberation psychiatry added to the fissures of
the old edifice, challenged on all sides by new therapeutic approaches from
America, especially developments in psychology; and by the increasing
postwar turn toward psychotherapy and a psychoanalysis more indebted to
Freud and the revisions brought to it by the “grand controversies” in Britain
(by Melanie Klein, D. W. Winnicott and others). As we saw in the previous
chapter, the differences between the somatologists and the halakhists also
reflected some of the undercurrents of the larger crisis: Should psychia-
try be more focused on ethical questions, as the halakhists argued; or, as
other factions would urge, should it become more socially interventionist,
even more openly political, as the growing attraction of Marxism by the late
1940s increased its influence among psychiatrists? Here, we turn to some of
the recurring difficulties of the institutionalization of psychoanalysis in the
French context and in particular in the post-Holocaust period.
Freud had remarked that psychoanalysis was “an impossible profession” (the other two being politics and teaching). Surely such a descriptor applied with special force to the history of the institutionalization of psychoanalysis in France, where it had to confront the deep conservatism of French medicine, not to mention that of psychiatry as well. That psychoanalysis in France was somehow very different was also recognized in the 1970s by American academics interested in psychoanalysis, who, as a way of signaling that difference, called the French version of Freudian analysis “French Freud” (see Mehlman 1972). This naming was not only a comment on the various, contradictory, selective, and belated translations into French of Freud’s writings, but also on the double difference of “French Freud,” in the context of postwar France itself, referring here as well to Jacques Lacan’s “re-reading” of Freud, and all the troubles that that entailed from the 1950s well into the 1980s.

Freud had remarked on the puzzling fact that “the introduction of psychoanalysis into France was for so long refractory.” If this seemed on one level merely a reproduction of resistances “I have lived through before,” it had, he added, “peculiarities of its own” (1925). One of these “peculiarities” — and by now something of a cliché — is that, in France, the interest in psychoanalysis came not from medicine, but from literary and cultural circles. The latter in particular provides a clue to something broader — namely, the entanglement of the French reception of Freudian psychoanalysis with French antisemitism, or, rather, the French “Jewish Question”: a debate seldom openly acknowledged, but one that has haunted French analysis like a bad conscience. As Elizabeth Bellamy put it forcefully,

the question of the “Jewish” origins of psychoanalysis is the constitutive anxiety not only of psychoanalysis in general but also of French psychoanalysis in particular, where Jews have played such prominent roles, even as this prominence has often been attenuated by the ongoing determination of French psychoanalysis to configure itself as French, not “Jewish.” (1997, 19; emphasis in original)

It is not necessary to go back to the French Revolution’s contradictory position of welcoming French Jews into the fold of the Republic as French citizens, but not their “judéïté,” as this particularism was incompat-
ible with the universalism of the Revolution. For our purposes here, it is quite sufficient, as we have seen in the chapters above, to stress once again France’s wartime and postwar “history of disavowal and denegation of its own scarcely confronted ‘Jewish Question’ even more complex than Germany’s,” as Bellamy repeatedly emphasizes (1997, 12–18; emphasis added). A third dimension of this dizzying kaleidoscope, and centrally related to the problematic reception of Freud in France, in fact its corollary, has to do with the relative newness of attempts to write the history of French psychoanalysis. It is no coincidence that during the 1980s—the period when the historiographical problems we encountered earlier with the war-period and its aftermath began to become unstuck—Elisabeth Roudinesco, herself an analyst, a former Marxist, and daughter of a leading postwar psychiatrist whose clinical work focused on child survivors, published in 1982 and 1986 the first general history of psychoanalysis in France from 1885 to 1985. As her English translator, Jeffrey Mehlman, the author of *Legacies of Antisemitism in France* (1983), observes in his perceptive “Translator’s Foreword”: “every triumph of psychoanalysis risks . . . being a triumph over psychoanalysis” (1990, xi). But because the rules of discourse in France changed after World War II, he adds, this allowed Roudinesco to write in volume 1 “a history—or prehistory—of French psychoanalysis concomitant with a history of French anti-Semitism” (xii). The operative word here is “prehistory,” because for Roudinesco, and despite much high-wire dancing on her part, all that nasty antisemitism, which she was prepared to recognize to a point, had seemingly resolved itself with the end of the war. In French psychoanalytic circles specifically, this occurred in the early 1940s with the death of Edouard Pichon—a sympathizer of 1930s *Action française*-type racism who wanted to turn the Société psychanalytique de Paris (founded in 1926) into a similarly militant league—and with the postwar marginalization of the sad figure of René Laforgue, who was both French and German-Alsatian, and who had compromised himself with Matthias Göring, cousin of the Reichsmarshal, and the chief of Nazi psychotherapy. “Prehistory” also because French antisemitism in psychoanalysis did not suddenly end, but instead flipped into its inverse—“Sémithophilie,” as Bellamy termed it, or Philosemitism (25).

The flip-flops of French anti/philosemitism have been discussed widely by others, particularly in the context of French postwar philosophical debates. Instead, we look more closely at the preoccupation within French psychia-
try and psychoanalysis with the question of Freud’s Jewishness and how this indicated a more deep-seated malaise within French “psy” culture.

THE “HALAKHISTS” AND FREUD’S JEWISHNESS
The “halakhists” around the Revue d’histoire de la médecine hébraïque (RHMH) were endlessly puzzled with the nature of Freud’s Jewishness. In 1936, one of the papers given at the first conference of the Société d’histoire de la médecine hébraïque (SHMH) was by Minkowski on the topic of “Freud, médecin juif.” There is no question mark in the title and so, for Minkowski, Freud’s Jewishness was unproblematic. Not so for the other halakhists, who on the whole also sharply distinguished between Jewish and non-Jewish survivors. Not only was their post-camp experience utterly incommensurable but furthermore, as Dworzecki remarked, Jewish survivors were persistently disturbing to, and a source of “unease” for the goyim (Dworzecki 1962). The halakhists also distinguished Jewish and non-Jewish doctors; indeed, the distinction was central to the journal’s project of redefining medicine from a Jewish perspective. But where did Freud fit in?

When the first issue of RHMH was published in June 1948, editor Isidore Simon and others grappled with this specific Jewish question. In an essay on Maimonides’ (Rambam in the Jewish tradition) relevance to contemporary psychiatry, Dr. A. Litvak argued that Maimonides did not distinguish between constitutional (hereditary) states, as contemporary psychiatry did, but rather saw such states as qualitative (Litvak 1948). Nor, in what Litvak termed Maimonides’ discussion of the “phenomena of the subconscious,” did he subordinate them exclusively to the instincts, “as did Freud and his students” (38). More strongly, where Freud, according to Litvak, conceived of a perpetual struggle between the conscious and “the subconscious,” the ethical implications were considerable. For Freud, supposedly, the ethical conscience (“la conscience morale”) had almost no roots within our souls, but the Jewish tradition, and Rambam in particular, identified the ethical sensibility among the forces of the human soul, coexisting there harmoniously. Litvak went on to remark that neither Freud nor Rambam were entirely original: the former harkened back to Schopenhauer “and our kabbalists” (39), and the latter to Rabbi Saadia Gaon and Aristotle. “Freud and Rambam established two different methods that draw upon particular horizons [of thought]; the former draws from the [dualistic] principles of Christianity, and the latter from the Torah and the Prophets” (39). While this was not
quite equivalent to saying that Freud was not Jewish, it was pretty close to saying that his thought was not, except for that little remark about his relation to “our kabbalists.”

For the *RHMH* and its collaborators, the question got a wide airing in the March–July 1959 double issue, a belated contribution to the 1956 centenary celebrations of Freud’s birth. Here, a variety of differing points of view were expressed.

For Henri Baruk, “while not, properly speaking, an author of [the] Jewish medical [tradition], Freud was not only a Jew, but moreover wrote about Judaism; still, it was important to clarify the extent to which the Jewish tradition, consciously or unconsciously, ... influenced the work of the founder of psychoanalysis” (Baruk 1959a, 29). Freud’s “Jewish unconscious,” in conflict with the scientific materialism of his education and his “individualistic Christian spiritualism,” marked his work with its “hybrid, paradoxical, complex and ambiguous” aspects difficult to define (Baruk 1959a, 32).

Other writers in the double issue expressed a completely opposite viewpoint. Ernest Fraenkel, in a subtle discussion of the Hebrew etymology of the word for “libido” in Genesis II: 24, argued that the subterranean links in Freud’s thinking to millennial Jewish thought were “patent.” For others still, it was the usual sort of thing one would find at any academic conference. One speaker (Michel Cennac) complained that the problem with Freud was that he was not enough of a Kleinian! Serge Lebovici, a rather important French analyst, wrote that Freud was a precursor of infantile psychoses, Lebovici’s own research field.

If a milieu of French Jewish scholars, psychiatrists, and psychoanalysts could not get a fix on the slippery question of Freud’s relationship to the Jewish tradition, what happened when French non-Jews turned their minds to the same problem, but without the equivalent relation to the Jewish tradition? This line of inquiry began, belatedly, when Freud’s *Moses and Monotheism* — and arguably either his strangest or greatest work, depending on one’s perspective — eventually was translated into French in 1948. It is not listed in Roudinesco’s 1993 appendix of Freud’s major writings translated into French between 1900 and 1940. The question became a central aspect of the long Lacan affair.

**Lacan’s “Pauline” Philosemitism**

A number of French analysts have claimed that Jacques Lacan’s approach to psychoanalysis was crucial to the post-Holocaust epoch. Roudinesco, in her
1993 book on Lacan, wrote that he was “the founder of a system of thought whose particularity was to show how the modern world after Auschwitz had repressed . . . the essence of the Freudian revolution” (12, emphasis added). Another analyst, Anne-Lise Stern, herself a survivor of Auschwitz, Bergen-Belsen, Buchenwald, and Theresienstadt, raised some probing questions in her 2004 book *Le savoir-déporté: camps, histoire, psychanalyse*, on the imbrications of psychoanalysis and the “after Auschwitz,” both equally impossible dilemmas in her view. But, for Stern, given those impossibilities, Lacan’s thinking at least provided a way into the heart of the problem, more so than the work of any other analyst. In Stern’s words, psychoanalysis could as much help think (“penser”) through Auschwitz and after, as it could also cover it up like a bandage (“panse”) (see Stern’s essay “‘Panser’ Auschwitz, par la psychanalyse?” in 2004, 189–96).

On one level, the problems involved here were closely parallel to the recurring question of psychoanalytic training, the issue that caused the Société psychanalytique de Paris (spp) to fracture into rival analytical societies in 1953. This question led to Lacan’s “excommunication” from psychoanalytic training in 1963 as a member of the rival Société française de psychanalyse (SFP), to the founding of his own “school” in 1964, and to its subsequent numerous splits and eventual dissolution by Lacan in 1980, a year before his death (all recounted in immense, bewildering detail by Roudinesco 1986, 1990). In other words, one cannot become a psychoanalyst without oneself undergoing a lengthy personal analysis, followed by a further training or didactic analysis under the supervision of another analyst.

In Stern’s case, for instance, she returned from the camps deeply depressed and suicidal. Her encounter with Lacan, whose patient she became, and with whom she later undertook her analytic training, literally saved her life. (Lacan, as many former students and patients have remarked, had an extraordinary and unforgettable ability to zero in upon a patient, if the patient’s problems interested him. He also could be notoriously lax with others, keeping them waiting for hours and then dismissing them after five minutes).

As is often the case, the personal and the politics of psychoanalysis are very closely intertwined. Stern took up the task that Lacan inspired in her: namely, to attempt to think through the “after-Auschwitz” in the relations between psychoanalysis and the lingering question of the camps and of the Holocaust more generally in the context of contemporary European history. This interrogation took the form of her long-running annual seminar, given
since 1979 at the Maison des Sciences de l’homme, which in its heyday attracted everyone who was anybody in Parisian analytic circles.\textsuperscript{13}

The other related problem was that, apart from a few gnomic pronouncements, Lacan did not actually say much—at least, not in print—about the Holocaust, beyond his general postwar observation that the twentieth century saw tremendous intensification of highly manipulative pressures upon the individual psyche. One could add that a great deal of his predominantly oral teaching in his famous seminars was an extensive elaboration of this idea. But making a case for some special insight on his part specifically regarding the Holocaust and its implications rests upon slender textual evidence.

That said, there is a lot more evidence concerning Lacan’s complex relationship to both the Jewish tradition and the question of Freud’s Jewishness. And surely the most famous of Lacan’s Jewish self-identifications was his January 1964 talk “L’excommunication” at his first conference at the Ecole Normale Supérieure, after being deprived of his status as a didactician and so no longer able to teach other psychoanalysts, as he had done for the past ten years at Sainte-Anne, notably.\textsuperscript{14} In this talk, Lacan made the explicit parallel between his own situation at age sixty-three and the twenty-four-year-old Spinoza’s 27 July 1656 “major excommunication” (kherem) from the synagogue (community) in Amsterdam, followed by the “chammata” or ban on ever returning into the community.\textsuperscript{15} (He remarked that 1656 is also two hundred years before Freud’s birth.) Lacan was not, he insists, here playing numerical games, but rather that Spinoza’s (and his own) excommunication implied a structural problem central to Lacan’s “interrogation of psychoanalytic praxis” (1973, 12).

Probably no other former student (and before that, patient) of Lacan’s has been as fascinated with the relationship between Lacan and Judaism, not to mention Judaism generally, as well as the Talmudic sources of psychoanalysis, as Gérard Haddad has been, in eight books since 1981. In 2007, Haddad published what arguably his best book, titled \textit{Le péché originel de la psychanalyse} and subtitled \textit{Lacan et la Question Juive}. Unlike Haddad’s previous work, where he seemed determined to prove that Lacan was a covert Jew, this book took a different approach. Recalling the 1963 crisis following the decision of the International Psycho-Analytic Association to withdraw Lacan’s privileges as a teaching analyst, the shock-waves of which affected the whole of French Freudianism for the next twenty-plus years, Haddad remarked that there was another underlying reason for all
this commotion—and that is that French Freudianism itself was devoured “from within by a mysterious illness” (2007, 13).

In “Excommunication,” Lacan had gone out of his way to distance the quarrels within French analysis from those of religion. This was exactly what Haddad brought back into the equation, largely through extensive quotations from Lacan himself.16 Haddad’s title—The Original Sin of Psychoanalysis—came from a Lacanian remark on hysteria, and incidentally not a very Jewish idea at all (cited in Haddad 2007, 15). Lacan’s main argument, according to Haddad, was that Freud, particularly in Moses and Monotheism (1939), despite the radicalism of its attack on the Jewish tradition, never came to terms with the Jewish God.17 Lacan thus proposed to bring in the Jewish tradition to try to pick up matters where Freud left them.18

Like St. Paul and his transformation of Judaism into Christianity, Lacan used his extensive knowledge of the Jewish tradition as the means by which to seemingly Christianize psychoanalysis. As Haddad put it, “the explicit questioning of the Jewish tradition within psychoanalysis appears fundamental to Lacan for the future of psychoanalysis, if it is to have one” (17). For Lacan, Freud’s inability to confront the Jewish God—El Shaddai, the One Whose Name Cannot Be Said—caused Freud to deflect the problem onto the Oedipus myth and so to Greek mythology in order to avoid confronting his own history.19

Interestingly, given some of the discussion below on transgenerational aspects of the problems of survivorship, Haddad framed the Freud-Lacan debate within a “transgenerational neurosis” (26). This inversion masked a different move that Lacan explicitly connected to the “Pauline revolution”—namely, the replacement of the relationship of the Jewish God of the Law by the Christian God of Love and Grace. (Haddad here cited a long passage from the unpublished Seminaire IX on Identification of 1961–1962, 33–34.) Lacan claimed that Freud made a distinction between the “component instincts” (that is, the connection between a psychic drive and a goal) and love. This distinction had locked psychoanalysis within “a Judaic enclosure” (“enclos judaïsant”) from which Lacan as a psychoanalyst wished to free his numerous, suffering Jewish patients (Haddad 2007, 37)—because it was a particular burden to “have to deal with the God of Abraham, Isaac and Jacob” (Haddad quoted another unpublished seminar here).

If some analysts such as Françoise Dolto and Jesuit students of analysis like Michel de Certeau had seen in Lacan’s project a “Christian reconquest of the Freudian field,” Haddad insisted they could not have been more
wrong. Lacan was often extraordinarily contemptuous of his audience. For instance, after the loss of his didactic status, he said to a group of psychiatrists: “Your attitude does not surprise me: you are nearly all doctors and there’s nothing to be done with doctors. . . . Furthermore, you are not Jews, and there is nothing to be done with non-Jews. You all have problems with your fathers and that is why you act together against me” (quoted in Haddad 2007, 45, emphasis in original).

Lacan could be even harder on Christianity, which, Nietzsche-like, he termed “a religion of denial.” More importantly, Haddad’s principal argument here was that Lacan’s attempt to unburden psychoanalysis from “its religious, Jewish baggage” was a failure. Lacan, despite considerable familiarity with the Jewish tradition, never really understood “the God of the Jews,” Haddad argued, particularly not as presented by Maimonides. Lacan’s dissolution of his own school in 1980 was an act of recognition of his own failure, Haddad claimed (see 38–39, 133–38).

Finally, a number of commentators have puzzled over the unbelievable fractiousness within French Freudianism from the 1953 split of the new Société française de psychanalyse from the original Société psychanalytique de Paris, and with further splits and subsplits until well into the 1980s. (The irony is the extent to which French psychoanalysis today remains dominated by Lacanian approaches.)

An attempt to explain this persistent malaise within French analytic culture returns us, in part, to the long-term problems of psychoanalytic training. The consistent thread throughout all these battles over the training of analysts was one in which Freud had been deeply involved in such texts as The Question of Lay Analysis (1926), Analysis Terminable and Interminable (1937), and countless technical papers. The issue turned on whether or not analysts had to have a medical degree. In a recent attempt to analyze this malaise, Jean-Claude Arfouilloux (1989) makes a distinction between the “traditionalist” sfp’s “medical orientation” and its consequent conservatism in matters of analytic training. The breakway sfp, Arfouilloux writes, “incarnate[d] an innovative liberal current, open to non-doctors who could hold positions of responsibility [within the organization]” (350–51). He also situated the roots of the French problem in the immediate post–World War II period, and the “lethargy” of the sfp just emerging from the Occupation and Vichy years (347). While Arfouilloux does not insist on this further, the observation raises once again the problem of the psychic effects of the collaboration years. The striking fact is that just as the leading French
analytical publication, the *Revue française de psychanalyse*, published nothing on the French Jewish Question in the 1930s and 1940s, the first attempt in analytical circles to consider the collaboration years from a psychoanalytic perspective did not occur until 1991, when two Lacanian analysts, Maurice-David Matisson and Jean-Paul Abribat, published their *Psychanalyse de la Collaboration*. There, they returned to the psychic damage suffered by the “traumatized nation” that Lacan had commented upon in 1946: in their words, “a France, bled out, emerging from four years of privation, of mass collective crimes and humiliations, followed by a [brief] but widespread and cathartic ‘fiesta’ after which spectacle . . . everything just continued as if nothing had happened” (Matisson and Abribat 1991, 118).

The issue obviously had wider ramifications regarding not only psychoanalytic training, but even more so the traumatization of French medical culture generally, as we saw at the beginning of this chapter. The matter was further complicated, as Arfouilloux noted, by the considerable postwar monies available from émigré analysts, especially Americans, interested in developing new approaches to training. A related issue was that analytic training is unavoidably a personal affair between analysts and analysands, and so does not provide a transmission of knowledge that could be formalized or replicated within university settings, despite some attempts to do so. In effect, the problem has remained basically unresolved (to this day), subtending the postwar decades of crisis in French analysis as well as other domains of French thought, medical and otherwise. At the root of the crisis lay the festering problems of the defeat of 1940, the years of occupation and collaboration and, of course, the French participation in the Holocaust.

**Niederland, Krystal, and the Transformation of Concentration Camp Syndrome, 1963–1988**

For a different form of the figure of inversion in Holocaust survival research, we look next at the American context. It is worth re-emphasizing how Holocaust survival research changed within different national contexts, and in so doing had the effect of further bringing out the particularities and peculiarities of French survival research, the main focus of this study.

As noted in the previous chapter, during the time when the Fédération internationale des résistants (FIR) conferences were still the dominant European site for dissemination of the study of concentration camp syndrome, the first American workshops on camp survivorship were held at Wayne
State University in Detroit in 1963, 1964, and 1965. These were organized by Henry Krystal, at the time a professor in the School of Medicine there, and his long-time collaborator, William G. Niederland. We will focus on these two key American Holocaust researchers in this section.

Although the American workshops specifically examined late sequelae among concentration camp survivors, the findings were framed in language that indicated that both researchers were already more interested in a larger picture that they would term Massive Psychic Trauma or Traumatization. It was not that Krystal and Niederland were unsympathetic to “these tortured souls,” as Niederland called them (1961b, 233). He himself had first encountered and treated the “unfortunate” camp survivors at New York’s Mount Sinai Hospital in the late 1940s. Indeed, both men were deeply involved in writing psychiatric evaluations—the so-called “Arztlische Wiedergutmachung” (roughly, “medical acts of making good”)—on behalf of numerous restitution claimants: Niederland as the local consultant for the West German consulate, working also with the United Restitution Organization, as well as the Leo Baeck Institute. Both published numerous articles dealing with the psychiatric problems surrounding restitution claims against Germany by survivors.

The work of non-German or German refugee experts in all facets of restitution claims—in property matters as well as reparation and compensation to individual victims—was immensely helped by the United Restitution Organization (URO), an international body created in 1948. It drew upon work begun during the war by individual Jewish refugee lawyers and organizations in Palestine, Europe, and America, preparing drafts of legislation to deal with the expected question of reparation. Such legislation deemed, for example, that in the common law of civilized nations, confiscated private property should be compensated for, and that the state was responsible to the deprived for the illegal confiscation. The Allies had the jurisdiction to enforce this. Although the state of Israel did not yet exist, individual and collective Jewish claims could be made by individuals and “the Jewish community of Palestine,” under precedents set by the Versailles Treaty of 1919. The URO, based in London and Frankfurt, had offices throughout Europe, as well as in the Americas, North and South, and in South Africa. In its twenty-year history, the URO played a vital role in advising, providing expertise, and launching numerous test cases before all levels of the German court system, often fighting such cases for years.

So it wasn’t lack of empathy in any overt sense that informed Nieder-
land’s and Krystal’s wider focus. Besides, both men were Jewish and Krystal had survived Auschwitz. “Bill” (as Niederland was known by his colleagues) was the son of an orthodox rabbi; as a youth he had had a classical Jewish education; and maintained a lifelong interest in Talmudic matters. He was well-versed, obviously in German and English, but also in Yiddish and some Polish. Krystal was born in Poland in 1925, where he also received a Jewish education; he was familiar with German, Hebrew, Polish, and Yiddish. In his scientific work, Krystal was one of the first to study the reactions of psychiatrists to survivors of Nazi persecution.24

Still, and this may be harsh on my part, as these two men were good American Jews, it’s more as if in their scientific work they wanted to distance themselves from the “Jewishness” of the Nazi Holocaust, and reframe it within larger fields.25 (As we have seen, this was also a concern of the work of Charles Richet in France, who feared that the tiny number of survivor deportees did not in themselves justify a new research field. Thus the problem was better subsumed under gerontology, for example.)

Niederland was the first to introduce the term “survivor syndrome” into the professional literature in 1961 (Saxon 1993). He was among the first to grasp that the individual camp survivor’s symptoms were imbricated with the psychodynamics of survivor families; and he was among the first to draw attention to the impact of the parents’ “inability to verbalize their feelings” on their children: minimal “quality” time, punctuated by unprovoked outbursts of anger (47). Niederland was also the first to observe and comment on what he called “the Schweige-Agreement” (Silence Agreement) between analysts and survivors not to discuss certain details of the latter’s camp experience (1961b).

Perhaps it was their intimate familiarity with concentration camp survivors and their psychiatric sequelae that let Krystal and Niederland break free from the confines of the camps and begin to explore some of the wider ramifications of the traumatic nature of modernity. And although Jews, or some of us of a certain age group, generally still assume that the use of the word “survivor” refers to former inmates of the Nazi camps, we also live in a culture where this is less and less the case today, and where “survivors” now include women in remission from breast cancer, and cancer “survivors” generally; men and women who were sexually molested as children by a relative are now “incest survivors,” and so on. Accordingly, the move away from concentration camp syndrome to survivor syndrome widened the focus to include a new range of psychological sequelae from a larger number of
disastrous events, both natural and caused by human actions or industrial accidents. At the same, the connection to the Jewishness of the concentration camp experience — and arguably an important cultural one — was lost in the process, which, as we shall see later, had specific ramifications.

Second, it is very pertinent that the period in which Niederland and Krystal published (from the 1960s on) was the height of the Cold War and, with it, the ever-present threat of a nuclear conflagration. However often described (and using the same words applied to the Holocaust) as “the unthinkable,” this was nevertheless a very real probability for decades, punctuated by brinkmanship crises like the Cuban Missile Crisis of 1963, and not without its own psychosocial effects. The “bomb” had undeniably been dropped on Nagasaki and Hiroshima, which only made the threat of its being used again more real. Not to mention that the work of scholar doctors such as Robert Jay Lifton (1967) on Hiroshima “survivors” (hibakusha) had connected the obvious dots between Holocaust survival and nuclear attack survival.

Third, in addition to their emphasis on survivorship more generally, and also on the “massive” nature of past and future potential catastrophe, the final move that Niederland and Krystal made was to reframe all of the above under the rubric of the concept of “trauma.”

Niederland and Krystal’s work was part of the postwar American re-evaluation of and acceptance in psychiatry of the concept of trauma. Because of the Freudian influence, European debates on the psychic effects of war had also long been situated within, variously, the clinical aspects of trauma and “traumatic neuroses.” We will look in more detail at Niederland and Krystal’s work to better understand these ideas.

Chicago psychoanalyst Ernest A. Rappaport, incarcerated in Buchenwald at the same time as Bruno Bettelheim, and one block over from that in which Bettelheim was being held, had remarked on the weakening of the concept of traumatic neurosis in the American literature particularly as of the 1940s, 1950s, and 1960s; and this to such a point that Rappaport cited one author in 1960 who asked “who is not the victim of a petit traumatic neurosis day by day?” (Rappaport 1968). Indeed, traumatic neurosis had been introduced in the discussion of the psychoanalysis of war neuroses at the Fifth International Psycho-analytical Congress in Budapest in 1918. Rappaport made two important observations: first, concerning Freud’s own ambivalence on the topic as of the mid-1920s; and second, that since World War II most of the American psychoanalytic literature was written “only for the purpose of
denying” that there was such a thing (719). However, the precise characteristics of concentration camp traumata were that they constituted a psychic phenomenon “for which language has no words.” Rappaport’s assumption was “that these psychic traumata go beyond the concept of traumatic neurosis, and even more, that they go beyond any human concept” (720, emphasis added). In other words, Rappaport suggested

that the regenerative powers of the ego are not limitless, that the human spirit can be broken beyond repair, and that the damage can go ‘beyond’ a traumatic neurosis. . . . The camp experience is so far outside normal experience and so far from the usual categories of thinking and feeling that it not only has no prototype as a derivative from childhood in the unconscious; it can also never be deleted from memory. (730)

This is what one could call a strong program for research: to seek “the trauma after the trauma,” as Rappaport also called it, and it was this that Krystal and Niederland were trying to map as what they called Massive Psychic Trauma. As Krell and Sherman noted in their critical review of mainly American research on psychiatry and the Holocaust since 1945, one of the key differences in Niederland and Krystal’s work, compared, say, to Eitinguer’s early research, was that Niederland and Krystal “deliberately omitted mental symptoms due to organic responses or cerebral concussion caused by beatings” (1997, 10). Instead, they “focused on the responses of the psychic apparatus” in its various dimensions, notably the existence of a relatively symptom-free period after liberation and then followed by the emergence of new symptoms. Finally, as Berthomé remarked in his 2002 paper that compared French and Scandinavian studies on KZ syndrome with American approaches to “survivor syndrome,” the striking feature of the American approach, he argued, was that it “was not an entity conceived in the light of the ends of collective recognition” — whether the sufferings of the Jewish people, or of the French people under the Occupation, or the differences between Scandinavian social democracy and National-Socialist barbarism (Berthomé 2002, 273; emphasis added). Instead, and more positively, Berthomé observed that survivor syndrome research attempted “to take into account, through understanding the varieties of the suffering of each, the [more] complex reality of the persecution that also encompasses the indifference to, incomprehension of, and contempt encountered by survivors” (273). As Berthomé added, no amount of discoursing, of evocation of memory, or even forgetting, could ever “efface the causes of the
rhythms of traumatic repetition, namely, of an intentionality that is utterly non-symbolizable, since it is beyond any norm, of [deliberately] causing death” (275).

Krystal explained in the first chapter of his edited Massive Psychic Trauma (1968), drawing upon the three Wayne State workshops, that the work’s scope encompassed the “extreme circumstances of traumatization—disasters, catastrophes and overwhelming social situations” that changed the people subjected to them and left them with life-long problems: for example, the aftereffects of American slavery that had lasted “for a century” (1–3). One such group included the survivors of Nazi persecution, who Krystal recalled, “came to our attention because of the German restitution laws,” that had necessitated psychiatric examination “of thousands of former persecutees.”

Furthermore, according to Krystal, survivors of such a desperate situation now showed “problems identical with those experienced by the survivors of the Hiroshima disaster”: survivor guilt, identification with death, shift of cathexes from people to indestructible “nature,” for example. Thus, he was “certain that these are the aftereffects of massive destruction,” and studying groups exposed to these special conditions, made it possible to better grasp the broader psychological and social pathogenesis. “Our ultimate aim is to learn from . . . extreme situations more about the handling and effect of trauma in everyday life” (2; emphasis added). While a number of the studies in the book focused on individual responses—necessitated by the nature of the therapeutic situation, in which individuals appeared to respond better to a direct approach—group dynamics and injurious social pathologies also made up what Krystal termed their “dual approach” (that is, both individual and social).

He stressed a further point: “the phenomenon we are observing is a select group of people who were able to adapt to extreme man-made situations and survive them” (emphasis added). However, the very ability to adapt and survive could lead to “rigid persistence” under other, less-threatening circumstances; a pathogenic force may continue to be present in the psyche, as “people continue to live in ‘portable ghettos’ and concentration camps” for decades afterward.

Niederland, in his chapter on “the problem of the survivor,” repeated some of these themes; for instance, the erroneous yet still widely held belief that the sufferings of concentration camp survivors had ended abruptly with their Liberation (Krystal 1968). However, he also raised the point that
the German indemnification laws had established “new problems of great medical and social import,” especially regarding the psychiatric-forensic evaluation of symptoms in survivors of Nazi persecution. Much of Niederland’s chapter dealt with individual restitution cases and (his or persecutees’) battles with the Anlager-focus (hereditary disposition) current in German psychiatry, as well as a literature review of the concept of trauma. Niederland argued here that the particularity of “massively traumatized individuals” is that they showed not one symptom (as the literature suggested), but “many symptoms and many kinds of disturbances” that were very difficult to evaluate and diagnose, especially when faced with “psychiatrists devoted to making a single diagnosis in each case” (28).

To summarize the contents of Massive Psychic Trauma, the first hundred-plus pages (about a quarter of the book) deals with aspects of concentration camp symptomatology, effects of persecution on adolescent survivors, delayed mourning, and permanent character changes as an aftereffect of persecution. The focus then widens to other contexts: for instance, the challenges of massively traumatized individuals for “humane medicine”; a case study of a compensation court case against General Motors involving a schizophrenic patient; Lifton’s comparison of Hiroshima survivors and survivors of Nazi persecution; and, finally, the problems of psychotherapy with survivors, rehabilitation in trauma following illness, as well as physical and massive personality damage.

Krystal concludes that “we are dealing here [in these case studies] with traumatization of a type and intensity never before encountered . . . for study with modern psychiatric and psychoanalytic methods” (34; emphasis added). One of the consequences of “these very abnormal conditions” that so dramatically modified the clinical picture was that diagnostic classifications largely derived from the pre–World War I period (notably, Kraepelin and Freud), and “observations of patients who were products of the longest and most secure peace . . . in the history of Europe” were no longer applicable, and so needed to be rethought. If marked somewhat by the general post-war American optimism that there was no problem, individual or social, that could not be remedied by the sciences, medical as well as social, this was surely an ambitious research program on many levels, but also one that came with certain inherent risks. Not only had new clinical entities emerged through the perspectives of “survivor syndrome,” but also the “massification” of the concept of trauma, once it had slipped the bounds of medical, psychiatric, or psychoanalytical contexts, had opened the door to the ex-
pansion of survivorship that we mentioned above within the larger cultural context, in which almost everybody was a “survivor” of something unpleasant. Indeed, as early as a 1981 paper (when the topic of the Holocaust was emerging ever more significantly in general public discourse), Niederland remarked, almost as an afterthought, that “it has become fashionable to call any frightful [event] a ‘holocaust’” (413). The focus by Niederland and Krystal on human adaptability to extreme traumatization was double-faced: On its positive side, it made possible further studies such as theirs. Thus, for instance, a 1988 collection of studies entitled Human Adaptation to Extreme Stress: From the Holocaust to Vietnam explored Lifton’s work on Nazi doctors, Danieli’s work on “the conspiracy of silence” between psychoanalysts and survivor patients, as well as other studies on massive trauma in the Cambodian “autogenocide,” and a growing literature on what was then called Post-Traumatic Self Disorders (Wilson, Harel, and Kahana 1988). As far as the negatives go, we’ll come back to them in due course. However, to give just one illustration here, these other studies also would lead to works such as Norman Finkelstein’s The Holocaust Industry (2000). This aimed to expose the “conscious exploitation” of the Holocaust by Israeli politicians and American Jewish elites as a cover for Israeli/U.S. politics vis-à-vis the Palestinians, for one instance, or extorting their Nazi gold from Swiss bankers in the 1990s, for another.

There are wider and arguably more important issues here as well. As we saw, Niederland and Krystal’s work was not narrowly psychiatric; it was open to drawing upon the psychoanalytic field as well. What this encompassed, though, was a shift from a universal medical field (psychiatry) to another (psychoanalysis) that was not a medical specialization everywhere: In some countries, by law a psychoanalyst had to have a medical degree, but not in France, for instance, leading as we saw above to interminable debates over the training of psychoanalysts. Furthermore, Niederland and Krystal’s non-dogmatic approach paradoxically opened the door to a growing deprecation and inversion of psychoanalytically based thinking that eventually gave rise to a range of alternative therapies that no longer had anything to do with concentration camp survival, although still at times drew upon that research, but for very different purposes. Ruth Leys (2007) claims to locate the roots of this inversion in Niederland and Krystal’s conception of “survival guilt.” More importantly, she writes that the initially psychoanalytic conception of “identification” with the Nazi aggressor
gave way to ideas about strategic imitation, and the notion of survivor guilt was revised and reinterpreted in such a way as to displace it. . . . The overall effect . . . was to establish a post-Freudian or neo-Freudian account of the survivor from which all classical psychoanalytic notions of the unconscious and mimesis had been purged.29 (2007, 92)

Finally, by inverting concentration camp survival within the larger context of the catastrophes of modernity (nuclear war, major industrial accidents), Niederland and Krystal’s work helped create a further problem. If we accept Leys’ point about the increasing subsequent move away from classical psychoanalytic notions of the unconscious, how then to explain the psychic dimensions of modernity itself? As shall be seen in the next chapter, some French analysts of trauma did offer alternatives that addressed these issues with greater force.

Vicissitudes of the Figure of the Survivor, 1976–2005

Already at the 1961 FIR congress, Charles Richet had noted sequelae lasting up to ten years after Liberation. As further years passed, psychiatric and psychological studies in France, in the United States, and in Israel kept showing the appearance of sequelae later and later. Once again, emphasizing the importance of comparative perspectives in the different influences of particular national contexts upon Holocaust survivor research is useful for bringing out the extent to which there was no typical Holocaust survivor, but rather a composite, multifaceted figure subject to, in one of Freud’s favorite words, vicissitudes. In particular here, through Israeli, American, and French studies, we follow the theme of the transformation of the Holocaust survivor from indelibly damaged to a moral exemplar of heroism in the age of mass death.

As we saw earlier, Dworzecki had been one of the first to call for a larger, more comprehensive approach to the pathology of the catastrophe. By 1963, this perspective was being echoed by Eitinger and others; in fact, Eitinger literally repeated Dworzecki’s research program, adding that “by comparing different groups with each other, by controlling adjustment in the post-war period by studying large groups . . . one will find answers which will bring our knowledge concerning the human mind . . . a step further” (1963, 66–67; emphasis in original). Accordingly, while studies throughout the 1960s still tended to be limited—that is, to relatively small sample
populations of one hundred or so—the trend thereafter was toward larger samples.

In 1971, four Israeli psychiatrists from four different universities and psychiatric hospitals published what they described as a “limited” study, although their sample had increased to almost three hundred Israeli women, all of Central European birth and now aged forty-five to fifty-four. Their initial assumption was that it was “inconceivable” that the massive, prolonged psychic and physical trauma of the concentration camp would not have left “an indelible mark” on survivors (Antonovsky et al. 1971, 186). Despite a by-now “voluminous” literature, scientists effectively had shied away “from systematic study of the consequences of this most extreme situation for . . . survivors” (186). What was needed were “studies of total populations in the community at large” (187).

With some exceptions, earlier psychiatric literature on concentration camp syndrome dealt only with small numbers of patients in psychiatric settings. However, looking at “clinical populations” in which patients “are maladaptive” by definition, raised two problems: first, that of the appropriate control group (that is, a comparison group not drawn from other hospitalized patients); second, that far larger numbers of psychiatrically ill patients in the general population had not sought treatment and therefore were not recorded in medical files. That noted, the Antonovsky et al. study drew upon a population of 287 women from five different Central European ethnic groups, of whom 77 had been in concentration camps. This allowed a distribution in which the 77 survivors could be compared to the remainder of the group on a variety of variables (such as adaptation to menopause and problems of middle age in general). Without going into great detail, the variables included demographics and social class, and fourteen measures of adjustment in three general areas (health status, wellbeing, and role satisfaction).

The two groups differed little in terms of demographic variables, and less so for somatic and psychosomatic symptoms; the differences appeared in the psychic symptoms. The data consistently showed that the camp survivors were, “as a group, more poorly adapted” than the women of the control group (Antonovsky et al. 1971, 190). Not only did the immensity of the horror of the camp “undoubtedly play a causative role in the greater degree of maladaptation found a quarter of a century later,” but, even before the camps, these women had lived through the interbellum and war periods,
“experiencing late adolescent and young adulthood under circumstances of disaster” (188).

Even so, these differences were relative: particularly in the light of the study’s core concern with the regenerative powers of the ego, “of greater fascination and . . . of human and scientific importance . . . is the fact that a not-inconsiderable number of concentration camp survivors were found to be well-adapted” (90; emphasis added). Over 40 percent were rated as being in excellent or quite good health for women of their age, while half again showed “mild symptom formation,” but were functioning adequately.

What, then, explained the strength and ability of these women, “despite their experience, to maintain what would seem to be the capacity not only to function well but even to be happy, at least on some level” (190–91; emphasis added)? The authors went through a number of possible objections to this surprising finding. For instance, the camp experience was always in the background, which under given circumstances can produce renewed breakdowns. Israeli psychiatrists had observed such triggering events during the Eichmann Trial and also the Six-Day War (as, coincidentally, had Baruk in France at the same time). Other objections dealing with the survey data were discussed as well.

The more interesting hypothesis to which the authors reverted was from J. T. Shuval’s 1950 study of the persistence of traumatic effects five years after the concentration camps, a study conducted among recent immigrants to Israel living at the time in transit camps (see Shuval 1957). Shuval had come up with what she called “the hardening hypothesis”: in her words, “not . . . that the camp trauma immunized its survivors to strain, but merely that it ‘hardened’ them” (quoted in Antonovsky et al. 1971, 191; emphasis in original).

Antonovsky et al. conclude their study with three tentative explanations for the successful adaptation of a good number of the survivors: an initial underlying strength; a subsequent environment that provided opportunities to re-establish a satisfying and meaningful existence; and finally Shuval’s “hardening” process that allowed survivors to view current stresses with some degree of equanimity. Aware that they had “hardly begun to explain a mystery which has received so little attention,” Antonovsky et al. accordingly called for considerably more systematic research.

Their study, then, was a milestone in Holocaust survivor research for a number of reasons. For one, it was the first such study to find “happy” sur-
survivors (at least on some level). At the same time, the authors based their work on the assumption of a causal connection between the camp experience and subsequent health problems. They also noted but did not dwell on the fact that later Holocaust-related events or an external threat such as war could reactivate the camp experience.

Finally, Antonovsky et al. signaled a fact that widening the populations studied brought out a range of related, but previously disregarded (due to the narrow somatological focus on pathological symptoms) phenomena that played an equally key role: namely, factors of “cultural” change.29 These were, for one, generational and in particular had affected “the highly traumatized” generation of Israelis who had fought in the War of Independence (Dasberg 1987). Social change also had brought about a widening sense of social responsibility in the Western world toward victims of violence. These now comprised World War II combat veterans, Vietnam War veterans, victims of political regimes, torture, and racial repression, and battered wives, abused children, and victims of crime, as well as Holocaust survivors.30 Media coverage of the Holocaust (whether newsreels or fictional miniseries) was also singled out as a trigger causing flashbacks among survivors. Most importantly, as Dasberg and others noted, was the fact that survivors themselves, in an outpouring of memoirs, videotapes, and the like finally, but not before the 1980s, broke the silence in which they had remained for decades and for various reasons, not least of these being “an aggressive Israeli environment which itself struggled for survival” (246). As Dasberg commented,

The plight of the survivors has been misunderstood, misjudged and misdirected for too long, for understandable, if not justifiable, psychological reasons. As this review [of forty-two years of survivor studies] has attempted to show, the collusion between the survivors’ own denials, the reticence of uneasy bystanders and the resistance of over-identifying and frightened therapists has continued for many years, but times may have changed. (252)

Ironically, all these contextual changes identified new—previously ignored—target groups of special vulnerability needing further psychosocial support: first-generation survivors, now aged sixty-five and over; first-generation child survivors now middle-aged; second-generation offspring of survivors, with the emergent issue of transgenerational trauma; the third generation, now adolescent, and rebelling against the various conspiracies
of silence maintained by their parents and grandparents; the spouses of survivors who were not themselves survivors, “a sorely neglected group” (247); professionals working with survivors and their families who themselves need support specifically to deal with issues of resistance or conversely over-identification. And, finally, bystanders who may not have suffered directly from the Holocaust, but who had lost families in Europe, or felt acute guilt at not having taken a clearer stand vis-à-vis the Holocaust.

Regarding the importance of factoring in the intervening cultural changes since the end of the Second World War, Derek Summerfield, a British psychiatrist and head of the Medical Foundation for the Care of Victims of Torture in London, like Dasberg, placed a lot of emphasis on the importance of cultural factors in the seeming persistence of long-term effects up to fifty years after the events. Like Targowla before, Summerfield argued that a psychiatric or physical episode may reinvoke memories of war or other emotive events, but it “does not follow that these past events were directly causative” (Summerfield 1996, 375; emphasis added).

“Every culture,” he added, “has its own reserves of psychological knowledge, [and] range of attributions to assign to adverse experience,” of which officially recognized forms of knowledge such as medicine only provide recognition to some of the players, but not all of them. If the question of how and why some victims became psychological casualties was properly speaking a clinical problem, “perhaps the overriding question is how and why the majority do not”? Wider sensibilities, he argued, were “necessary to comprehend war and its aftermath as a complex tragedy and drama played out in public” (377). Of course, health professionals had a role as clinicians and researchers, but what of the work of other knowledge fields, such as anthropology, sociology, history, or poetry? Perhaps paying greater attention to these would create “a more richly textured understanding” of war and atrocity across decades and generations than had previously been the case (377).

**THE DES PRES–BETTELHEIM DEBATE**

At about the same time that psychological and psychoanalytical studies of the pathologies of camp survivors were reaching their take-off levels in the scientific literature, the first book appeared to begin the pendulum swing in the opposite direction. This was Terrence Des Pres’ *The Survivor: An Anatomy of Life in the Death Camps* (1976) and something of a surprise best-seller. Des Pres was a professor of literature—a sure indicator that
“survivorship” was no longer a specialist, medical matter, but had crossed over into the sphere of the general culture. Accordingly, Des Pres opened his book with a discussion of the survivor in fiction, particularly in Camus’ and Solzhenitsyn’s novels. The inclusion here of the Russian experience of the camps of the Gulag into the category of survivorship was important for Des Pres’ general argument, as this literature is, in certain ways, quite different from that of the Nazi camps. Des Pres wanted to present the survivor “as a moral type” (53), for several reasons linked to the contemporary crisis of post-Holocaust civilization. One was the banalization of death (that Minkowksi had written about in 1948) by which, as Des Pres wrote, “the ‘final solution’ has become the usual solution” (4). In the resulting “landscape of disaster” in which hundreds of thousands die routinely, it was meaningless any longer to speak of the dignity of death and, with this loss, it no longer made sense either to speak of “heroes” as individuals who courageously and individually achieve glory through grand gestures. Today, “We require a heroism commensurate with the sweep of ruin in our time” (4). So, for Des Pres, the survivor became such a figure of heroism, in being able to maintain his or her “humanness” in the face of the utmost extremity ever encountered. “By virtue of the extraordinary demands made upon men and women in extremity, their struggle to live humanly involves a process of becoming more — essentially, firmly human. Not the humanness of refinement . . . but of the fundamental knowledge of good and evil, and of the will to stand by this knowledge.” It was through survivors’ unique ability to “survive” — “to stay there” — “in the balance of being and non-being that their peculiar freedom becomes real and effective. . . . Their will to survive is one with the thrust of life itself, a strength beyond hope, as stubborn as the upsurge of spring. In this state a strange exultation fills the soul, a sense of being equal to the worst” (21–22; emphasis in original). Not surprisingly, a lot of his evidence was drawn from Russian texts, because there is something, so to speak, very “Russian” (or Dostoyevskian) in this image of existential extasis in the midst of total despair.

Des Pres’ survivors from the Nazi camps were represented in novel perspectives for the time: their special debt to the dead manifested in the will to bear witness; their self-conscious determination to preserve their dignity and gain recognition for it, despite the “excremental” assault of the camps — which one Polish survivor wrote about under the title Anus Mundi; the survivor’s experience of decline and then renewal — the sudden blinding awakening to life’s immanence. Unfortunately, Des Pres’ ul-
timate attempt to explain survivorship wandered into the somewhat murky “sociobiology” popularized by Edward O. Wilson’s 1975 book by that title, as well as the equally popular writings of the time on animal territoriality by Robert Ardrey and on human aggression by Konrad Lorenz.

Nonetheless, an important theme in Des Pres’ work, and in some of the survivor writings that he cited, was his attack on psychoanalytic studies of the camp experience, and in particular in the work of Bruno Bettelheim in The Informed Heart (1960), as well as the often-reprinted Surviving and Other Essays (1980; first published in 1952). Bettelheim, it will be recalled, was the first American émigré analyst to publish on the concentration camp experience, based on his year of detention at Buchenwald and Dachau in the late 1930s (1943). He was the first to argue that what the camps did to prisoners was to regress them back to infantile levels of pre-Oedipal behavior where they became “abnormally” preoccupied with food and excretory functions, identified with SS values and behavior, fell into an “anonymous mass” with no social organization, and lost all “autonomy” or the capacity for self-assertion (Des Pres 1976, 60–61, 88–92, 185–92). While willing to recognize that psychoanalysis offered “valuable insight,” Des Pres found its methods too often led to wrong conclusions, because in the main psychoanalysis studied culture and “civilized” human beings (182). He was also bothered that, so far, most serious study of the concentration experience had been undertaken by psychoanalysts, and that Bettelheim in particular represented “a position which has never been challenged and which has influenced all subsequent study” (185). Des Pres was thus at pains to refute Bettelheim at every level. For one, Bettelheim’s views differed “sharply” from those of other analysts such as Ernest Rappaport. For another, Bettelheim’s account of Buchenwald was inconsistent with that of classics of camp sociology such as Kogon (1950). And third, Bettelheim’s view of “man as victim” was unsupported by the work of eminent contemporary sociologists such as Erving Goffman and anthropologists such as Mary Douglas, not to mention that it was a misreading of the tendencies of Western civilization, as well as of psychoanalysis itself. All exaggeration aside, the importance of Des Pres’ study was that it was a lonely beacon against the persistent pathologization of the survivor in the medical literature. It flagged a counter-tendency that by the 1990s had become a veritable flood.
THE “HAPPY” SURVIVOR

Earlier in this chapter, we discussed Israeli clinical research findings of the 1970s and the puzzlement over why (some) survivors were not quite as damaged as the scientific literature had given researchers reason to believe they had to be. Moreover, a new emerging research question was why the large majority of survivors had managed to come out of the camps with relatively few sequelae.

By the 1990s, the transformation of the survivor as a new moral type (noted in Des Pres’ book) had become the outright celebration of the successes that former survivors had made of their lives. Some of this work still came from the psychological-psychiatric field, although newer work increasingly was being done in the humanities, in ethics, and elsewhere; that is, in entirely nonmedical fields of research. It is important to recall that one of the main turning points that made such work possible was that survivors themselves had broken the silence they had lived with for decades, and the resulting proliferation of their telling their stories in many forms, in particular on videotape in growing collections of testimony at the Fortunoff Archive at Yale, the U.S. Holocaust Museum in Washington, the Spielberg Archive, and many other equivalent such sites throughout the West.

In the United States, no doubt, the breakthrough book here was Professor of Sociology and Jewish Studies William B. Helmreich’s Against All Odds: Holocaust Survivors and the Successful Lives They Made in America (1992). The widespread success of Helmreich’s book, which won a National Book Award in 1993, opened the door to others. One of these was Aaron Hass’s 1995 The Aftermath: Living with the Holocaust. Hass, a professor of clinical psychology at California State University and of psychiatry at UCLA Medical School, had written an earlier book about the children of survivors. As he remarked in the introduction to Aftermath, the more he read of “the vast literature” on the postwar psychological adjustment of survivors, “the more dumb-founded and exasperated I became” (1995, xi). Those he read about bore no resemblance to those survivors he had known personally. Was his own training somehow wrong compared to the pronouncements of the mental health professionals he was reading? His experience and subsequent research for this book told him no; that the picture he was getting from the literature “did not accurately describe the Holocaust survivor.” Instead, his book attempted to show “the incredible resilience of human beings.” As well, because of the aging of survivors, “this is a unique opportunity to... study... the elasticity of the limits of endurance, and the human need and
capacity to reassert a vigorous life” (xi). But Hass added that his book was about individuals, not about a syndrome. This focus was to correct the fact that “No one ever asked survivors how they felt then. No one asks survivors how they feel now [because] the mental health community, writers and artists have focussed their attention on the pathological inheritance of the Holocaust” (xv). Part of the reason for this, he claimed, was “the fear . . . of the denial of the trauma’s severity,” to emphasize the survivor’s pain so as not to minimize their loss.37 “The very skewed picture” also may have resulted from data collected so soon after their ordeal.38 He also claimed — incredibly—that “almost all the mental health professionals” involved conducted their work “from a psychoanalytic viewpoint” “notorious” for its erroneous psychopathology. While he observed that he still found evidence of “this dark view of survivors” as late as the 1989 work of Israeli scholars, Hass’s differing view of survivors derived from interviews with 58 survivors, originally from 11 countries, all presently living in the United States. He noted that one-third of those he approached to be interviewed turned him down, for various reasons; some because they already had recorded their testimonies elsewhere. In a nutshell, he claimed that the literature had tended to view survivors “as a unitary phenomenon” (1995, 1); what he wanted to show was the variety of circumstances and experiences, as well as the differing, specific details of these among his interviewees.

The resulting continued celebration of The Triumph of Wounded Souls, the title of Boston University ethicist Bernice Lerner’s 2004 contribution to this growing body of work, had both positive and negative aspects. Among the positives, it’s not as if those whose stories recounted here were not marked, often deeply, by their camp ordeals; survivors weep and despair as one would expect of people who had been through truly devastating experiences. Another positive was the republication of very early interviews with survivors, such as the work of the late psychologist David P. Broder, who interviewed 109 mainly Jewish survivors in 1946 while they were still in DP camps. Thirty-six of Broder’s interviews were published under the editorship of historian Donald L. Niewyk by the University of North Carolina Press in 1998 with the title Fresh Wounds: Early Narratives of Holocaust Survival. The rediscovery of these early interviews also modified the image of the survivor away from the pathological to one where survivors, not surprisingly, were embittered by what they had been forced to endure (this was especially the case of a French survivor’s view of the French police’s role in the round-up of Parisian Jews).
The “negative” aspects, if that is the right way to put it, turned on the question of whether such books, particularly the American ones, were in fact about survivorship or, rather, a form of celebration of the American way of life. Historian Deborah Lipstadt had raised this question directly in a review of Helmreich’s book. “It is, of course, hard to imagine that anyone possessing such qualities [as Helmreich’s interviewees] would not succeed in building a life in America, despite the horrors of their previous experience” (Lipstadt 1993, 1702). The more general question was brought up by another historian, Peter Novick, in his 1999 The Holocaust in American Life. Here, the argument was dual: first, the preoccupation of American Jews with the Holocaust was an identity-substitute given “the decline in America of an integrationist ethos” and its replacement by a particularistic ethos (for example, all the hyphenated new identities); the other aspect concerned the rise of “a victim culture” in American culture generally (Novick 1999, 6, 8).

The French literature also dealt with the cultural transformation of survivors, if differently. Two examples are provided by Nathalie Zadje’s 2005 Guérir de la Shoah and Régine Waintrater’s 2003 Sortir du génocide. Zadje is a clinical psychologist; Waintrater a psychoanalyst and family therapist. But note here with these two titles that, in the French context of the depathologization of the survivor, what was being implied now was that, if the “diseases” of the Holocaust (or “Shoah” as the French have taken to calling it since Lanzmann’s epic, nine-hour 1984 film by that title) were curable, they were still diseases or pathologies of generally genocidal societies.

Zadje was a student of (and married to) the widely published ethnopsychoanalyst Tobie Nathan. She noted that when she began her studies on the psychology of survivors and their children in 1988, “no teaching nor psychological training in France dealt with these questions,” although some French “psy” were personally interested in them (Zadje 2005, 11). A notable exception was Nathan and a university research team that as of the 1990s had established the Centre Georges-Devereux, preoccupied with the theoretical and methodological underpinnings of an ethnopsychoanalytic approach to “curing” Holocaust survivors and their families. In 1993, Zadje began the first practical applications of this with survivor families, and went on to become co-director of the center. Nathan had been a student of Georges Devereux (1908–1985), an enigmatic character, who published extensively on ethnopsychiatry and ethnopsychoanalysis in the United States and France in the 1960s and 1970s.

Although the underlying theoretical underpinnings are quite interest-
ing, what Zadje did in practice with her groups of survivor families was to bring back into the discussion large elements of Jewish culture (the Jewish calendar, holidays, rituals, Hebrew and Yiddish words, and so on). These rituals aimed to create a new focus of identification with French survivors as Jews — precisely what had been effaced from French survivorship since the war.

For her part, at one level Waintrater is concerned with the various genocides before and after the European Holocaust (in Armenia, Cambodia, the former Yugoslavia, Rwanda), but in fact is centrally concerned with the Shoah. More specifically, she is concerned with the problem of “testimony” and the problem that this form of articulation had suffered “a gross inflation” in recent years (Waintrater 2003, 9). In effect, she proposed to redefine the social contract implied by the notion of testimony and resituate it within the psychic “work” that psychoanalysis makes possible. That work included further thinking through of how testimony itself works and does not work; the re-establishment of all the intra-psychic links severed by massive trauma (empathy; affect; unblocking “frozen” mental images, often through the use of video replay of survivor testimony and its rhetorical delivery, or lack of it). Ultimately the aim, she writes, was to try to rehabilitate death by returning it to its proper place as part of life (232).

The process of depathologizing survivorship, accordingly, went through several phases, as the present chapter has shown. As Schladow observes,

Agamben notes that the term “to survive” contains “an ambiguity that cannot be eliminated,” implying “the reference to something or someone that is survived” (132), the redefinition of survival as facing, overcoming, sometimes outlasting, adversity was not yet [fully] current. This may appear only a semantic distinction, but it is in fact a significant discursive one. The focus on victimhood and “pathology” meant that, for many years more, discourse about surviving Jews remained in essence stigmatizing: whether or not in treatment, Jews were generally viewed as “psychologically disturbed, traumatized, and largely beyond any significant rehabilitation” (Marcus and Rosenberg 1989, 56). There was, however, [little] indication of what might constitute a healthy, non-pathological response to the physical and psychological degradations, the profound alienation, dislocation and losses engendered by the Holocaust process (see Naomi Rosh White 1988). The focus on victim “pathology” was also marked by an absence of interest in any form of resilience in the victims’
modes of survival or their post-trauma adaptation. Surviving Jews were considered “historyless,” their lives and personalities ... apparently shaped entirely by their Holocaust experience. (2007, 283–84)

By extending the duration of pathological sequelae further and further in time, the medical discourse flipped into its dialectical opposite, so to speak. Too eager to maintain its professional hold over survivors, the medical discourse on survivorship became so overextended that it ruptured into the surrounding, nonmedical discursive universe. The latter, being nonmedical and nonspecialist, was above all nourished by “culture,” in an anthropological sense but also as popular culture. Shifting from a medical to a primarily cultural environment made possible an entirely new set of the figuration of survivors. We take up how this occurred in the next chapter.
As we have just seen, the survivor was figured entirely through the perspective of the Holocaust. But except for its lasting psychic consequences, the Holocaust itself, and in the main the extermination of European Jewry, had ended. “It” had happened, and a new world emerged after 1945, in which as Zygmunt Bauman remarked, holocausts were no longer impossible, and future holocausts indeed possible (2000, 3). What were some of the implications, both at the time and subsequently, that derived from now living in a post-Holocaust world?

Perhaps one of the best known implications was Theodor W. Adorno’s famed pronunciamento in 1949 that, after Auschwitz, writing poetry was “barbaric.” That the remark was often misunderstood, taken overly literally, and promptly expanded into a literal impossibility, along with other acts such as belief, thanks, or prayer, is beside the point. Some words, once released, take on a life of their own. The tendency of certain words to become inflated with other meanings is our dilemma in this chapter, through a discussion of four interconnected topics in the field of Holocaust affect—trauma; memory, re-membering (as in trying to put back together); commemoration (collective remembering); and, writing as always at the same time a form of rewriting, as a result of which that being written about is constantly also being transformed.
Recall from the previous chapter, that postwar French psychiatry had been “tonified” by the work of John R. Rees, chief psychiatric consultant to the British Army, who saw useful postwar civilian applications of the lessons learned by military psychiatry during World War II, lessons that had also impressed the thirty-year-old Jacques Lacan in what they seemed to offer for the psychic recovery of a traumatized and demoralized France. The French military psychiatric literature of the 1946 to 1949 period was marked by certain conjunctural specificities, notably a number of papers on “the psychopathology of betrayal,” here especially related to the high levels of the denunciation of civilians that characterized the Occupation years. Other scientific papers from a comparative perspective examined the different psychiatric states of POWs, political deportees, and “voluntary” workers employed in Germany. In the discussion following a paper on “the mental sequelae of captivity,” Eugène Minkowski remarked—as usual with finesse—that sequelae, because they could extend to the population as a whole under Occupation or war conditions, only further added to the adaptation difficulties of the returning POW or deportee, coming back to a society that collectively was tired and given to manifestations of irritability and passivity (Minkowski 1948). Various French psychiatrists demonstrated considerable creativity in attempting to classify the mental states of “captivity”: for instance, to mention only two, “barbed-wire psychosis” among former POWs, and “mania of the return” (“manie du retour”) as part of the reactive psychic states that followed the Liberation of France and the mass prisoner repatriation. Above all, the attempts to classify the varied states of nervous tension, anxiety, psychoses, manias, and so forth manifested a more general collective anxiety affecting French postwar society as a whole. This interpretation also emerged from two scientific papers presented in the immediate postwar period. One by Charlin emphasized that, apart from the work of Jean Cazeneuve (see chapter 2), practically the only studies on the psychoses of the 1939 to 1945 war were “those by the Anglo-Saxons,” leaving the French field wide open to new perspectives (Charlin 1949). A good example of such new perspectives was a 1946 paper by Mauryey Bornsztayn, a Polish Jewish psychiatrist, still alive in Lodz, who presented it at a French conference, remarking that, as the Occupation had interrupted his clinical work, this gave him an occasion to think more generally about the postwar future of psychiatry. For Bornsztayn, the overall
tendency of scientific work in general was toward broader and broader generalizations. Comparison with other branches of science proved not very flattering for psychiatry, which up to now had contented itself with being merely a descriptive science. The war, Bornsztayn argued, had changed the overall climate for psychiatry, making it now a kind of distorting mirror of the larger environment. That environment, however—“the scientific and moral atmosphere of contemporary Europe” (Bornsztayn 1946, 208)—was one in which the former prevalence of materialistic and positivistic ideas had reversed itself in the form of greater “irrationalism in science”—he pointed to the examples of Bergson and Freud in particular (209), as demonstrating the new emphasis upon the irrational. Even more strongly, the new irrationalism was “schizoidic” (“schizoidie”) in that, “With the effacement of [the classic forms of] hysteria, we now see instead [more] anxiety neuroses and obsessions [along with] greater degrees of regression. The kingdom of schizophrenia’s domain is expanding more and more” (209). While clearly speculative observations on Bornsztayn’s part, they did nonetheless underscore what would be new and problematic in the postwar era that had arrived for psychiatry.

We saw in the previous chapter that Niederland, Krystal, and other American writers had commented on the checkered career of the concept of “trauma” in the American context, and its almost complete disappearance until the 1960s with its strong resurgence in Niederland and Krystal’s concept of “massive psychic trauma” (1961b). The most sophisticated American work previously on the traumatic neuroses was that begun in the early 1920s by Abram (or Abraham) Kardiner and continued thereafter, eventually published in 1941 as The Traumatic Neuroses of War. Kardiner’s “grim, almost determinist” argument that war inevitably, even irreparably, damaged men was apparently not something the American military wished to hear at the time (Shephard 2000, 156). Ultimately—but not until the 1970s when American medicine was faced with the epidemic of mental disorders of the Vietnam War—“Kardiner would prove the most influential writer on the war neuroses,” his book becoming “a bible, almost the only thing the psychiatrist could turn to” (Shephard 2001, 157) until the famed third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association (1980).

As in the American context but as early as the mid-1920s, the notion of trauma had also vanished from the French clinical context and remained invisible for about two decades! It is no surprise, as Alain Ksensée (1997)
argues, that one of the key moments of its sudden reappearance occurred in the discussions of the pathology of deportation, and in the work of Targowla in particular. Claude Barrois, former head of psychiatry at the Val-de-Grâce military hospital in Paris, is one of the leading contemporary French scholars of the traumatic neuroses. For Barrois, in his major book, *Les névroses traumatiques*, Targowla’s conception of deportee asthenaenia, as a clinical concept, ought not to have been taken aetiologically as a medical term, “but rather socio-historically, in the context of psycho-traumatic troubles” (1988, 121–22).

Barrois’ overall argument is that, throughout the history of psychiatry, if slightly less so in psychoanalysis, the notion of the traumatic neuroses had been simultaneously recognized and misrecognized at various times, with often tragic consequences. He linked this appearance-disappearance pattern to a theory of the nature of medical writing, committed, he wrote, to three interlinked purposes: (1) to render an adequate account of a phenomenon, (2) to transmit that account to others, and (3) to stimulate the appropriate action (Barrois 1988, 80; his emphasis). In this light, Barrois saw the traumatic neuroses as a symptom within psychiatry. “Symptom” here, from the Greek *symptoma*, means “something constituting an unfortunate event that befalls or that is missing.” Accordingly, psychiatry’s inability “to take charge of the traumatic is what is missing or has fallen from psychiatric knowledge” (80 n1; his emphasis).

Psychotraumatic troubles were thus doubly “the model par excellence” of symptoma as an unfortunate accident or tragic encounter in the course of human existence. In its clinical work, psychiatry—or, for that matter, medicine generally—consists in the observation of, and care for, a human being inevitably engaged in a life process whose outcome can only be death. To greatly simplify, the “weirdness” of the traumatic neuroses and why they are at times acknowledged and at times not, is that they are presentiments of death—that is to say, as Barrois entitled his chapter 6, “Figures of the Tragic,” which he listed as ranging from sheer bad luck, the “banal” accident, to natural disasters, shipwrecks, man-made disasters such as war, acts of terrorism, and the violence of rape (87–113). One could also add to the appearance-disappearance pattern two other typical characteristics of the traumatic neuroses; namely, the compulsion to repeat that Barrois described as “memory running in reverse,” as well as its obverse, amnesia.

However, the big theoretical leap deriving from Barrois’ work was Ksensée’s development of Barrois’ remark that Targowla’s deportee ast-
haenia belonged more properly to the socio-historical context of psychotraumatic disorders. Ksensée retraced this idea through differing past moments of the history of psychiatry. One such moment was the work of Charcot on hysteria at the turn of the century; another, the rise and fall of American “reactive” psychiatry from 1947 to 1954, especially in its “naïve” French version; and a third was the “Freudo-Marxism” of the 1960s that culminated in the near-worldwide 1968 students’ revolts. Lastly, to be sure, was the defining event of the twentieth century, “the management of the programmed death of millions of human beings in extermination camps such as Auschwitz” (Ksensée 1997, 51).

The proposition that Ksensée derived from this was that of the rising importance of external, traumatic socio-historical factors, but he noted that these were at best only implicit in contemporary as well as past psychiatric clinical observation. He emphasized the enormous knowledge-debt owed to psychoanalysis for “the discovery” of the traumatic neuroses (53–54). The resulting gap between these socio-historical and clinical factors — and with it, the further fuzziness resulting from psychiatric observation’s tendency to prefer passing ideologies over medical objectivity, a point he makes specifically about French psychiatrists in the Resistance (51) — is thus filled by what Ksensée termed “a traumato-culture” (50) that affected both psychiatric observation and the general culture as well. As an earlier instance of this, he noted the subsumption of Charcot’s clinical work to neurology as the mark of “a hystero-culture” that covered up the sexual manifestations of major hysterical crises (50).

For Ksensée, in turn, what traumato-culture obscured was the debt to psychoanalysis. And, although he does not say this explicitly, one implication is the extent to which psychoanalysis was seen for so long, especially by its detractors, as “Jewish.”

If Ksensée is correct in his hypothesis, perhaps few subsequent incidents in contemporary psychiatric thought speak to this as directly as the rise and fall of the diagnostic category of “post-traumatic stress disorder” (PTSD), the one mental illness, as an American wit once commented, that everybody wanted to have. At least for a time.

The primary issue here, as Ksensée suggested, was the gap between the classification of mental disease and psychiatric practices. Take, for instance, the notion of memory in nineteenth-century medical literature. As anthropologist Allan Young remarks in his classic 1995 book on the “invention” of PTSD, by the end of the nineteenth century, the word “memory”
was being used in four ways: (1) as a cognitive skill, (2) as a faculty for storing and retrieving remembrances, (3) as a remembering of a specific past event, and (4) as a “pathogenic secret” (A. Young 1995, 28–29). It is this fourth meaning that is key here. Such memories are pathogenic because they are said to cause psychiatric disorders (e.g., hysteria). And they are secret because the memory-bearer wants to hide them from others, but also because s/he wants to forget them, or repress them from awareness. Where ordinary memories fade, the pathogenic secret is different. “Years after its creation, it remains unassimilated, a self-renewing presence, perpetually reliving the moment of its origin” (A. Young 1995, 29). Kardiner, according to Young briefly psychoanalyzed by Freud in the 1920s (89), took as his starting point Freud’s argument that traumatic events were breaches in the defenses that protect the ego from external stimuli. For Kardiner, traumatic events thus created a level of excitation that the organism cannot master, as a severe blow, experienced as aggression, that affected “total ego” organization “expressed in every function of the sensory-motor apparatus and its adjuncts, the central and autonomic nervous systems” (Kardiner, quoted in A. Young 1995, 90). The “new ego” produced by a traumatic event is thrown into a perpetual struggle to regain its lost mastery through various unsuccessful strategies: regressing to infantile reactions, obliterating the problem by “introjecting” it into a body part (leading to paralysis), or occasionally by attempting to obliterate the entire outside world, for example through amnesia.

One of the features of the many symptoms of the traumatic neuroses commented upon by Kardiner was that “it is hard to find a province of psychiatry in which” these could fit tidily (quoted in A. Young 1995, 93). In other words, what was missing from American psychiatry was “a standardized psychiatric nosology, a system of classification based on lists of criterial features and Aristotelian principles of inclusion and exclusion” (A. Young 1995, 94; emphasis in original). The third edition of The Diagnostic and Statistical Manual of Mental Disorders or DSM-III, published in 1980, was the first such standardized nosology in American psychiatry.

Young reports that the structure of the DSM-III was self-consciously modeled on the elaborate nosology of the German psychiatrist Emil Kraepelin (1856–1926), for whom mental disorders were best understood by analogies with physical diseases (A. Young 1995, 95–102). As in medicine, psychiatry’s first steps were to produce an equivalent classification based on observation of visible phenomena via careful comparison of case histo-
ries to identify the clusters of symptoms shared from case to case, following a discernible course over time, and leading to a predictable outcome (A. Young 1995, 95–96). DSM-III inventoried about two hundred identifiable mental disorders, grouped by categories (mood disorders, anxiety disorders, etc.), and defined by a list of features individually and collectively adequate for a diagnosis. DSM-I had appeared in 1952 and reflected its editor Adolph Meyer’s “reactive” approach to psychiatry. DSM-II (1968) was found to be “flawed by its failure to provide formal criteria” for defining the boundaries of diagnoses (A. Young 1995, 99). According to editor Robert Spitzer, DSM-III was to reflect “diagnostic research and not . . . clinical practice,” with intellectual roots and inspiration “derived from Kraepelin not Freud” (quoted in A. Young 1995, 99). To put this slightly differently, DSM-III attempted to establish a “metalanguage” that shifted the focus of psychiatry from a clinically based biopsychosical model “to a research-based medical model” in which researchers replaced clinicians as the most influential voices in the profession through their elaboration of sophisticated statistical procedures of calculating reliability and validity (A. Young 1995, 99–102). One of the implications, as we saw in Ruth Leys’ discussion of Niederland and Krystal’s work, was the rise of a psychiatric model that no longer owed anything to the ideas of Freud.

Interestingly, two British psychiatrists, Edgar Jones and Simon Wessely, in their very proper history of military psychiatry published in a prestigious British series of scientific monographs, took a completely “culturalist” perspective in their discussion of PTSD in the Vietnam War (Jones and Wessely 2005). Jones and Wessely wrote that “the causes of the PTSD epidemic in Vietnam veterans lay not only in the jungles of Southeast Asia, but also in the social climate of an America that was turning against the military in general” (212). By and large, the consistent view of military psychiatric doctrine was that if a soldier broke down in battle, and if the cause of this was indeed war, the effects would be short-lived. If forward psychiatry did not return the soldier to battle, however, war trauma was simply a trigger for pre-existing, episodic ill health, whether this was explained through biology, genetics, or psychoanalysis.

Vietnam and the introduction of PTSD, they wrote, had “reversed this thinking. . . . PTSD was a compelling way to conceptualise long-term psychiatric disorder in a country that struggled to come to terms with its guilt over Vietnam. Adopting this diagnosis allowed its veterans to be viewed as another group of victims of an insane and unjust war” (211).
For Jones and Wessely, PTSD clearly had no medical or psychiatric validity whatsoever, other than being an early example of “how post-conflict syndromes are ever adaptable, and themselves change as cultural views of health and illness changed” (212; emphasis added). Similarly, Agent Orange, Gulf War Syndrome, and Balkan War Syndrome reflected more general public worries about environmental toxicity.

In a section titled “A PTSD Culture,” Jones and Wessely spelled this out even more bluntly: PTSD has become a shorthand for distress, moving from its original association with a life-threatening event to perceiving that one’s life was at risk (as opposed to actually being at risk), and on occasion is now diagnosed after any emotional shock, not always severe” (213; emphasis added). For them, it was clear that “civilian society has passed through a trauma revolution” because “someone, somewhere has the answer to psychiatric breakdown”—in battle or elsewhere. What especially distressed them was that the military—who, in their view, once possessed the knowledge to deal with the risks of psychological breakdown among service personnel through “training, experience, leadership, good equipment, group cohesion and bonding”—seemed also to have to lost that knowledge as a result of lack of “imagination or memory, or both” (213).

So, we stress here the emergence of a distinctive “traumato-culture” as Ksensée termed it, specifically within psychiatry, but also outside psychiatry; and “a PTSD culture” within the wider nonmedical culture, or more strongly “a trauma revolution” as Jones and Wessely put it, now affecting the wider civilian world.

Turning now to current French work on the relationship of war and trauma, we find another set of problems. For one, that “current” work is often the rediscovery of older work that has been forgotten. So, for instance, some writers take the relationship of war and trauma back to the American Civil War (see Shephard 2001, 65, 123). French writers go back to the Franco-Prussian War of 1870, if not the entire nineteenth century in France with its numerous revolutionary upheavals.

In a superb 1972 paper, psychiatric historian Jean Biéder remarked that French psychiatry emerged along with the related ideas of statistics, social physics (Auguste Comte), and the great historical upheavals of the post-1789 revolutionary periods. The founders of French psychiatry (Pinel, Esquirol, and Morel) had posited a statistically observable correlation between historical events and their influence on mental states. “The frequencies of mental troubles in times of war,” Biéder wrote, was “not
a marginal preoccupation. It is doubly and radically linked to modern psychiatry.” He noted that Russian psychiatrists had become “excited” by the same problematic with the 1905 Revolution; Soviet psychiatrists, on the other hand, commented on “the rarity of traumatic neuroses” in the fight against Fascism (Biéder 1972, 1396). In the French context, there were basically two opposed positions: one, that violent historical events directly caused mental illness; and two, that they favored the appearance of symptoms among the “predisposed.” The question seemed to return for extensive discussion each time France and Germany went to war with each other (in 1870, 1914, and 1939).

In the 1870s, in several papers published in early issues of the Annales Médico-psychologiques shortly before his death in 1873, Bénédict Augustin Morel weighed into the debate with his formidable authority. While personally convinced of the correlation between mental disorders and historical perturbations, the problem was that the statistical data did not evidence it. Morel therefore shifted his views to the idea that mental problems only appeared after the danger had passed (Morel 1871, 220). The following year, he revised these again to argue that “dramatic events” especially affected women and even more so if they were pregnant at the time, so that symptoms could appear in these children twenty years later!

One of the methodological problems that Biéder raised was that tracking the increases or decreases in hospital admissions was not a “total” indicator of morbidity levels. As an example, he referred to a 1947 paper that found that the rate of admissions at the Bonneval Hospital during the Second World War had dropped by 30 percent, while the numbers of acute psychosis cases rose, but not to higher levels than had been the case in peacetime. For Biéder, the key point was that war itself was pathological at every level: “a veritable psychosis with regression and enormous mental contagion. In times of war, it is Madness itself that prevails” (Biéder 1972, 1399).

Memory, Remembering, Commemoration, and Witnessing, 1949–2004

Humanities professor Ruth Leys observed, usefully for the discussion to follow, that “Post-traumatic disorder is fundamentally a disorder of memory” (2000, 2; emphasis added). One of the central themes running through the entire discussion on trauma accordingly concerns its relationship to memory. Recent French thought would prove to be particularly enlighten-
ing in this respect. One of the related corollaries here is that the difficulties of remembering recollections often took the form of unconscious strategies of forgetting, such as amnesia or falling into silence. As Alain Finkelkraut had remarked in his 2000 book on the difficulties of thinking about the twentieth century—calling it “a historical monster” completely refractory to any ordering of human time—clearly one of the main dimensions of such monstrosity had to do with memory, or more exactly the inability to remember. As a result, a large literature developed dealing with the problems of memory from every conceivable perspective: biological and neurological, cultural, historical, and sociological, with one portion devoted, not surprisingly, to the Holocaust. Here, however, much of the emphasis seemed to be on reclaiming memory—and Holocaust memory in particular. Thus, the resulting examination of artworks, public monuments, and Holocaust museums, which was, at the same time a displacement of memory onto either particular objects or collective rituals of commemoration. It’s as if, given our individual problems with our own personal memories, remembering and commemoration had become “collectivized”—or socialized, if one prefers.

French philosopher Paul Ricoeur’s *La Mémoire, l’histoire, l’oubli* (2000; hereafter referred to as *mho*) explores the complex intricacies of contemporary memory, history, and forgetfulness. His motives in writing this book stemmed from a lengthy professional preoccupation with historical writing, but also from a “civic” sense of being troubled by the public implications of “the worrying spectacle” of too much memory here, too much forgetfulness there, compounded by “the influence of commemorations and the abuses of memory” (1).

Ricoeur turned to the work of the founder of the twentieth-century sociology of memory, Maurice Halbwachs (1877–1945). Halbwachs died at Buchenwald; his last days have been written about by Jorge Semprun in his 2001 *Le mort qu’il faut*, and movingly sketched by fellow detainee, artist Boris Tsilitsky. In 1925, Halbwachs had published *Les cadres sociaux de la mémoire* that defined the field of social memory; he returned to it in his posthumous 1949 *Mémoire collective*. Ricoeur insisted on the previously unnoticed radicality of Halbwach’s distinction between collective memory and historical memory (*mho*, 512). In Halbwach’s earlier work, the fundamental distinction had been between *individual* and *collective* memory, two very different ways of the organization of memory, but nonetheless interconnected.

Not so with the idea of *historical* memory that, Halbwachs argued, went
back to schooldays in which the student was first exposed to history primarily as dates that had to be memorized, facts, major events, and people—that is, as material completely exterior not only to a young life but to that life’s experience. While the historically obsessed Third Republic made some headway in bringing the teaching of history closer to lived memory, Halbwachs noted that this had occurred mainly after the fact, and largely by way of national commemorations, including national narratives, myths, and so on. For Halbwachs, the teaching of, or construction of, history, was a form of violence from the outside exerted upon memory, which resulted, in Ricoeur’s words, in “the uncanniness of the historical past” (HMO, 513). The ensuing problem concerned that of the transgenerational transmission of this uncanny form of history that operated first, through the construction of the idea of a generation as a we-group of a common age and so culture, but that was also anchored biologically in sexual reproduction as well as in the succession of generations; the old die out and are replaced by the new generation. Social links were thus firmly codified in the parental system of our societies, where the biological and the social are brought together by affective familial ties as well as by juridical mechanisms such as adoption. However, given the long chain of the succession of generations in an immense genealogical tree whose roots are lost in the soil of history, the ancestral stories, so familiar to so-called traditional societies, eventually were forgotten, and what remained was only the abstract and anonymous idea of generational succession.

In this way, living memory fell into the clutches of history. While traces of the past remained in the form of books, in the archaeological discovery of monuments, and in public efforts by city authorities not to obliterate entirely the historical urban architecture, an historical will-to-power still lingered on the horizon that sought to integrate into “an integral memory” the separate forms of individual, collective, and historical memory so that it became possible, in Halbwachs’s words, “To never forget anything” (“On n’oublie rien,” quoted in MHO, 515). Except that the complete absorption of lived memory by history did not quite happen. First, Halbwachs commented on a “malaise” regarding the delimitation of the discipline of history and the ensuing endless turf wars over control of and subdivisions within the historical field (as also in most other fields of knowledge). Second, the major frame of reference for historical memory remained predominantly that of the nation, although many variables and groups intervened between the nation and the individual. Third, the role of historical writing and his-
toriography assumed ever greater distance from collective memory in the name of the pursuit of scientific objectivity.” And lastly, for Halbwachs, the opposition between the procedures of scholarly history and the exercise of collective memory took the form, as Ricoeur put it, of “a challenge addressed to his close colleagues [and contemporaries, the historians of the so-called “longue durée”] Marc Bloch and Lucien Febvre” (MHO, 516). For Halbwachs, the very notion of “historical memory” became ever more problematic—as a result of which “memory” and “history” remained suspended in an uneasy, forced cohabitation.

Yosef Hayim Yerushalmi’s Zakhor: Jewish History and Jewish Memory (1989; originally published in 1982), took the next step through the door opened up by Halbwachs of further separating historiography from the sense of history that, Yerushalmi argued, had been invented by ancient Israel (24). By “historiography” is to be understood a self-reflexive discipline that analyzes the methods and interpretations used by historians over time. As such, historiography openly revealed the crisis that it had generated in the very heart of memory, both personal and collective, that by definition maintained itself alive through its transmission from one generation to another. In Halbwachs’ words, “History begins where tradition ends” (quoted in MHO, 518). Historiography, however, attacked lived memory by “correcting it, displacing it, contesting it, interrupting it, and destroying it.”

Yerushalmi’s account of Jewish memory revealed itself to be both singular and exemplary. It was not to be confused with the oral tradition, especially not among a people as highly literate and devoted to reading and commentary as the Jews. Jewish memory, then, was highly charged with a sense of history, but not of historiography. The title of Yerushalmi’s lectures, Zakhor, is the injunction of the Torah to remember, not through the verbal, discursive, or literary ways by which the operations of historical distanciation worked, according to Ricoeur (MHO, 519). Rather, the Jewish sense of history was sustained through the injunction to transmit the stories and laws of the Jewish experience, beginning with those stories closest to us familially, and moving to the entire collectivity interpellated by the words, “Hear, oh Israel,” (Shema Yisroel, the holiest of Jewish prayers) that abolish the distance between those close and those further away. Not only did the Jewish sense of history ignore historiography; but, as Yerushalmi puts it, “there is no equivalence between meaning in history, the memory of the past, and the writing of history” (quoted in MHO, 520).10

However, problems arose with the secularizing impulses of the Jew-
ish Enlightenment and the rise of the professional Jewish historian in the project of “a science of Jewishness” (Wissenschaft des Judentums) early in the nineteenth century, which was, Yerushalmi argued, less the adoption of the methods of scientific history than the radical critique of the theological sense of Jewish memory. Historiography thus equated to secularization; as Yerushalmi put it, “assimilation from without [and] collapse from within,” so that secular Jewish history (and particularly so that of post-1948 Israel) succumbed in many ways to the problems of any other national history. As Ricoeur remarked, for Yerushalmi, historiography had nothing to do with restoring memory; on the contrary, it represented an entirely new kind of memory, that of the rational project of wanting to save the past in its entirety. This “delirium of exhaustivity” (Ricoeur’s words, MHO, 522) became self-perpetuating and Faustian; and, also, as Nietzsche had remarked, there was something in the “‘historical sense’ that injures and finally destroys the living thing, be it a man or a people or a system of culture” (quoted in Yerushalmi 1989, 145; not 147 as Ricoeur has it, MHO, 522).

The third prong of Ricoeur’s (and Yerushalmi’s) powerful assault against historiography dealt with the differences in the treatment of history between the first (1984) and third volumes (1992) of Pierre Nora’s monumental compilation entitled Les Lieux de mémoire (reprinted in 1997). As we saw, memory progressively displaced itself from lived forms and became redeposited in various “sites” (“lieux”).11 For Nora, the “lieux” or sites of memory became more important because there no longer existed “milieux d’histoire” or environments of history. The consciousness of a break with the past was bound up with the sense that memory had been torn apart. History had led to “the eradication of memory” (Nora 1995, 632). Accordingly, “Memory and history, far from being synonymous, appear now to be in fundamental opposition” (Nora 1997, 633; MHO, 523–28). Memory was “life,” while history was the “always problematic and incomplete” reconstruction of what is no longer. History is a critical discourse, antithetical to memory, perpetually suspicious of it, “and its true mission is to suppress and destroy it” (MHO, 633). The “unification of history and memory” — the awkward translation that Marc Roudebush gives to “histoire-mémoire” (Nora 1995) — the devouring of memory by history, in turn gave rise to “a new figure,” as Ricoeur put it, that Nora termed “memory seized by history” (MHO, 525; emphasis added). This new figuration of history had three characteristics or “symptoms,” as Ricoeur noted. One, it was an “archival” (Roudebush’s transla-
tion) form of memory—Nora used the word “archivistique”—that better captures the precariousness contained by what Leibniz had called “paper memory.” Ricoeur commented that the essays that Nora gathered in volume 1 attested to the resulting corrosive and constraining character—again, of the violent imposition—of history from the outside. And this especially in the form of a materialization of history that, as of 1980—in France, the year of the Cultural Heritage (“patrimoine”)—and the ensuing, “very brutal” (Nora’s expression) inflation of the inverse correspondance of the former sites of memory to topographical sites given over to commemoration (MHO, 525–26). This entailed the reduction of memory to that of individual psychology, as a product of cultural compensation for the historicization of memory. Memory thus became a form of cultural duty or obligation. To loosely paraphrase Nora, if memory was no longer everywhere, it was nowhere, unless taken in charge at one end by the culture industry and so dutifully placed before an individual consciousness at the other end, in the appropriate official locations (museums and so on). Ricoeur observed in a footnote that Nora’s point about the individualization of memory as duty made an explicit parallel with the recent turn of many nonreligious French Jews to a reactivation of Jewish memory (MHO, 94, 526). As Nora put it,

In this tradition which has no other history than that of its own memory, to be Jewish is to recall Being, but this non-refusable (“irrécusable”) obligation to remember, once interiorized, places you, one after the other, in an entirely new situation. Memory of what? Memory of memory. The psychologization of memory leaves everyone with the sentiment that one’s salvation, finally, depends upon acquitting this impossible debt. (Nora 1984, xxx–xxxi)\textsuperscript{12}

The third symptom, from memory-as-archive to memory-as-duty, was memory-as-fracture (MHO, 526; Nora 1984, xxxi). In volume 1, Nora had remarked that “museums, archives, cemeteries, festivals, anniversaries, treaties, depositions, monuments, sanctuaries, fraternal orders” were “the beleaguered and cold” markers of a society without ritual, “a society deeply absorbed in its own transformation and renewal, one that inherently favors the new over the ancient, the young over the old, the future over the past” (Nora 1995, 636). This gave Ricoeur several further openings for his reflections later in MHO that the sites of memory are forms of transcription—that is, of writing. It also allowed Ricoeur to elaborate, via the essay on “Generations” (published in Nora 1984) on some of the problems that he
had mentioned in discussing Halbwachs: Namely, that the idea of “talking about my g-g-g-generation” (as the song by The Who put it, not Ricoeur) had inaugurated a symbolic rupture that resulted in a purely horizontal vision of the social bond in which one generation simply replaced another in a process of perpetual substitution (MHO, 530). For one example in France, take the immense resonances of “the May 68 generation.” The implications for Ricoeur, as for Nora (especially attached in volume 2 to the vertical idea of the memory-nation), were considerable. Memory, as predominantly generational, turned increasingly to commemoration. As Ricoeur noted, “We are thus in the realm of pure memory, that which makes a mockery of history, and abolishes duration to turn it into a present without a past” (MHO, 531). The past, if there at all, exists only to “memorialize” the present. As such, Nora wrote, “Commemoration has emancipated itself from its traditionally designated space, and it is the entire epoch that has become commemorative” (Nora 1997, 998). The “era of commemoration” had become “infinite” (1005).

The above (admittedly at times complex) discussion, however, sheds light on several problems that we have encountered throughout this study. For one, it helps explain the persistent problems around the French writing of the history of the Resistance until the 1980s. In effect, until further problematization of the nature of historical writing itself, the “history” of the Resistance could be at best that of the memoirs of the Resistance generation, and only that. This, then, also explains the separate and parallel characteristics of early postwar studies by French Jewish historians as being framed by a different historical sense of the idea of history; here, against the millenial background of specifically Jewish history with its catastrophic antecedents going back to the Roman destruction of the Second Temple. Accordingly, for the goyim, writing the history of the Holocaust—and for that matter of the “uncanniness” (Dworzecki’s term) of Jewish survivors—posed an even greater problem to the extent that part of such a history was itself enfolded within the long history of Christian antisemitism, and so called for a form of reflexivity regarding Western culture that was challenging, to put it mildly. It was easier, as it were, to ignore, repress, or pathologize the matter, as a further part of the larger challenge also had its specific ramifications in the various national histories of Europe, thus demanding a double self-reflexivity. The difference among these various strategies was that to ignore or repress were still only largely unconscious acts, whereas to pathologize drew upon formidable knowledge and power
resources. The demand for a double self-reflexivity also speaks to the differences between the medical somatologists and the ethical turn proposed by the halakhists. These differences in turn suggest a third point; namely, the extent to which historiography itself, because of its problematic and uneasy relationship to lived memory as well as to trauma, or the traumatic nature of historical events, is profoundly entangled with related psychological phenomena—as a form of the will-to-power, for example, or even more bluntly as a neurosis. Not for nothing did Rousso open his study of the problem of Vichy memory with this very symptom. Finally, if the argument made by Nora about the dissolution of the past by an infinite era of commemoration holds, this also connects the interrelationship of acts of commemoration with the collective obligation imposed upon survivors of being living witnesses to the bad events of recent history.

In France, the 1980s saw the biggest commemoration of all, the 1989 bicentennial of the Great Revolution of 1789. One of the many books on the “The Commemoration” is a 1999 reprint of a collection of articles by various leading historians, sociologists, and other scholars originally published in the journal Le Débat from 1983 on. Its cover, a photograph taken from the official, televised ceremonies, shows Black American opera star Jessye Norman, who rendered “La Marseillaise” at the Commemoration opening night, draped in a long dress made from the tricolors of the national flag. The photograph powerfully recalls Roland Barthes’ famous essay in Mythologies (1957) about the Black soldier saluting the French flag. There, he analyzed the signer of this sign system as being, on one level, about France’s “imperiality,” although he went on to show that, in fact, it signified nothing at all. It was not, he wrote, about French imperialism “tied to the totality of . . . the general History of France,” but rather a mythical concept “made of yielding, shapeless associations” and one “must firmly stress [that] . . . it is a formless, unstable, nebulous condensation”—something whose fundamental character “is to be appropriated” (Barthes 1982, 105). But if commemoration is fundamentally about “appropriation,” it should not be forgotten that the late 1980s through mid-1990s was also when France at last began to appropriate into the “mémoire-nation” the French Jewish Question. Or at least, the beginnings of what sociologist Pierre Birnbaum in his essay “Grégoire, Dreyfus, Drancy et Copernic,” saw at the time as a possible “new deal” for Franco-Judaism (Birnbaum 1997).13

On 16–17 July 1942, some 4,500 Paris police, aided by the bus drivers of the CTRP (Companie des Transports de la Région Parisienne, as the Régie
Autonome des Transports Parisiens or RATP was called then), rounded up between 12,500 and 13,200 Jews — men, women, and children — interning just over 8,000 at the Vélodrome d’Hiver (or Vel d’Hiv, for short), not far from the Eiffel Tower at the time, but demolished soon after the war. The rest were sent directly to Drancy and then all were deported to Auschwitz, where they were murdered. This was the largest deportation of Jews from Paris by the Vichy government. In 1949, de Gaulle had a square, bounded by the quais de Grenelle and Branly, the boulevard Grenelle, and the Bir-Hakeim bridge, dedicated to the memory of the “thirty thousand Jewish . . . victims of racial persecution . . . confined in this space by order of the Nazi occupier” (Wiedmer 1997, 44). In the early 1960s, an architecturally stark Memorial to the Deportation was built at the tip of the Île Saint-Louis, just behind Notre Dame, although French Jews are not mentioned explicitly there.

De Gaulle’s plaque was removed in 1986, to make way for a new one dedicated by then-mayor of Paris Jacques Chirac on 18 July 1986. The Chirac plaque gave more details, corrected the numbers arrested, broke them down by age and gender (4,115 children, for instance) and re-stated that the deportation had been done by the police of Vichy on order of the Nazi occupier. As Wiedmer notes, while giving more information, the new plaque still did not tell the whole story: for instance, that the members of the police involved stayed in their jobs after the Occupation (45–46). The annual commemoration of the Vel d’Hiv remained privately observed by various Jewish organizations until 1993, when President Mitterrand made it a National Day of Commemoration of the racist and antisemitic persecutions committed “under the de facto authority” of Vichy or, by its official name, the Government of the French State. There was further fiddling about with plaques and a kitschy monument was put up by Mitterrand.

But it was not until the July 1995 commemorative ceremony that Chirac, beginning his first mandate as President of the Republic, admitted that “France patrie of the Enlightenment and the rights of man” had on 16 July 1942, “accomplished the irreparable,” broken its promises and delivered its wards to their executioners: “We owe [the Jews deported from France] a debt without statute of limitations” (quoted in Wiedmer 1997, 53). Even so, it was not until 1997, emblematized in part by the trial of Maurice Papon — a Vichy préfet in charge of deportations in the Gironde, who later rose under de Gaulle to head the Paris police and oversaw the 1961 police-riot and murder of several Algerians protesting the war in Algeria — but
also because then–prime minister Lionel Jospin had committed his new government to assist the Commission recently formed to (finally) investigate the wartime appropriation of Jewish property, to open up the official archives of the Vichy period, and to fund the creation of what became the Mémorial de la Shoah. The 1997 commemoration of the Vel d’Hiv thus marked its full entry into the commemorative pantheon and, today, where only a few thousand commemorants once stood in memory, it has become a major media event. It’s the same story for the site of the Drancy camp: speeches by the President of the Republic, solemn media coverage, and so on. As Wiedmer also notes (49), since 25 April 1954, every last Sunday in April is the National Day of Memory of the Deportation, to remember the liberation of the camps and, as she puts it bizarrely, given her book’s topic, “the end of suffering” (49).

One could also talk, I suppose, as does Finkelstein of Holocaust-related commemorative “abuses”; for example, that seventeen American states mandate (in fact, recommend) Holocaust programs in school (2000, 143), or his complaint that “many colleges and universities” have endowed chairs in Holocaust Studies, or that Jerzy Kosinski’s novel The Painted Bird (1965) and Binjamin Wilkomirski’s Fragments: Memories of a Wartime Childhood (1995) either played fast and loose with the facts or were outright fabrications. Somewhat more interesting are some of the French debates over Holocaust memory and representation.

I’ll mention two here. One began in March 1966, when a young French journalist, Jean-François Steiner, published his Treblinka: The Revolt of an Extermination Camp (first U.S. ed. 1967), a mix of history and fictional “reconstructions” that went on to become an international best-seller and was quickly translated into English, German, Spanish, Italian, Portuguese, and Japanese. In Paris, the book became the center of an intellectual scandal that raged for the next six months, involving leading figures, including Simone de Beauvoir, who had written a glowing preface, the critic George Steiner, Elie Wiesel, Sartre, and other literary luminaries. In an interview, Jean-François Steiner himself started the controversy by raising the question concerning the extent to which the Jewish deportees, here members of the Sonderkommando, were “complicitous” in the Nazi extermination machine. The same claim made in the United States about the Judenrate (Jewish Councils) by Hannah Arendt in 1963 and earlier by historian Raul Hilberg in 1961 had unleashed furious controversy, though far more so for Arendt at the time than over Hilberg’s extremely meticulous study. The
“Steiner Affair” raised similar hackles in France, but, as Samuel Moyn noted in his 2005 study, for different reasons. For one, the predominant French view of the Holocaust had scarcely paid much attention to the extermination camps, as opposed to the concentration camps, for reasons we’ve explored above. In discussing the extermination camps, there was no avoiding the fact that the vast majority of the exterminated were Jews. In this sense, as Moyn remarked (5), the role played by the Treblinka affair was a watershed in France in the public uses and discussion of Holocaust memory that opened it up from its previous restriction to a small and unknown coterie of scholars, marginal to the established disciplines. Second, Steiner consciously wrote his book “as a popular ‘Western,’” as Moyn put it (7), freely admitting that he had “imagined” parts of it, to make the facts speak more truly, so to speak. As well, his French publisher, Fayard, forced him to remove some unflattering remarks about professional historians, people who do not take journalistic arrogance lightly. More interesting was that one of Steiner’s testimonial sources was Marc Dworzecki (see chapter 3 above). To put it mildly, Dworzecki was not pleased with how Steiner had portrayed him, making him into an heroic figure in whom he did not recognize himself, and attributing to him words he never said. Dworzecki demanded that his name and passages of dialogue attributed to him as well as to his sentiments be removed from any future edition of the book (see Moyn 2005, 125–26, 196). It is not clear from Moyn’s account whether Steiner complied with Dworzecki’s wishes.16

In 2003, a further controversy broke out with the publication of art historian Georges Didi-Huberman’s Les Images malgré tout (2003). Claude Lanzmann, explaining why his 1984 film Shoah had not used conventional documentary footage, had famously remarked that it was because such images from within the death-camps did not exist, adding that if he had found such in the many years of research on the film he would have destroyed them. Didi-Huberman’s book was a response to Lanzmann as well as other critics, that such images did in fact exist—and in particular four photographs ostensibly taken from within Auschwitz gas chamber V by an anonymous member of a Sonderkommando in August 1944 that shows gassed bodies being cremated in outdoor incineration pits (State Museum of Auschwitz-Birkenau, photo negatives No. 277–278 and 282–283, in Didi-Huberman 2003, 24–27). Much of the resulting argument had to do with technical discussion of what images show and do not, and how the person taking the shots got hold of a camera. Didi-Huberman’s main point
was to stress the idea of “in spite of it all” (*malgré tout*) — that is, that the debate over “how to read” the Holocaust was not settled at all.

This brings us appropriately to the problems of bearing witness or testimony. Historian Annette Wieviorka (see chapters 1 and 2 above), in 1998, published a small book entitled *L’Ère du témoin*, “the era of the witness.”  

Dedicated to Anne-Lise Stern (see chapter 4 above), it began as an academic paper published the year before for a conference on war memory organized by Jay Winter and Emmanuel Sivan, a paper Wieviorka had entitled “From Survivor to Witness” (Wieviorka 1998b).

Wieviorka opened with the words spoken by Jewish historian Simon Dubnov to his comrades in Riga in December 1941, just before he was murdered as part of the liquidation of the ghetto: “Good people, do not forget; good people, tell the story; good people, write!” (Wieviorka 1998a, 9). Not only were numerous written accounts, diaries and so on found buried in the ruins of the ghettos and death camps of Eastern Europe, and later re-discovered, but between 1944 and 1948, the Central Commission of Jewish History in Poland had gathered over 7,000 testimonial accounts from survivors.  

Raul Hilberg recalled Philip Friedman, who died in 1960, telling him that by the 1950s some 18,000 writings by survivors had been collected, and that those numbers were already out of date (Wieviorka 1998a, 9–12). Since then, to manuscripts have been added countless numbers of audio cassettes and tapes, videotapes, CD-ROMs, DVDs, gathered and stocked in numerous archives and libraries in sites throughout the West. Wieviorka remarked that historians had seldom looked at this recorded material, leaving the “gigantic corpus” either to literary scholars, or to diverse “psy’s” (15). Most importantly, all this material provided a “model of the construction of memory” — in other words, “a figure of testimony” (16), whose forms she proposed to investigate in three dimensions: (1) those left by the ones who were killed, (2) how the Eichmann Trial made the emergence of the figure of the witness possible, and (3) how this figure had become society-wide in the sense that one can speak meaningfully of an era of testimony. However, it’s important to note that there is no unanimity on the obligation to bear witness.

But rather than recount her argument, let’s examine instead the problematic figure of the witness. In French, a “témoin,” in its most banal sense, is someone who tells what he or she saw, usually to a police officer, or in a courtroom, about an accident or a crime, or gives visual identification of those involved. There are degrees of witnessing and testimony, accompa-
nied by increasing levels of formality: depositions, attestations, and the like, in which what is being recounted is written down, transcribed, and signed, all of which serve as guarantees of the veracity of the account. The formalization aspects also increase the stakes, and no doubt reach their pinnacle in the eternal Covenant of G-d with the Jewish people. The Covenant is a legally binding contract, sealed by the Tablets of the Law, the Ark of the Covenant, and the mark of circumcision.

On a very different level, Holocaust historian Raul Hilberg in his 2001 Sources of Holocaust Research classified “testimony” into four categories, noting that the word itself referred to sources that were “highly varied and widely scattered,” and depended on whether the testimony is from a perpetrator, a bystander, or a survivor (44). His four categories were legal testimony, interviews of specific persons, oral history, and “memoir literature.” He raised a number of problems with the testimony of survivors: Were they representative of the Jewish community that was destroyed? Were they a random sample of survivors as a whole? Did their testimony reflect a random sample of their experiences? In fact, unless a number of surviving witnesses could testify about a common experience in a specific case—such as historian Christopher Browning found in the 134 accounts of shared memory of survivors of the labor camps of Starachowice—Hilberg as a historian had little use for survivor testimony. There was simply too much individual variation to guarantee reliability.

But we can leave the historians to the dilemmas of their professional activities, as there are other ways to look at the matter. Besides, we have already sufficiently seen the kinds of crises of veracity that affect the historical profession, and as psychiatrist Dori Laub remarks, it was that very crisis of the profession that led to the move to “history as trauma” (2005, 255), and so the shift, for Laub, to psychoanalytic approaches to survivor accounts—that is, taking them as a form of narrative.

As a system of law, Judaism is characterized by a style of legal reasoning and mode of argumentation. As such, these are rhetorical acts that generate figures of discourse. One of these figures is the witness testifying to God’s injustice. As Anson Laytner proposed in his fascinating Arguing with God: A Jewish Tradition (1990):

as God has not acted toward His people as a God should act . . . His people have known it. The Jewish literary heritage is replete with laments and dirges, complaints and arguments, all protesting God’s mistreatment of
His people. . . . This history [of Jewish suffering since Roman times, if not long before] has given rise to a unique literature of argument prayers . . . that, though rooted in deep faith, nevertheless calls God to task for His Lapses of duty. . . . [Th]is is the Jewish mode of appealing to God the Chief Justice of the Supreme Court against God the Partner. (xv)

As this last sentence makes clear, and drawing on the work of scholars dealing with thought forms and patterns in the Talmud, the twelve different categories of prayer, and other such elements, the main stylistic form of “protest/appeals” that Laytner found in practically every period of Jewish history, was “the law court” pattern of prayer. For a very clear illustration of how the law-court pattern manifests itself, Laytner analyzed two appeals to God by Moses recounted in Exodus 32:9–14 and 30–35. The structure of the law-court argument was as follows: Address and introductory petition; Defense argument; Petition; Divine response/verdict; Execution and sentence (Laytner 1990, 10–12).

In historical terms, the predominant mode of address here has tended to take the form of prayer/appeal, but this was not always the case, and particularly not in the Holocaust and post-Holocaust period. Laytner specifically discusses “the prose arguments” of Elie Wiesel (214–27). For Wiesel, and in turn reflecting many of the dilemmas of post-Holocaust theology, God was both alive and dead, or was alive but absconded during the Holocaust. Much of the argument relies heavily on the figure of paradox, but certainly one thrust concerned a rejection of the ancient doctrine of u’mipnei hata’einu—“for our sins, we are punished.” That the Holocaust was a form of divine retribution is an utter obscenity for Wiesel. In the absence of God, one’s obligation as a Jew is to one’s fellow human beings, to one’s fellow survivors as well as the millions of others who died, to whose memory one must remain a living witness. Wiesel’s stance, Laytner noted accurately, was one of “defiance” (226): he continued to argue with and question God, even if he was no longer sure that He was there, while still adhering to the Covenant in spite of God. As with Didi-Huberman, his was a philosophical version of the malgré tout.

Finally and briefly, Renaud Dulong (1998, 2005) looked at the complexities of the notion of the eyewitness. The phenomenon of the witness, he wrote, “is that a narrative is factualized by . . . the presence of its narrator in regard to the reported event” (10–11). One is dealing with greater matters than, say, just the communication of information; indeed, for Dulong,
these issues opened up yet another new field of sociological research, in the sense that the witness, regarded too often solely in juridical contexts as a kind of recording device, is instead a multidimensional phenomenon. However, and largely due to the methods of scientific criticism, all witnessing today has arguably become dubious, but at what cost? Can any living testimony not be debunked by psychology? As well, to the extent that a large part of our daily information comes from the “guarantee” provided by another person, what are the implications for our ordinary interactions in which so much of what we do and think relies on unreliable human perceptions and very approximate human memory?

A 2005 collection of essays, edited by Dulong and Carole Dornier, deals frontally with war-related trauma and memory, but as a problem of the aesthetics of witnessing. Any account, in its dual ambition of “telling the truth” and of adequately transmitting experience to others, necessarily entails aesthetic (stylistic and formal) issues that range across the variety of media of expression, from the “high” style of literary writing including poetry, but also including theatrical representations (of the Rwanda genocide in this collection), as well as films. For example, Emmanuel Finkiel’s 1999 Voyages focuses upon four Jewish women survivors’ experience decades later. Voyages opens with the return of sixty-five-year-old Riwka to what remains of Auschwitz. As in Resnais’ film Hiroshima mon Amour, whose leitmotif is “Tu n’as rien vu à Hiroshima,” Riwka too “ne verra rien d’Auschwitz.”

In the same collection, historian Frédéric Rousseau returns to Jean Norton Cru’s 1929 book, Witnesses: An Essay of Analysis and Critique of the Memoirs of Combatants Published in French, 1915–1928. The book caused a scandal at the time because the story it told flew so completely in the face of the commemorative memory established since the war—the heroic sacrifice of the Unknown Soldier, the glory of dying pro patria—as well as such supposedly realist, antiwar novels as Henri Barbusse’s Le feu (1916). The still unanswered question that Norton Cru raised was “How does one write about war?” Rousseau demonstrated the various stylistic artifices (exaggeration and sensationalism, the abuse of local color such as regional accents, as well as a stylistic verve that said more about the author than about those whose experience he was trying to get at) that Norton Cru had denounced in others while using them himself. Rousseau shows that the debate around such questions has gone on for seventy years and specifically raises the issue of the “fictionalization” of the concentrationary universe, violently denounced by some survivors as having made of “the deportation a best-seller” (Rous-
This leads Rousseau to mention once again the controversy over the mid-1970s American miniseries Holocaust that French writer and critic Alain Finkelkraut had contemptuously called “Love Story in the extermination camps” (quoted in Rousseau 2005, 14). Finally, Rousseau circles back to Norton Cru’s question of how to write about war, combining this with a second question raised by British historian Eric Hobsbawm in The Age of Extremes (1994): namely, “how does one write about the concentration camps?” For Rousseau, a contemporary historian, the two questions today had “become one and the same” (14; emphasis added).

The other side of the coin concerns the social emergence of what Dulong calls “new figures of testimony” (2005, 17; emphasis added), in the form of the “new type of witness” exemplified by the former soldier or concentration camp returnee, whose testimony is all the more precious as the generations contemporary of the great catastrophes of the twentieth century die out (16). Their testimony is an essential element of what he calls “a dispositive of vigilance” that permanently reminds us of the murderous outcomes of totalitarian and racist logics. But they are also living reminders of the obscenity of some political slogans; living proof of the lies of Holocaust deniers; brakes upon our own forgetfulness; as well as mirrors enabling us to continue to reflect upon the past, and pursue the debate about our civilization and its future (16).

Writing and Rewriting the Holocaust, 1945–?

We have stressed repeatedly the extent to which so much of the discussion of Holocaust survival depends upon a theory of writing: the “uncanny” relations between writing history and the techniques of narrative fiction that preoccupied Ricoeur; for Barrois, that the history of psychiatry and what it says or does not say are structural characteristics of medical writing; and in Dulong’s aesthetics, that how war is written about is inseparable from a theory of style. One of the first scholars to examine the different “styles” by which the Holocaust has been written about and how these change as the mode of writing also changed was James E. Young in his 1988 Writing and Rewriting the Holocaust: Narrative and the Consequences of Interpretation. To be sure, and as Young recognized here (and in his later work), particularly in Part Three where he discusses Holocaust video and cinema as well as Holocaust memorials, what we understand by “writing and rewriting” has expanded to include far more than words on a printed page in the form.
of books. Here, Young looked at the differences among diaries, memoirs, tales, novels, dramatic productions, poetry (Sylvia Plath as well as antiwar poetry by Israeli soldiers), and video, cinema, and monuments.

I will limit myself to some of his key observations. First, Holocaust writers initially assumed that as their primary role was to be witnesses to criminal acts, “the more realistic a representation, the more adequate it becomes as testimonial evidence of outrageous events” (J. Young 1988, 17). As a result, “documentary realism” became the preferred style by which to persuade readers of the credibility of “the survivor’s witness,” as Young put it. However, this very formulation revealed a paradox: namely, that there is the survivor on the one hand, and “the witness” that he or she has constructed on the other. Put slightly differently, in keeping with developments in the 1980s in literary criticism, as an aesthetic strategy, “realism” was as impossible as attempting to capture the Real itself. As critic Robert Scholes put it then, “All writing, all composition, is construction. We do not imitate the world, we construct versions of it. There is no mimesis, only poeisis” (quoted in J. Young 1988, 17; emphasis in original).

Because the experiences of survivors cannot “force themselves directly into language as unvitiated facts” (16), they are necessarily mediated and shaped by structures of mind, culture, and narrative. It is precisely these mediations, shapings, or “figuring and refiguring,” as he titled Part II, that Young wanted to illustrate. It’s as if, he wrote, the ghetto-diaryists, survivor-memoirists, and docu-novelists so feared “the essential rhetoricity of their medium” (23) that it came back to haunt them, despite themselves, for two principal reasons: because signs are arbitrary, and because “narrative tends to usurp the events it would describe” (23).

As Young remarked, none of this invalidated or infirmed the integrity of the diarist—but it did displace our focus as readers from the “manifest” narrative to the “latent” explanations and knowledge contained within it, to use two terms from Freud’s analysis of dreams. As Young went on to demonstrate, both the Holocaust documentary narrative and drama relied heavily on a specific mode of discourse he called “the rhetoric of fact” (63). For example, he looked at Anglo-German director Peter Weiss’s 1965 play The Investigation, which was based on court and journalistic records of the Auschwitz Trials of 1964-65 in Frankfurt.

In Part II, “Figuring and Refiguring the Holocaust,” Young focused in particular on what he called Holocaust metaphors. American poet Cynthia Ozick had protested in an article that “Jews are not metaphors” (1989). In
fact, Young wrote, “Jews are metaphors — for poets, novelists, theologians, too often for murderers and antisemites, and most often for themselves as Jews” — because, he added, “historical memory and ritual commemoration are nothing if not a refiguring of present lives in light of a remembered past” (84; emphasis added).

Young showed how Holocaust metaphors operated on three different levels: (1) that the “Catastrophe” initially was related to other epochs of Jewish history, here the destruction of the first and second Temples; (2) how particular aspects of the Holocaust within the period itself figured other aspects: for example, that the Holocaust was so extreme as to be beyond all comprehension, and relatedly, if the Holocaust was uniquely something Jewish, then it was outside of history and so incomparable to any other event concerning the others (non-Jews) who were also as much victims of the Holocaust; and (3) how images from the Holocaust in time came to figure other, unrelated events and experiences for both victims and nonvictims, Jews and non-Jews (for instance, the claim of the Parisian May 68ers that “We are all German Jews!”). In a word, that metaphors — figuration more generally as a mode of understanding — are mobile, often uncontrollably so, but it is this very mobility that allows for the infinite possibilities of refiguration.
In her 2000 book on trauma, Ruth Leys had stressed the profound and unresolved oscillation between mimetic and antimimetic theoretical explanations of traumatic experience. In the first instance, because of the extremity of the shock, the trauma victim experiences a post-hypnotic forgetting that invalidates the reliability of her or his memories. In the second, the trauma is a purely external event that befalls a fully constituted subject, and as such makes recovery and testimony unproblematic (298–99). Leys added that antimimetic explanations of trauma have tended to be favored by “positivistic and scientistic understandings,” whereas mimetic explanations drew upon rhetorical and psychoanalytic understandings. At the core of this debate lies the notion of mimesis or imitation as classically developed by Erich Auerbach in his 1944 essay “Figura” and in his most famous book, Mimesis: The Representation of Reality in Western

“placing before or in public”

RICHARD A. LANHAM,
A Handlist of Rhetorical Terms, 2nd ed.

An empty thing, that is a phantom,
[can] not take on a figure.

TERTULLIAN, quoted in Erich Auerbach, “Figura,”
in Scenes from the Drama of European Literature
Both studies drew upon the long rhetorical tradition to demonstrate that what Edward Said called the “shadowy [rhetorical] figure” of figura provided “the intellectual and spiritual energy that does the actual connecting between past and present” (Auerbach 2003, xxi–xxii).

Each of the chapters in this volume frames its analysis of the material presented within a dominant figura, or form of figuration. These range from the Lacanian concept of the Real and the impossibility of grasping it, and so the resulting shifts, or attempted strategies of displacement (both inward and outward), condensation, inversion, and dilemmas, to other more graspable, manageable, and expandable terrains of association. For example, camp survival was said often to have produced certain kinds of physical and mental disease. Given that causal framing, the resulting tendency was to move inward to the problems within specific understandings of psychiatry or medicine in various comparative contexts. Throughout, however, we also saw that these were not empty “theoretical” issues, but complex discursive formulations to explain the nature of “mental illness” (not to mention war and the affects of trauma), its causes, and how, if possible, to “cure” it. As well, within these formulations, we encountered further forms of figuration—figures of suffering, of classification, and of the transformation of the survivors themselves from victims into exemplars of heroism appropriate to the murderous conditions of modernity at war. Additional possible figurations were not discussed.

François Abalan’s 1987 Diplôme d’études supérieures (DES) in psychiatry was the first French attempt at a systematic review and analysis of the neuropsychiatric literature of the previous forty years on the consequences of deportation. Here, he pointed out (finally!) that there were qualitative differences in the findings whether the group being studied was made up of non-Jews or Jews, and noted that despite the “stereotypical” traits of each, considerable concordance was found between the two (Abalan 1987, 268). Abalan even attempted a figure that represented a model of each (272–76). In the case of non-Jews, psychic trauma with anxiety, depression in the camps, malnutrition, and age produced a core of persistent anxiety-depression reinforced over time by invalidity and malnutrition on the one hand, and intellectual deterioration on the other. The possibility of a form of senile dementia of the Alzheimer type could not be excluded. Among Jews, the cerebral-organic component presented less frequently; moreover, on the psychic level, one was dealing with a different type of neuro-
sis—call it “persecution” or “survivor” syndrome—that did not figure in traditional psychiatric nosology, but showed greater similarity to reactional schizophrenia (274), rated higher scores of emotional distress, and strong psychic reactions to external events, such as the Eichmann trial. In other words, the differences were two-fold: much more intense psychic trauma among Jews, and a greater prevalence of age-related intellectual deterioration among non-Jews (because they had not been subjected to “selections” that weeded out the aged and the sick). While Abalan did not go explicitly down the road to the dangerous stereotype of psychic differences between Jews and non-Jews, his analysis nevertheless obliquely hinted at them. His was accordingly an exercise in what James Young (1988) termed a “rhetoric of fact.”

Régine Waintrater (2003, 2005; see chapter 4 above) more directly acknowledged the rhetoricity of testimony (by Jewish survivors but also survivors of later mass-murders in the former Yugoslavia, Rwanda, and so on), as well as the figurative nature of the concept of trauma. Waintrater wrote that “Our time is characterized by a remarkable inflation” of witnessing/testimony as “the privileged form by which to attempt to speak the unspeakable” (2003, 9; emphasis added). She observed that, following the uncovery of the concentration camps, psychiatry had done the best it could under the circumstances to face the psychic suffering of survivors in general. However, due to various problems (for instance, the inadequacy of traditional nosological categories, and a generalized ideology of forgetting about the war period, not to mention the almost universal elision of the Jewishness of Jewish survivors), and especially because of “the massive defences of survivors themselves” (75–76), neither extensive psychoanalytic nor even psychological work was possible at the time. In the three chapters that she devoted to “the figures of trauma,” much of these repeat discussions already encountered, as well as key moments of the camp experience (idealization of the Before, the shock and shame of incarceration, the strangeness of camp-time). However, several observations that Waintrater made we have not mentioned earlier.

One was what Primo Levi in The Drowned and the Saved (1988) famously called “the grey zone.” For Waintrater, this was the necessary suspension of affect, especially of empathy for others, that plunged survivors into a state of moral indifference. Waintrater went on to question the extent to which the external, specialist literature had turned the figure of survivors
generally into what she termed “mutants” (89), thus depriving the victims of their subjectivity in the attempt to elaborate a medical semiology. In so doing, this literature had pushed survivors back into the same mass anonymity that they had experienced in the camps. It was at this precise point, for Waintrater, that the necessity of psychoanalysis came back into the picture. In chapter 5, in a discussion of memory, she uses the figure (or metaphor) of “an Occupied memory.” In discussing the survivor experience of time—that is, that it had shifted from human time to “the calendar of persecution established by the Nazis” (109)—she establishes a new figuration that she calls “time as poison” (le temps-poison, 107), which, as Langer had remarked, “stops the chronological clock and fixes the moment permanently in memory” (1991, 174).

Yet, in this book, Waintrater did not come to the conclusion she draws in her later chapter in Dulong and Dornier’s volume, in which, gingerly, she raises the question “Can one speak of a rhetoric of trauma?” The short answer, she argues there, was that one could, and for two main reasons. First, her analyses of “the narrative configurations” of testimonies made possible a typology of their rhetorical construction that allowed the (psycho)analyst to evaluate the degree of traumatization in the witness. Second, from such an evaluation “directly depends the capability of the witness to effectuate a distance from experience, in which [space] to construct a narrative that is figurable and [so] shareable” (Waintrater 2005, 41; emphasis added). Unless re-elaborated in this way, Waintrater feared that trauma would take on the “form of a particular [kind of] discourse, that is organized as a . . . rhetoric of the extreme” (41; emphasis added). Notably, although she does not say so, what has been termed in this study the pathology of the catastrophe.

For a completely opposed argument, but one that also dealt centrally with what the psychoanalyst can bring to the understanding of survivor experience, we look at Fabio Landa’s argument in La Shoah et les nouvelles figures métapsychologiques de Nicolas Abraham et Maria Torok: Essai sur la création théorique en psychanalyse (1999).

For Landa, the “After Auschwitz” changed the human condition in two major ways: in establishing on a scale never before known, the predominance of what Hannah Arendt called “the Absolute Lie”; and, as a part of this although preceding it, the rise of “professional hypocrisy”—in particular among clinicians, who deliberately maintain an illusionary neutrality in order to further a scenario of mastery that could only have tragic results (Landa 1999, 9–10). Medical doctors did play a key role in Nazi medi-
cine and, as Robert Jay Lifton showed in his 1986 *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, often simply went back afterward to their normal, pre-war practices—except for those few who were hanged, jailed, or like Mengele evaded their pursuers. After Auschwitz, terms such as trauma, catastrophe, and the like gained widespread, renewed resonance, but Landa recalled that, even before this, lying was a key factor in Ferenczi’s conception of trauma; indeed, was deeply entangled with any word that made powerful allusions to affect. Although Landa noted that Ferenczi’s students, Nicolas Abraham and later his wife Maria Torok, never wrote explicitly about the Holocaust (though they survived the war-years), he argues that their work—and even more so, the differences between pre- and post-Holocaust psychoanalysis—was centrally concerned with understanding the chasm that the Holocaust produced for psychoanalytic theory and practice in particular.

For Freud (or, say, for Dr. Gregory House today), patients lie. If one adds to this clinical observation the inflation of the lie to absolute proportions with and post-Auschwitz, the result for the analyst was an even greater problem in understanding what patients say, try to say, or cannot say, above and beyond such (weak) pre-Auschwitz analytic concepts as “resistance.” For Landa, working through the resulting abyss was begun by Abraham with his concept of the symbol, which is not a relation between a thing and a representation, but rather of the relation between the representation of a word and the representation of a thing (Landa 1999, 138–39). The role of the analyst was to re-establish a functional circuit in the latter relation where a symbol as such only takes form as an operationalization by the subject that moves from motor- or instinct-function to the verbal articulation that constituted the point of emergence of the symbol. It was in the analytical situation—and only here—that it became possible to strip symbols from their allusions to things and to reveal them in their intersubjective operations that are neither linguistic, communicational, or expressive, but “an intensive efficiency,” as Abraham put it (quoted in Landa 1999, 139). To put this another way, Landa’s analysis of Abraham and Torok’s approach to a post-Holocaust psychoanalysis is that it is not a rhetoric (actually Landa’s exact words were “not a simple rhetoric”; 138) because it is “anasemic,” and as such—not about “meaning”—but rather that the object of psychoanalysis was to replace the symbol by the actuality of intersubjective operations.

All this may be a far cry from Freud’s own cynical view that patients are only useful as a means of providing analysts with a livelihood, or at best to
offer up material that analysts can learn from, “as there is nothing we can do for them anyway” (quoted in Landa 1999, 146). And cynical it may well be, although it recalls Lacan’s exasperated remark that there was nothing to be done with doctors, since the problem of professional hypocrisy was impossible to ignore. However, whether Landa’s take on Abraham and Torok actually lives up to an adequate psychoanalysis for post-Holocaust times is harder to judge (nor, indeed, is it a question we need take up here).

Yet another possibility emerged in Ruth Menahem’s 1984 Doctorat d’Etat, “Langage et folie: Essai de psycho-rhétique,” which argued for the radical and formal incompatibility of psychoanalysis and linguistics, because what psychoanalysis had introduced into theory was the need for a new type of articulation of its own central question, namely, of a new status of discourse (89).

For Menahem, the long rhetorical tradition offered the most complete account of the effects of and operations made by speakers. A proper examination of spoken language would result from the reconciliation of linguistics and rhetoric, but also of rhetoric and psychology. She called such a reconciliation “psycho-rhetoric,” and to that end drew upon Lacan and others’ views.11 “It is from the manifestations of the unconscious that I came to develop a theory of the effects of the signifier and where I re-discovered rhetoric,” as Lacan put it in Ecrits (1966).12 Finally, Menahem insisted on two further points: that the figures of psycho-rhetoric were forces, not forms, and that psycho-rhetoric situated itself at the confluence of the unspeakable and of experience (Menahem 1984, 315–16). If, as Lacan wrote (see note 12), the value of rhetoric is that “it signifies nothing,” then Landa’s too is also a rhetoric, as is Waintrater’s, and both are contained in Menahem’s idea of psycho-rhetorics. In this sense, we have been dealing overall in this book with a particular psycho-rhetoric — namely, the pathology of the catastrophe.

It is worth emphasizing once again, in concluding, that “the invention of trauma,” of “hysteria,” as well as “the invention of the unconscious,” as Berthomé reminds us (1997, 497–502), all occurred in the context of the dramatic emergence of a scientifiques-technological society whose profound contribution to human life was the concrete realization of wholly new ways to die (industrial accidents, railway crashes, the repeating rifle and the machine gun, bigger cannons with greater range, tanks, aerial bombing, the use of poison-gas, and more). In turn, these novelties in unprecedented ways of causing massive death had produced the symptomatic responses
to them (e.g., humiliation, abjection, death-in-life) of which traumatic neuroses and so forth were clinical figurations. Through the new or emerging psy-sciences, there occurred a turning-within, plumbing the depths of the human psyche, also without precedent in the ensuing production of knowledge, as if to seek there reassurance that the bodily had not been vaporized by the “catastrophe which keeps piling wreckage upon wreckage” (Walter Benjamin 1969, 257). The gamble of the psy-sciences was that there remained a discernible inner mechanism or psychic move (through neurosis, displacement, or repression) that revealed how humans avoided recognition of the fact. That they would do almost anything to themselves to avoid such recognition explains Freud’s contempt for patients. However, the other side of the story was that the psy-sciences could do nothing much in return—except to produce more knowledge of certain kinds. The discrepancy leads to the modern chasm between steering systems and life-worlds about which Habermas, among others, wrote extensively, and the resulting crises, especially of legitimation (and including those of knowledge as well). In other words, a space had emerged that not only was ripe for new forms of figuration, but into which the twentieth century could dump the mountains of cadavers it would sacrifice, as Lacan remarked, to “the obscure gods” of technological progress.

The late sociologist Philip Rieff, in his work on Freud in particular (1959, 1966), was among the first Americans to examine the question of what happened when religion ceased to provide the moral framework for human behavior. New figures of character type and cultural framing emerged that Rieff called “the psychological” in the former case and “the therapeutic” in the case of the latter. Put simply, the difference of the psychological as compared to previous types of character structure (such as the economic or the religious) is that where the former were restricted toward a goal, the psychological character type was increasingly enabled, but without goals. The goals were provided by “the therapeutic,” which stated, more or less, “just do it, and if anything goes wrong, we’ve got a cure.” The resulting trade-off was that if the psychological character type let him/herself go, became less and less inhibited and more and more instinctual to the extreme point of going “mad,” the therapeutic had to deliver on its lie that it could successfully control the resulting discharges of psychological, emotional, and other forms of energy. It’s the Faustian temptation of any technique: If we have a new device or method that claims to do X, we, or at least someone, is going to use it. For example, the atomic scientists, even if they did not know
exactly what the consequences might be—and these included the possibility of setting off uncontrollable chain reactions that could destroy the planet, if not the universe itself—were going to test it anyway. And when they themselves, or some at least, had second thoughts, it was already too late: The military, having invested billions, would make sure the device actually was used as it was designed for. One result, of course, was that for the next nervous decades and then some, the world had to learn to live within the Figure of the Bomb.

In this book, then, we have looked in some detail at how the psy-sciences learned to live with the Figure of the Holocaust Survivor. It would be an exaggeration to conclude that the resulting cohabitation was an especially happy or comfortable one for either partner, given for one that survivors had much more limited choices regarding their state of being survivors. The scientists had more choice, although to study survivors was by no means, or certainly not initially, a particularly lucrative career move. But does the fact that their subjective motivation was more often than not a caring one (in spite of their own unconscious resistances) change anything regarding how they went about it? On one level, of course, it’s not as if they were at all malevolently motivated or for that matter so dispassionately neutral as to be indifferent to the suffering of their patients. They were not. On the other hand, by their training, they were committed to going about this within the knowledge-resource framework at hand at the time. The links between knowledge and suffering, and especially in medicine concerned with mental states, while closely intertwined, are far from direct. Medical knowledge understands human suffering as medical knowledge—not as experienced by suffering humans who are, in the end, pretty much left to deal with their pain as well (or as badly) as they can. We—scientists, or all of us in different ways—live within these discrepancies. Including, alas, the survivors of the Holocaust.
Introduction

Legendre’s by now immense œuvre is still not well known in English, with the exception of a selection of his work on the law and the unconscious edited by British legal scholar Peter Goodrich in 1997 (Law and the Unconscious: A Legendre Reader [Basingstoke: Macmillan]).

Following the Dreyfus Affair (1899), certain professions formerly closed to Jews opened up. This was the case for both sides of my mother’s family. Her paternal grandfather became an infantry general, although it is not clear whether this was at the brigade or division level; her maternal grandfather Chief Justice of the First Court of Appeals, roughly the equivalent of the Supreme Court. Her mother was born a Dreyfus.


Of the Western European countries that have dealt with their relation to the Holocaust, Germany as the primary perpetrator has attempted to do so perhaps as much as can be expected. Among the other nations whose collaborative participation was enthusiastic, France’s case (as shall be seen) is in some ways more complex than Germany’s. The question continues to lurk quite near the surface in the Netherlands, surprisingly, although the latter outranked France in numbers of Jews deported relative to population. This comes across constantly in Ian Buruma’s book Murder in Amsterdam (2006), which on one level is about the parallels between the murders of popular politician Pym Fortune and filmmaker Theo Van Gogh, related to foreign, often Islamic, immigration issues. More fundamentally, however, the book is about unresolved Holocaust memory. For a very striking illustration, Dutch football fans see Amsterdam’s Ajax team as “Jewish” (it was owned by Jews before the war) and so express their disapproval — at games today — by making a certain sinister hissing sound that Buruma explains is “the sound of escaping gas” (86).

And such partitioning follows not just national borders, but the defense of the historical disciplinary turf as well. Two major contributions to Holocaust studies — from sociology Zygmunt Bauman (1989), and from political science, Raul Hilberg (1985) — produced an outpouring of hostility from historians. For Hilberg’s astonishingly bitter memoir on the reception of his major work, see Hilberg 1996.

Michman identifies four such cultural linguistic circles in Holocaust studies: a German one, an English language one, a French one, and an Israeli one (2001).

The one book-length account in French that deals with French prisoner-

8 Psychoanalysts such as Bruno Bettelheim, Ernst Federn, and Viktor Frankl did attempt a psychoanalysis of deportation early on — 1943 in Bettelheim’s case and, in the case of the latter two, within the camps themselves (see Federn 1988). The impact of this work would have greater resonance in the postwar American context. The French case, as shall be seen, reveals a different story.

9 Holocaust deniers can be found to this day in Europe, North America, in the Arab and Persian Middle East, indeed as far away as Malaysia.

10 Often identical to “mechanisms” but classified under different names.

Figure 1: The Real

1 *Band of Brothers* is based on the nonfiction book by the late military historian Stephen E. Ambrose.

2 The episode title is an allusion to a series of seven propaganda films made by Frank Capra for the Morale Branch of the Office of War Information from 1942 to explain to “our boys in the Army why we are fighting,” as Gen. George Marshall put it. Although not mentioned in the episode, Hitler wrote *Mein Kampf* while imprisoned in Landsberg prison for his participation in the abortive Ludendorff putsch of 1923.

3 In the 1998 documentary on the deportation of Hungarian Jews, *The Last Days*, executive producer Steven Spielberg uncovered color footage of emaciated prisoners staggering about with great difficulty. These scenes would seem to have been restaged for this episode of *Band of Brothers*.

4 This and some of the preceding paragraphs are the result of extensive discussion with Dr. Sarah Schladow and draw upon her important unpublished 2007 doctoral dissertation in Cultural Studies, “Regenerations of the Holocaust: From the Politics of Identification Towards a Political Identity,” Curtin University of Technology, Perth, Australia.


6 This was itself a replay of the first post-Holocaust trial to rock the new state of Israel, the trial of the Hungarian Rezso Kastner for collaboration in 1954–1955. Kastner was later assassinated (see Segev 1993, 255–320).

7 While there is a vast literature on the liberation of France and especially Paris (in mid-August 1944), it deals mainly with political struggles and combat action. In fact, little historical work has been done on the liberation of camps in Germany or, for that matter, in France itself. Specific studies of camps in France would not become the object of much attention until the late 1990s. Regarding the liberation of the Western camps, Olga Wormser-Migot (1985) remains a rare key study, as does her earlier work with Henri Michel (1954). In French, the classic accounts from the point of view of deportees are “literary,” notably Robert Anthelme (1947), Charlotte Delbo’s trilogy, the first two volumes of
which were written in 1946–1947 but not published until twenty years later; and
David Rousset’s *Les jours de notre mort* (1947). All of these, however, are part of
a postwar (1945–1948) testimonial literature of “the return from deportation”
superbly analyzed by Wieviorka (1992) in her annotated bibliography (446–76).
One possible factor for this general historical neglect is that French military ar-
chives of that country’s occupation of part of western Germany are tucked away
in Colmar (Alsace), and have not been inventoried.

8 For the Russians and the resulting Soviet bloc countries, the extermination
camps had nothing to do with Jews as such but everything to do with victims
of Fascism. On this, see Ehrenburg and Grossman 1981. See also Stéphane
Courtois et al. 1997, *Le livre noir du communisme*, with texts translated from Rus-


9 Abzug’s *Inside the Vicious Heart: Americans and the Liberation of Nazi Concentration
Camps* draws heavily from oral accounts held at the Fred R. Crawford Witness
to the Holocaust Project at Emory University, the Center for Holocaust Stud-
ies in New York, and the Liberatorst Remembered Project at Boston University.
These tapes, transcripts and questionnaires would also provide the basis for
several further books about American eyewitness accounts on the liberation
of the concentration camps, including one of the preparatory conferences that
preceded the establishment of the U.S. Holocaust Memorial Museum in Wash-
ington in 1993 after long political battles, as was often the case with such Muse-
ums, notably in New York City and, of course, Berlin.

10 There are two Chemnitizes, one in Poland, near which there was a POW camp
for Soviet prisoners, and another in Saxony. It is not clear from the above which
Chemnitz is being referred to.

11 The “Schreiber” or camp records-keepers were comprised of prisoner cler-
ical teams. For a detailed description of clerical procedures at KL Auschwitz,
see Paczula 1995, 25–60. For personal memoirs of former prisoner schreiberin,
see Shelley 1986.

12 Such statistics are always in some degree of flux. French archival sources at the
time place the total number of “racial” deportees at about 80,000. Marrus and
Paxton (1981) write that by “the end of 1944, almost 75,000 Jews had been de-
ported from France to [the] killing centers . . .” (343). In a note, they report
Klarsfeld’s very precise figure of 75,721 deported Jews (2001). The same figure
is used by Wieviorka (1992, 142), also drawing from Klarsfeld; of these, 24,500
were French nationals; the remainder from other nationalities or stateless. The
overall extermination rate was thus 98 percent.

Klarsfeld was another alumnus of the CJDC, with publications beginning
soon after the end of the war. In 2001, Fayard republished four of his major
studies from over sixty years as *La Shoah en France*: vol. 1, *Vichy-Auschwitz — le
rôle de Vichy dans la solution finale de la question juive en France — 1942*; vol. 2,
*Le calendrier de la persécution des juifs en France, 1940–1944*; vol. 3, *Le mémorial des en-
fants juifs déportés de France; and vol. 4, Le mémorial de la déportation des juifs de France: listes alphabétiques par convois des juifs déportés de France.

For an example, see the Communist front newspaper, Châtiment (“Punishment”) 6 (July 1945), which calls the repatriation “a scandal” and Frenay “a saboteur” accusing him of seeking greater personal powers and of refusing to work closely with “worker organizations.”

As of 19 April, one of the Missions established by the Frenay ministry to evaluate camp conditions contains an appended, undated letter signed by a Major Armand, who writes “of very big problems with American authorities” that won’t allow them to requisition vehicles, and won’t let the mission into Buchenwald to establish prisoner lists, because they are lacking proper SHAEF documents (see CDJC, DCCCXC, file 39). On the other hand, another report concerning a visit to Dachau on 19 May, commented on “the very considerable efforts of the Americans on behalf of the French,” (CDJC, DCCCXC, file 22).

And with no prior knowledge of the camp’s existence, and so with no particular advance preparation for the relief of such an “installation,” according to the G-5 report on the camp.

For a somewhat different account, as well as an alternate spelling of the Commandant’s name, Ziereis, and his final statement to interrogators, see Bridgman 1990, 88–93; see also E. Le Chêne’s 1971 history of Mauthausen. In late April, during negotiations with the Red Cross about handing over the camp to the Americans, Zieries refused but did agree to liberate 183 French prisoners.

For the context to the forced repatriation of Russian prisoners, see Nikolai Tolstoy 1977. For parallel accounts in France, see the bizarre reports from French partisan units of the Maquis du Midi concerning “Trotskyite” infiltration of Russian POW camps in southeastern France and subsequent looting and raping in the surrounding villages, the POWs having obtained weapons from Allied soldiers in exchange for letting them sleep with female prisoners. In a six-page report signed by Col. Moss, Acting Commander, APO 696 US Army to the Commanding General, Ninth Air Force, 18 January 1945, NARA, RG 331, Box 48, file 2701/4.

Hadassah Rosenhaft’s memoirs, Yesterday: My Story, were republished in 2004 by Yad Vashem in association with the Holocaust Survivors’ Memoirs Project.

Established in 1943, the United Nations Relief and Rehabilitation Administration, began work on the ground in Occupied Germany in April 1945, but was plagued by inefficiency and by August had reduced the scope of its activities to coordinating NGOs, leaving the welfare of the 1.5 million DPs still in Germany, Austria, and Italy to the military. For its part, SHAEF began reducing its activities as of early summer 1945, in expectation of the imminent demobilization of U.S. Forces in Europe.

Lawyer Menachem Rosensaft is the son of Josef and Hadassah Bimko, born at Belsen. See his Introduction to the conference proceedings that he edited in 2001, 5–12, for a brief but striking history of the Belsen camp, especially after Liberation.
21 I have no desire here to get involved in comparative scales of inflicted horror. It has been argued recently and with validity that what the Allied bombings did to German civilian populations or the U.S. atomic bombs to Nagasaki and Hiroshima were war crimes; see Grayling 2006; Sebald 2005. For the parallels between the Nazi camp survivors and the hibakusha, see Robert Jay Lifton’s classic study Death in Life (1967).

22 Robert Oppenheimer’s response to the Trinity blast test was to quote a passage from Sanskrit to the effect that “we have become Death,” a remark not dissimilar to the poet Paul Celan’s characterization of the Nazis as “Masters of Death” in his 1952 poem “Todesfuge.” For the broader philosophical background to the rise of what she terms “the death-world,” see Edith Wyschogrod (1985).

23 British photographer George Rodger, working for Life and Time magazines at the time of the liberation of Bergen-Belsen, recalls his horror at himself for “subconsciously arranging groups of bodies on the ground into artistic compositions in the viewfinder.” See his interview in Matard-Bonucci and Lynch 1995, 93–100.

24 Precisely the strategies that Naomi Mandel is writing against, and especially in that part of her first chapter entitled, “Just what Part of . . . ‘Auschwitz’ Don’t We Understand?” (2006, 34 ff). Among leading proponents of the thesis of the unspeakability of the Holocaust, she mentions such distinguished writers as George Steiner, Elie Weisel, Lawrence Langer, and others.

Figure 2: Condensation

1 Note here and elsewhere that it is never made clear which category of deportee is being referred to (politicals or racials), and this was further blurred when, for instance, former STOs were renamed “work deportees.” See Chaumont (1997) on the ensuing competition among the victims for redress.

2 Anthelme (1917–1990) was born in Corsica, joined the Resistance network headed by François Mitterrand in 1943, and was arrested by the Gestapo in 1944. He was married to the writer Marguerite Duras, who nursed him back to health after his return from deportation. He joined the French Communist Party in 1946 and was expelled in 1950, possibly over the controversy begun by David Rousset on the existence of the Soviet Gulag.

3 Jean Améry was the pseudonym adopted by the Austrian-born Jewish writer Hans Mayer, who like so many other survivors-writers later committed suicide.

4 According to some sources, this sum was “generous” and worth about 325 Euros in contemporary value. However, the French Franc was devaluated later in 1945, which would make the deportation bonus worth about $14 USD.

5 In the files I examined, the interrogator was often listed as “Madame X.”

6 File 5583 consists of four large sub-files of crumbling documents with between 50 and 150 questionnaires per sub-file. The first is from the period June–July 1945; the second, May–June 1945; the third from April–August 1945. At times the letter “R” (racial) is indicated on a file; at others, “Déporté politique.”
Other than the files themselves, there is no indication that the Ministry in any way treated this data beyond simple collection.


8 In 2002–2003, the City of Paris held an exhibition at the Lutetia showing many of the details described above.

9 With the Liberation of France and other Occupied countries, women who had “fraternized” with the enemy through “horizontal collaboration” were chased through the streets, often stripped, and their heads shaven as a mark of their disgrace.

10 Renamed the Mémorial de la Shoah in 2005, the former CDJC is the foremost Holocaust museum in France.

11 For the complete microfilmed copies of all the extant UGIF records, see United States Holocaust Memorial Museum (USHMM), RG43.

12 An important exception is the early work, in English, of the American historian Philip Friedman, from 1946 onward. Friedman died in 1960 after serving as Research Director at YIVO-Yad Vashem in New York City, now attached to New York University. See his posthumously published Roads to Extinction (1980).

13 In the Frenay Ministry papers, a note on “the architecture of French sources” reports that in September 1944, a resistance committee had given to the Ministry the complete 80,000 Drancy “fiches” (index cards for each of the prisoners), now on permanent view at the Mémorial de la Shoah. The note adds that the Drancy “fiches” and those of the internment camps at Beaune-la-Rolande and Pithiviers “constitute the total statistical basis of the racial deportation.” From the Armistice Commission Archives at Wiesbaden, in AF, F9, file 3224.

14 Created at a former spa, ostensibly a site of healing, the ITS Archives were run by a consortium of partner governments for government use. Academic researchers, organizations of former deportees, and others were denied access to what is probably the last untapped archive in Germany dealing with the Holocaust and its aftermath, despite decades of lobbying and protests. An agreement was finally reached in 2007 to open portions of the archive, accessible on-line at designated libraries, beginning in 2008.

15 These titles may be translated as “The Camp of the Slow Death”; “I Return from Hell”; “Jewish Drancy”; “Anthology of Buchenwald Poems”; “Prisoner 43485”; “Misery and Death: Our Two Companions.”

16 In one slightly later example, a Dutch filmmaker described to me that he returned home one day to find his father and his Auschwitz buddies, who gathered regularly to talk about the camps, all howling with laughter. Amsterdam had proposed changing the phone numbers to alphanumeric, and the group’s
hilarious idea was that the city should use concentration camp tattoo numbers for the phones!

17 François Wetterwald’s 1946 Les Morts inutiles — short sharp sketches of scenes from Mauthausen and Ebensee where he was a prisoner-surgeon until Liberation in May 1945 — began defensively: “Yet another book about the concentration camps?” (5).

18 A “bagnes” is technically a hard-labor prison. Richet, along with his wife Jacqueline and their son Olivier, published a jointly written personal account entitled Trois Bagnes in 1945. There, Richet writes of his detention at Buchenwald but also provides a scientific typology of detainees that will be referred to in the 1948 debates in the National Assembly leading to the revision of the pension status of deportees. Jacqueline Richet writes of her internment at Ravensbrück and other camps. Olivier Richet writes about his time at Dora, to which he was transferred from Buchenwald (see Wieviorka 1992, 454).

19 Doctoral dissertations at the time had to be published in book form.

20 Another graduate in philosophy from Normale, Simone Weill, wrote a book L’Enracinement (1909–1943), published posthumously in 1949, that discussed how to recover roots (“racines”) in deeply unrooted times.

21 Also an idea that would find considerable resonance in Sartre’s work.

22 The French Doctor of Letters was more or less equivalent to the North American PhD or Doctor of Philosophy.

23 Dambuyant’s first name, Mariette, is never given in this period, not until she later established herself as a leading scholar of India.

24 Indeed, a Christological theme, that is, of reliving the experience of Christ on the Cross, or more generally a martyrological theme, runs through many accounts of both the Resistance and deportation, that persists well into the 1950s (see esp. Wormser-Migot and Michel 1954), and beyond in the case of Jewish historiography and the struggle to resist the matryrological temptation. On this, see Yerushalmi’s impressive essay, Zakhor (1989) on Jewish history and memory.

25 In the Bibliothèque Henri Ey (BHE) of the Saint-Anne psychiatric hospital.

26 Wetterwald, who was deported to Mauthausen and Ebensee together with Gilbert-Dreyfus, also comments on the general dislike of ss doctors for French prisoner-doctors.

27 None of the sources give a consistent account of why the walking dead of the camps were referred to as Musselmänner, or “Muslims.” For just one example, which makes little sense on first reading, Agamben (1999) cites one source who claims that “Seeing them from afar, one had the impression of seeing Arabs praying” (43). Muslims do not pray standing upright. However, Orthodox Jews do; it is called “davening.” So “Muslims” is either another misplaced term for Jews, which is plausible, and as they were universally despised by the other inmates, may have given even Jewish prisoners someone beneath them to despise. The other, even simpler explanation is that the camps were sites of profoundly macabre humor.
28 All three of these dissertations were consulted at the Bibliothèque de documentation internationale contemporaine (BDIC), located at the University of Paris, Nanterre campus.

29 Spelled “cathexia” in some medical dictionaries in both French and in English, an alternative spelling can be “cachexia” or generalized wasting.

30 Each camp from its inauguration kept a “numbers book” or “Nummernbuch” organized according to given series of categories (men, a general series, Jews, re-education prisoners, Gypies, Soviet POWs, etc.) and number series. Auschwitz, for example, had over 200,000 numbers for all the men in its main camps and subcamps. Separate books were kept for A and B series (Jews), re-education or EH prisoners, and Soviet POWS. See Paczula 1995, 30, 36–37.

31 Robert’s notebook was found in his effects when he died and was donated to the Mémorial de la Shoah by his daughter Marie-Hélène. It is classified there under reference number DCCV-8-2.

32 Both inclinations causing much familial handwringing, according to stories from my family.

Figure 3: Displacement

1 However, Minkowski (1946), drawing from a different approach to psychology (his teacher Eugen Bleuler’s “Gestalt” psychology), used the different concept of “affective anaesthesia” to describe the content as opposed to the process (290–91).

2 Targowla made an additional point, based on a small statistical study, that “the most important effect of asthenia” was that it reduced the work and the productive capacities of ex-deportees, of whom three out of five had either changed professions or occupations: given their reduced capacities, “61% of these camp survivors have become, as it were, ‘déclassés.’”

3 For instance, late in 1929, Targowla and Lacan presented a case of a patient suffering from prolonged general paralysis which, after an important remission, had resumed the manifestation of neuro-psychic symptoms (Targowla and Lacan 1930).

4 Until the rise of clinical hospital teaching in the course of the nineteenth century, French university medical teaching tended more toward the cours magistral or traditional grand lecture format of the transmission of knowledge in crowded amphitheatres. See Bonner 1995, 128–89.

5 His other Resistance pseudonyms were Trébly and Aspirin.

6 Wetterwald was too ill from the effects of deportation ever to resume a normal life.

7 Laignel-Lavastine (1875–1953) was most likely not Jewish; there is no evidence to suggest that he was, although he obviously was interested in all aspects of the history of medicine. He studied with Babinski in neuroanatomy and neurology, and was later cross-appointed to the Faculty of Law for his contribution to criminology. In socio-psychiatry, he was closer to Adler, prefacing one of his
books, than to Freud, whose psychoanalysis he viewed with reticence. Harry Friedenwald was the author of a two-volume history on *The Jews and Medicine*, published by the Johns Hopkins University Press in 1944.

8 For Simon’s report on the SHMH’s activities between 1936 and 1939, see Simon 1948, 64–66; see also Freudenthal and Kottek’s (2003) edited selection of RHMH articles, xi–xii.

9 Biographical information from Freudenthal and Kottek 2003, xi–xiii, who draw on unpublished manuscripts by Simon and Henri Baruk in the Fonds Marianne Hamburger in the archives of the Alliance israélite universelle in Paris. The AIU library holds the complete run of the RHMH.

10 Formally named the Yad Vashem Authority for the Remembrance of Heroes and Martyrs, it is Israel’s foremost Holocaust museum, as well as one of the country’s leading institutions for Holocaust research. Its various research directors since 1953 have been among the world’s predominant scholars in the field.

11 See Dworzecki’s *Sanitary Report on the Vilna Ghetto*, published in French in Geneva 1946 by the OSE, the Jewish organization for the rescue of children. It is movingly dedicated to the memory of his wife, Mirjam Dvorjetska-Koifman, a nurse at Vilna, who died in the Klooga concentration camp in 1944.

12 As Sarah Schladow noted in her dissertation, doctors of medicine made up a large proportion of the Nazi party. By 1938, some German physicians were discussing the need for a “final solution” to the Jewish problem, and proudly considered themselves “biological soldiers” of the Reich, intrinsic to the militarized apparatus of power/knowledge that “treated” the threat of Jewish “racial disease.” Physicians thus readily enlisted their expertise in the war against the “racial” enemy, “killing as a therapeutic imperative” (as Lifton 1983 puts it), in a regime of “medicalized destruction” (Hilberg 1961). For instance, “liquidations” of entire camp blocks were considered medical — disinfecting — actions. Doctors advised on improving methods of killing, embarked on programs of sterilization, engaged in appalling medical experiments on Jewish subjects and, at various sites, not only selected those to be killed, but also administered lethal phenol injections and poured Zyklon B into the gas chambers. In this context, the “medical” use of Red Cross vans to take prisoners to these “disinfection” chambers and of Red Cross ambulances in delivering Zyklon-B (as well as its storage in camp pharmacies) also shows the normalization of deadly medical practices (Schladow 2007, 113).

13 This view reflects that of several clinicians I interviewed, retired or still in practice.

14 His 1985 *Essays on Jewish Medicine* lists thirty-seven titles published between 1926 and 1983; his “major” works only.

15 Jacques Lacan would later say that de Clérambault was his “sole” master in psychiatry.

16 About Israel, Baruk apparently felt deeply ambivalent, with enormous admiration for the Israeli achievement on the one hand, and on the other, reservations about what he called in private some of the “fascistic” tendencies discernible in
Israeli politics (personal communication with Baruk’s grand-niece, Professor Barbara Cassin, head of the CNRS, the French national scientific research council). Whether Baruk was in fact Jewish appears to be contentious. His granddaughter says he was not. One of the reviewers for this manuscript says that his mother was and if so, he would have been considered Jewish under the Vichy racial laws. But, unlike Minkowski, as there are no stories of near-arrest or persecution during the Occupation years, it is hard to know for certain. He did wear the yellow star during the Occupation, and the gravestone where he is buried with his wife is inscribed with the Mogen David.

17 The term “humoral medicine” refers to the Galenic and Aristotelian idea that health is the result of the balance between the four basic “humors” of the body, corresponding to the four elements of air, fire, water, and earth.

18 A Moses who seems rather more like Freud to me.

19 See notably Baruk’s 1985 Essais sur la médecine hébraïque dans le cadre de l’histoire juive.

20 Given the immense number of potential source texts and the interpretative tradition of “midrash halakah” in modern works, some scholars attempt to limit the halakic to specific codifications such as Maimonides’ Misnbeh Tarab (twelfth century), R. Yosef Karo’s late-sixteenth-century Shulhan ‘Aruk (itself a simplified version of his more voluminous Beys Yosef), together with further Talmudic compilations by leading rabbinic scholars into the twentieth century, not to mention the formidable secular scholarship of “Wissenschaft des Judentums,” the scientific study of Judaism, of the nineteenth and twentieth centuries. See, for example, Ismar Schorsch’s 1994 study of the turn to history in modern Judaism, itself just one of many related other studies.

21 This is where Dworzecki pronounced his “anathema” against Nazi criminal medicine.

22 In 1985, Baruk was still hoping for such an eventuality.

23 This political tactic also might have served as a way of limiting public discussion of the Nazi period, still a highly sensitive topic.

24 Initially published as a special supplement in the Acta psychiatrca neurologica Scandinavica, Per Helweg-Larsen, Henrik Hoffmeyer, Jorgen Kieler, Eigil Hess Thaysen, Jorn Hesse Thaysen, Munke Hartel Wulff, and Paul Thygesen’s massive study, written in English, was subtitled “Complications and Sequels (with special reference to tuberculosis, mental disorders and social consequences.” It used questionnaires from 1,282 Danish camp survivors (572 resisters, 710 deported Copenhagen policemen, and 197 internees of the Horserod camp, an actual total of 1,479). The data here are drawn from Targowla’s discussion of the study (1954b).

25 The 1961 conference in the Hague on late-presenting sequelae was organized by the World Federation of Veterans.

26 In the mid-1970s, the FIR congresses provided a significant platform for discussion — and denunciation — of the role of Latin American psychiatrists in the torture of political opponents in Argentina, Chile, and elsewhere.
27 Information gathered from the FIR papers (1954–1976) is held at the International Institute for Social History in Amsterdam, as well as the FNDIRP archives in Paris.

28 Emil Kraepelin (1856–1928) was the leading classifier of psychiatric phenomena in the world, until the American Psychiatric Association began publishing its famous (or notorious) Diagnostic and Statistical Manual (DSM).

29 An accompanying bibliography published by the FIR lists 997 titles on deportation pathology research over 168 pages.

30 Note here also, psychiatry’s patent lack of success with various therapies, from sleep therapy to the use of assorted drugs.

31 As Lacan would later remark in the 1950s and 1960s heyday of French “structuralism” across a range of scientific disciplines from anthropology to linguistics and Lacanian psychoanalysis, Minkowski was the first to use the concept of “structure” as an organizing principle for how fields of knowledge work.

32 Although this was exactly what the great literary figures in concentrationary literature, from Anthelme to Wiesel, had attempted to do, from the point of view of the individual subject’s experience.

33 Cohen served in Auschwitz as a prisoner-doctor, but also assisted in selections of those who would live and who would die, a confession he makes in his The Abyss: A Confession (1973).

34 Cayrol wrote the text for French filmmaker Alain Resnais’ Nuit et brouillard (1954), the first French non-newsreel film about the “night and fog” of the camps. Night and fog (Nacht und Nebel) was Nazi code for immediate extermination upon arrival at the camp. Note that the word “Jew” does not emerge in the narrative of this film.


36 Bettleheim’s work is discussed in the next chapter.

37 “Repression” is defined in a footnote in Elie Cohen’s book as “an unconscious mental process . . . by which all unpleasant affective experiences are removed from the conscious” (119).

38 Cohen noted that when prisoners began to urinate in their beds or defecate in the barracks instead of the latrines, this was “a problem.”

39 On this, see Sander Gilman’s classic study, Jewish Self-Hatred: Anti-Semitism and the Hidden Language of the Jews (1986).

40 Wetterwald (1946) remarked on the particular animus that ss doctors seemed to bear the French prisoner-doctors, a dislike that did not translate often into violence, however.

41 See, for instance, the forthcoming work of my Carleton colleague in history, Professor Jennifer Evans, The Pink Triangle. The bulk of scholarship here has focused predominantly on homosexuality in the concentration camps, but for a moving view of the question, see especially the 1997 feature film, Bent, screenplay written by Martin Sherman from his play.
But Elie Wiesel, in his introduction to Ada Bimko-Rosensaft’s memoirs (2004), remarks that “all memoirs of Holocaust survivors resemble one another. They tell of the peaceful happiness of the before, the terrifying violence of the Tragedy, and . . . the difficult challenges that came after” (vii).

Cohen (1988) noted that the contraction KL stood for the camps themselves and KZ for the prisoners. The two were largely interchangeable. In the Nazi nomenclature of types of camps, there were work camps (Arbeitslager), concentration camps (Konzentrationslager), punishment camps (Durchgangslager) and annihilation camps (Vernichtungslager), as well as combinations of the above.

Next to no work has been published in English or French on this vitally important journal; a two-volume selection of articles was published in German in 1987, while another thousand pages of material are also set for German publication. In English, see Wolf Oschlies n.d.

An argument that had first been made by Hannah Arendt and others in the late 1940s, holding out high hopes for what social science could bring to the understanding of the Holocaust. Arendt’s controversial The Origins of Totalitarianism (1958) was her answer to this challenge.

All three authors at the time were at the Talbieh Psychiatric Hospital in Jerusalem.

Figure 4: Inversion

1 In that spirit, Camus had proposed with the Liberation of Paris that Combat be subtitled From the Resistance to the Revolution; see Todd 1996, 490–94.

2 The fate of asylum patients under the Occupation erupted again in 1987 with the controversial publication of Max Laffont’s L’extermination douce, about the deliberate murder of 40,000 mental patients in Vichy psychiatric hospitals, a more “gentle French version” of the Nazi T-4 euthanasia of the mentally retarded.

3 John Rawlings Rees was the author of The Shaping of Psychiatry by War (1945), which argued for the widespread use among postwar civilian populations of the discoveries of military psychiatry.

4 Similar controversies occurred in France under the Lacanian call for “a return to Freud,” whose work alone some claimed allowed one to grasp the psychic implications of life after Auschwitz (see below). See, for instance, Patrick di Mascio, Freud après Auschwitz: La psychanalyse culturelle (1998).

5 For a superb study of the general problems of professionalizing psychoanalysis, see S. Winter 1999.

of Psychoanalysis in France, 1925–1985. Adding to the confusion is that in 1993 Roudinesco published a separate intellectual biography of Lacan. Both volumes of the two-volume history are identified under the overall 1986 title, but without the historical dates of her timeframe. The Lacan biography was translated into English by Barbara Bray and published by Columbia University Press in 1997. The first volume of Roudinesco’s history of French psychoanalysis (1885–1939) has not been translated into English. Roudinesco further adds to the confusion by remarking that the entire project amounts to four volumes: the two histories, the Lacan book, and her 1994 Généalogies, in which she recounts “the history of the history.”

7 On the one hand, what Roudinesco terms “l’inconscient à la française” (the French Unconscious) resolved itself with the Dreyfus Affair (1993, 220). On the other, “anti-Semitism [continues], often in the form of repressed [material], in certain texts by some French analysts” (410; emphases in original). Moreover, what changed the rules of how French psychoanalytic history is written depends upon whether that story is told “before or after Auschwitz” (396).

8 On these matters, see Alain de Mijolla’s two articles on French psychoanalysts between 1939 and 1945 published in the Revue internationale d’histoire de la psychanalyse (1988 and 1989), as well as the work of Geoffrey Cocks generally, but especially his Psychotherapy in the Third Reich: The Göring Institute (1997). See also Laurence A. Rickels, Nazi Psychoanalysis (2002), for a fascinating and wide-ranging discussion of the broader implications.

9 Bellamy remarks in a footnote that “the boundary between the discourses of anti-Semitism and of philo-Semitism seems especially fragile and permeable” (178 n79). Admittedly, she is here discussing one of several essays by Julia Kristeva on the writer Céline, who was a virulent antisemite, pathologically obsessed with the “Jewification” of French culture.

10 The translation into French in 1963 of David Bakan’s Freud and the Jewish Mystical Tradition, originally published in 1957, arguing that Freud was a kabbalistically inspired “apostate” battling the rigid moral superego of rabbinical Judaism, caused the discussion to revive.

11 This piece was relatively mild compared to some of Baruk’s other writings on Freud. He remained deeply conflicted about Freud, coming close to calling him the devil in 1985; he was slightly more reasonable in his 1967 article, where he wrote that Freud, while personally courageous and influential, constructed a dogmatic doctrine that was “the very opposite” of Judaism (1967a).

12 Edited by historian Nadine Fresco and philosopher Martine Leibovici, who provide a fine introduction to Stern’s life and thought, Le savoir-déporté is in part a reprint and revision of some of Stern’s better known articles, some unpublished texts from after the war, and excerpts from her seminars. The book was published in Editions du Seuil’s prestige collection “La Librairie du XXIe Siècle.”

13 In the interests of full disclosure, I took her seminar during the 2003–2004 academic year while on sabbatical in Paris. Anne-Lise, by now well into her eighties, is a small, round woman, with short grey hair, and at times the most
amazing smile that lights up her entire being. In the seminar, her usual pedagogical approach was to start with a recent text, a newspaper story, a film, or contemporary art exhibition, and show from these that one did not have to search very hard to find the question of the Nazi camps still lurking some sixty years later. She was also inadvertently a living exemplar of the incredible hold of memory on one’s experience. For instance, a childhood song in German, suddenly recalled — she was born in Mannheim and her family moved to France just before the war — would move her to tears. She was deported at twenty-two, having just begun her medical studies in Paris, which she never completed. I have written about her work elsewhere in the journal Other Voices.


15 Spinoza was “excluded, chased away, cursed and excoriated” for “horrible heresies” and “monstrous acts.” The full text of the kherem or herem is in Steven Nadler’s Spinoza, originally published in 2001, translated into French by Jean-François Sené (2003), and reproduced at www.akadem.org.

16 A deal of controversy continues over what Lacan actually said — his seminars were tape-recorded and then transcribed — and the “official” published versions of what he said are under the editorial control of his son-in-law, Jacques-Alain Miller. As a result, many bootleg transcripts exist, and the matter of the “real” Lacan texts has seen a number of court cases. Haddad here uses both official versions and his own transcripts.

17 Or rather The Man Moses and Monotheistic Religion, as the original German title had it, and as it is now referred to in French. Moses and Monotheism was finally translated into French in 1948.

18 Emphasis is in Haddad, who cites The Four Fundamental Concepts, but gives the wrong publication date and the wrong page reference for this quotation, which is not on page 233 as Haddad writes, but on page 288.

19 Bakan did not see this displacement as incompatible with his reading of the influence of The Zohar on Freud. Whether it’s the Oedipus complex or the Shekina (the Zohar’s key idea), both confront “the great mystery” of human existence. For Bakan, Freud’s great discovery was to root this mystery in sexuality, an idea also quite compatible with the metaphysics and theology of the Kabbalah. See Bakan 2001, 298–99.

20 Subtitled Le Syndrome de Bordeaux, an obvious reference to Henry Rousso’s Syndrome de Vichy, their book was published by Editions Hommes et perspectives in Marseille.

21 In 2004, the question exploded once again, when a member of the National Assembly introduced a bill to regulate the training of psychoanalysts, leading to a tremendous outcry from the outraged psychoanalytic profession.

22 My sincere thanks here to YIVO chief archivist Marek Webb for special permission to read these psychiatric evaluations in the Niederland Papers.

23 See British legal scholar Norman Bentwich’s short history, The United Restitution Organization 1948–1968 (n.d.). For reasons of space, I have cut from this book a
long section dealing with survivor claims against Germany that would perdure until 2007, years after the official cut-off date of 2000. On German reparations and the problems of German psychiatry still heavily influenced by the Nazi period, see Christian Pross’s remarkable and very detailed 1998 study. Pross’s coverage of the psychiatric literature also indicates familiarity with the work of the French and Danish somatologists, as well as the Polish survivor research discussed in the previous chapter.

24 Biographical information on Niederland is from his obituary in The Psychoanalytic Q 63, no. 1 (1994): 101–103; on Krystal from The Biographical Directory of Fellows and Members of the American Psychiatric Association, October 1977, 735; and January 1989, 869.

25 For a parallel argument that emphasizes the analogies between Holocaust studies in the United States and the problems of American history such as slavery, see Fermaglich 2006.

26 See especially Herman Kahn, On Thermonuclear War: Thinking the Unthinkable (1960).

27 Niederland insisted on “the magnitude, severity and duration” of “the recognizable clinical entity” he terms (“for the sake of brevity”) survivor syndrome (1981).

28 Leys’ conception of “mimesis” is developed at length in her earlier book on trauma (2000).


30 As Sarah Schladow observes, “Now that Jewish victimhood and overt oppression had actually been spoken, the more subtle layers of oppression, such as the postwar silences, could also be articulated. Further, significant language shifts around the psychology of individual or group empowerment — emanating from contemporary ideas that existential reality is created by language — saw victimhood asserted via more positive notions of survival. At the same time, the negative connotations of victimhood remained enshrined in wider considerations of trauma and lingering affect, currently evidenced particularly in, but not confined to, returned American Vietnam War veterans. Indeed, from an informal cooperation between mental health workers working with veterans, abused women and Holocaust survivors in the early 1980s emerged an ‘understanding and acceptance of their common cause’ (Boulanger 1984, 85). Michael Rothberg (after Mark Seltzer) speaks of a ‘wound culture,’ an ‘obsession with trauma’ (2000, 186); Henry Greenspan, of the ‘preoccupation with public and private disaster, destruction and victimization, surviving and survivalism’ pervading American discourse at this time (1999, 57). As Greenspan (after Christopher Lasch) observes, the notion of survival now applied not just to ‘life-and-death struggle,’ but also to everyday “persistence and coping” (witness, for instance, the plethora of ‘How-to-Survive’ guides for daily life contingencies). This culture of survival constructed an often romanticised, ‘celebratory discourse’ of mastery over that which is survived, and/or a rhetoric of ongoing
struggle with the insurmountable, which is of itself traumatic. The category of Holocaust survivor thus emerged in what Greenspan calls a ‘divided discourse’ about celebration and traumatisation. Together with other discourses of proud survivorhood, the Holocaust survivor (like survivors of various abuses of power, including sexual abuse, domestic violence, cult entrapment) participated in a reclamation and assertion of potent subjectivity rather than abject victimhood. Prior victimhood could now more freely be spoken precisely because it had been materially/discursively claimed and thus, in a sense, emotionally/psychologically overcome – its representation as past, as memory, signifying present empowerment” (2007, 284–85).

31 University of Tel Aviv psychologist Jacob Lomranz, in a 2000 study of the psychological literature on first-generation survivors from 1973–1993, including 182 studies in English, found the total percentage of studies dealing with psychopathology at 85 percent (Lomranz 2000, reproduced without tables or bibliography at http://www.holocaustechoes.com/lomranz.html).

32 That is, “the asshole of the world.” See Wieslaw Kierlar’s memoir of his five years at Auschwitz, translated from the German by Frank Straschitz (1980).

33 The ambiguous case of “Dr. B,” as his colleagues at the University of Chicago called him, is reflected in two completely contradictory recent biographies: One presents him as a monster; the other as a saint. Academic work tends to situate Bettelheim, convincingly, among the students of “the mass society” thesis of deindividuation widely prevalent in 1950s’ American social thought. Like many other survivors who were in and then wrote about the camps (the poet Paul Celan, the Polish satirist Tadeusz Borowski, the Italian Primo Levi), Bettelheim committed suicide in 1990. On Bettelheim’s contribution to psychoanalytic thought, see the special issue of The Psychoanalytic Review 81, no. 3 (Fall 1994).

34 As Sarah Schladow notes, “After the Yom-Kippur war, an overarching moral paradigm of the Holocaust provided a point of entry into contemporaneous American issues of victimisation, discrimination and intolerance, as well as of equity and justice, and foregrounded issues of human rights and dignity. De Pres’ work was just one part of this discursive field, a network of reciprocal support. Clearly, there was no single discursive surface upon which discourse about the Holocaust proliferated at this time. A discursive shift in the status of victimhood brought the emergence of an American ‘culture of competing catastrophes’ (J. Young 1999, 81; see also Maier 1998, 164), which constituted communities based on shared suffering and collective victimisation, constructing group identity almost solely around suffering. In this context, authentic and authoritative individual identity became determined by comparisons within a hierarchy of suffering both between groups (for instance, Blacks and Jews) and within such groups. Thus, as the Holocaust became sacralised as the site of incomparable victimhood/suffering, the few who had survived the death and concentration camps were sanctified, constructed as ‘secular saints’ (Roskies 1984, 6–7): their stigmata, the camp tattoos and an apparent emotional or psycho-
logical pathology. Constructed as less saintly — less apparently marked, less authentic, more numerous — and marginalised by the discourse were those who had spent the war years in a work camp, in hiding, or in Russian camps. Far outranked, and excluded from the discourse, were those who had emigrated from Europe before the war” (2007, 281).

35 Also in the mid-1970s, when Des Pres published his Anatomy, a variety of films took up the subject of Nazism. Some European films, particularly those produced and consumed by an intellectual elite, revealed a fascination with Nazi perversion, as well as a decadent, morbid, and erotic vision. Others considered the subject of collaboration, Nazi anti-Jewish practice, and/or Jewish experience. Dramatic film representations included Night Porter (Liliana Cavani, 1974), Black Thursday (Michel Mitrani, 1974), Lacombe Lucien (Louis Malle, 1974), Monsieur Klein (Joseph Losey, 1976), The Serpent’s Egg (Ingmar Bergman, 1977), and Jacob the Liar (Frank Beyer, 1978); documentaries included The Eighty-First Blow (Haim Gouri, 1975) and Le Chagrin et la pitié (Marcel Ophuls, 1976). Popular films from America and Britain, including The Voyage of the Damned (Stuart Rosenberg, 1976), Marathon Man (John Schlesinger, 1976), and The Boys from Brazil (Franklin Schaffner, 1978), were predominantly thrillers. However, it was, American television that brought the Holocaust home, literally and metaphorically, to Western mass audiences with the miniseries Holocaust: The Story of the Family Weiss (Marvin Chomsky, 1978).


37 Yael Danieli’s notable 1981 work on the seventy-two countertransference measures taken by psychotherapists to avoid their patients’ stories strongly suggests otherwise.

38 Leo Eitinger, in a 1993 paper, while recognizing the limitations of scientific studies’ ability to deal with the lived experience of survivors, made an important point about American Holocaust research; namely that, because it often tended to be carried out many years later — by which time memories had, as they do, made their bow towards vanity — risked producing mainly “bad results.”

39 “How to be cured of the Shoah (Holocaust)” and “How to get out of genocide,” respectively.

40 In the wider culture, other books also focused on the remarkable resilience, adaptation, and successes of Holocaust survivors, given what they had experienced. See, for example, Naomi Rosh White, From Darkness to Light: Surviving the Holocaust (1988).

Figure 5: Dilemma

1 In an essay entitled “Cultural Criticism and Society,” reprinted as chapter 7, 146–62, along with other related texts, in Can One Live after Auschwitz? (2003). The remark about the impossibility of belief, thanks, and prayer is by a contemporary of Adorno, Günther Anders, perhaps better known as Hannah Arendt’s first husband; see endnotes on p. 474, note 9.
2 In postwar Germany after the end of the First World War, the equivalent was “pension neurosis” (Rentennevrose) or the idea that former soldiers, and after World War II deportees and the like, would be cured by taking away their disability pensions.

3 See also Louis Crocq, Les traumatismes psychiques de guerre (1999).

4 As well as being central to the emergence of French (Durkheimian) sociology; indeed, the problems of the influence of predisposition on the one hand and environmental factors on the other are how Durkheim begins the first chapter of On Suicide (1897). Interesting as well is that his data sources cut off in the mid-1870s. For a fascinating study of medicine in the context of the 1870 Franco-Prussian War and the Paris Commune, see Bertrand Taithe’s Defeated Flesh: Medicine, Welfare and Warfare in the Making of Modern France (1999).


6 The ability to recall a personal memory is, as Ricoeur remarked, near the end of a long life (1913–2005), “a small miracle.”

7 Tsilitsky’s sketches of deportation, in particular those of the so-called “small” Jewish camp within Buchenwald, and later paintings were displayed at an exhibition by the Museum of Jewish History and Culture in Paris in 2006.

8 See for example Suzanne Citron’s Le Mythe national (2008).

9 On this, in the American context, see Peter Novick’s impressive That Noble Dream: The “Objectivity Question” and the American Historical Profession (1988).

10 A parody of the Shema Yisroel, refracted through his Auschwitz experience, opens Primo Levi’s If This Is A Man (Sì questo un uomo, 1958), translated into English under the title Survival in Auschwitz (1960).


13 Copernic refers to the Paris street in which a synagogue was firebombed in 1980. The Abbé Grégoire at the time of the Revolution fought for the recognition of French Jews as citizens, but not as Jews. Drancy needs no further explanation here, but frames Holocaust and later Gulag survival in a recent feature film, Emotional Arithmetic, drawn from the novel by Canadian writer Matt Cohen.

14 As Schladow writes, “In France, the earlier discovery of damming government files and the opening of government archives had brought France’s war history,
and the gap between national and Jewish perceptions of French complicity, again into question. While Vichy was now a subject for popular representations, the French government still avoided addressing the relation of various war criminals to genocide. The passage in 1990 of a parliamentary bill against public denial of Nazi crimes sat in tension with hitherto tolerated liberal publication and legitimisation of revisionist views. Notwithstanding, the government remained reluctant, despite commemoration of the fiftieth anniversary in 1992 of the infamous Velodrome d’Hiver roundup of Jews, to single out Jews amongst the victims of Vichy and Nazi policy, or to pass judgement on the ‘crimes’ of past French governments and French collaborators. However, increasing antisemitism and xenophobia in 1993, protested by Jews and Resistance groups, moved the government to inaugurate a national day of remembrance for ‘Jewish and other racial victims of Vichy policies,’ and to call for monuments at various French sites linked to concentration or deportation” (2007, 298).

15 Papon died in 2007 and was quietly buried, wearing his Legion of Honour.

16 Steiner’s book was reprinted in English in a paperbound edition until 1994, basically as a reprint of the 1979 New American Library edition, with an introduction by Terrence des Pres (see chapter 4 above), and with the original preface by Beauvoir. For a book in which, as Beauvoir writes, “every detail is substantiated by written or oral testimony” (xxii), Steiner provides the skimpiest indication of his sources, nor is there an index.

17 The originator of the idea of an era of testimony was Shoshana Felman’s long essay on Claude Lanzmann’s film Shoah; see her “In an Era of Testimony” (1991). Felman also suggests that Shoah was less a “historical document on the genocide,” and more a “film about witnessing”: its “disorienting vision of the present” re-writes the past “event-without-a-witness into witnessing, into history.”

18 Among many, see, for example, the special issue of the Revue d’histoire de la Shoah 171 (January–April 2001), “Des voix sous la cendre: Manuscrits des Sonderkommandos d’Auschwitz-Birkenau.”


20 For a brilliant discussion of Yiddish poetry of the “annihilation,” see Rachel Ertel, Dans la langue de personne (1993), a title one can translate with two meanings: as a language that itself disappeared in the flames of the Holocaust, but also as the traces left by the annihilated people turned by the Nazis into nothing and nobody; “personne” means both someone and no-one.

21 Schladow (2007) remarks that “Witnessing is a process of positioning, both specular and active, whereby the subject is constructed in terms of what s/he has seen or experienced. In relaying that experience, not only is the subject positioned in relation to others, the recipient is also positioned to accept/believe or refuse/disbelieve the testimony. The process of witnessing, officially or unofficially, is therefore ineluctable: what has been witnessed cannot be changed for the subject; nor can it be changed for the recipient of the testimony, who
essentially can no longer remain neutral. In the Eichmann trial, for instance, both the witnesses and the recipient audience were positioned by the act of relaying testimony — the former, as subjects of the experience; the latter, as judging subjects of Jewish testimony and experience and of Eichmann and the trial itself. Jewish experience could no longer be ignored or discounted, only accepted or refused, creating the conditions for subsequent discourse about Jewish victimhood and the Holocaust” (240).

22 On this more generally, see the interview with Auschwitz historian Jan Van Pelt, “Auschwitz in the Age of Mass Tourism” (2000).

23 The script of Voyages is appended to Dulong and Dornier, along with an interview with Finkiel (2005, 251ff).


25 Much has been written about the Holocaust series at the time of its release and after. Suffice it here to quote historian Peter Novick, who observes that the four-part, nine-and-one-half-hour mini-series watched by 100 million Americans over four nights imparted “to more Americans [more information] . . . than over all the preceding thirty years” (1999, 209).

26 Perhaps the simplest way to describe the arbitrariness of signs without getting involved in linguistic theory is that words, volens nolens, always contain a “supplementarity” of meanings beyond the control of the writer.

Figure 6: Prosthesis

1 “Figura” was reprinted in Scenes from the Drama of European Literature (1984); Mimesis was reprinted in 2003 by Yale University Press, with a new introduction by the late Edward Said.

2 As a reminder, these concern the uncovering of the Western concentration camps and their medical liberation; the difficult return of the deportees; the beginnings in France of a medical discourse about the physical and pathological consequences of deportation, and how this discourse changed terms and range as it became pan-European and international; the problems within French psychiatry and also in psychoanalysis concerning the validity, applicability, reliability, and variability of scientific findings in matters of medical and social policy, as the wider cultural contexts also changed; and finally, of the meanderings of certain of these figures to other, very different and often quite unconnected domains and problems.

3 And some others we didn’t have space for — for example, figures of exaggeration such as the post-Holocaust slogan “Never Again!” and the problematic idea of “After Auschwitz.” On the first and the role it played in establishing the State of Israel, see Schladow 2007; on the second, see Mandel, 2006.

4 Abalan reviewed the extant literature from French, Norwegian, Danish, Israeli, and American sources. The DES (diplôme d’études supérieures) was an early
form of what is now called a “doctorat de 3è cycle,” that is, a PhD. Until later reforms, the only official doctorate in France was the “doctorat d’État” which candidates usually undertook in their maturity, and often involved both a major and a minor thesis. For instance, Foucault’s history of madness (1972), only published fully in English in 2007, was based on his doctorat d’État.

5 Abalan remarked that the work of bringing forth the specificities of Jewish survivor sequelae was specifically that of American émigré psychiatrists such as Niederland.

6 That is, a medical theory of disease-signs or symptoms. “Mutants” here can mean both a morphed species-type as well as deaf mutes.


8 Sandor Ferenzci (1873–1933) came from Budapest to undertake an analysis with Freud in Vienna in 1908. He was the last of the great co-founding prodigals of the movement to fall out dramatically with Freud in the early 1930s, a particularly nasty affair soon after which he died.

9 Landa quotes a 1932 text by Ferenzci that recalls Freud’s exact words: “Die patienten sin ein Gesindel” (Patients are scum, in today’s idiom), quoted in Landa 1999, 135.

10 “Resistance” has two meanings. It refers to everything that in the actions and words of the analysand opposes access to the unconscious by the analytic situation. But Freud also spoke of the more general forms of cultural resistance to psychoanalysis itself. See Laplanche and Pontalis 2002, 420–22.

11 Notably Didier Anzieu, a leading French analyst, and the son of “Aimée,” the central case study in Lacan’s medical dissertation

12 The above is my translation from Menahem (1984, 231). According to Bruce Fink’s superlative first complete English translation of *Ecrits* published in 2006, what Lacan wrote in a 1960 text (rewritten in 1961) on Chaim Perelman, the Belgian rhetorician and legal scholar, was: “It is on the basis of the unconscious’ manifestations, which I deal with as an analyst, that I have developed a theory of the effects of the signifier that intersects rhetoric. This is attested to by the fact that my students, in reading works of rhetoric, recognize it to be their daily fare at my seminar” — and, being Lacan, he adds, “I . . . agree all the more in that I place the highest value on that discourse [either rhetoric or math or both] precisely because it signifies nothing” (from “Appendix II: Metaphor of the Subject,” in *Ecrits* [2006], 755–58.) This appears in the original French pagination at 889–92; Menahem cites 889. In one of those extraordinary parapraxes noted by Freud in his book on jokes and the unconscious, the copyright information in the Norton edition gives the original French publisher, Editions du Seuil, as “Editions du Deuil” — that is, of Mourning!


14 Without getting sidetracked by needless arguments pro or con over religion, let me just state that I take a resolutely Weberian position here: namely, that religious systems are important factors in the rationalization of social life.
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In this extraordinary study, Michael Dorland explores sixty years of medical attempts by French doctors (mainly in the fields of neuropsychiatry and psychoanalysis) to describe the effects of concentration camp incarceration on Holocaust survivors. Dorland begins with a discussion of the liberation of concentration camp survivors, their stay in deportation camps, and eventual return to France, analyzing the circulation of mainly medical (neuropsychiatric) knowledge, its struggles to establish a symptomology of camp effects, and its broadening out into connected medical fields such as psychoanalysis. He then turns specifically to the French medical doctors who studied Holocaust survivors, and he investigates somatic, psychological, and holistic conceptions of survivors as patients and human beings.