Perverted Psychiatry?

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Survivors of Nazi concentration camps who subsequently suffered serious psychiatric disorders have been denied compensation because certain psychiatric experts appointed by the German Consulate have refused to acknowledge a connection between the victims' experiences and later mental illness. The author believes these psychiatrists' adherence to the theory of constitutional etiology and their general approach make it less likely that they would make compensation recommendations in the victims' favor.

THE ROLE OF THE PSYCHIATRIST as an expert at court has been frequently discussed. In this paper, I shall deal with statements that I have culled from the opinions (*Gutachten*) of three psychiatrists (Drs. A., B., C.) who are members of a panel of 12 licensed physicians employed by the German Consulate in New York as psychiatric experts. Their task has been to determine the existence, extent, and causation of psychiatric damage in applicants to German courts for restitution as victims of persecution.

The German law of restitution grants compensation to those applicants whose mental or physical efficiency has been lastingly reduced; this is also true when no physical damage is found, and even when the connection between persecution and the presenting symptoms is only *probable* (1, p. 107). Compensation is also granted when persecution has caused the aggravation of a previously existing disorder or has been a concurring additional cause, so long as it has contributed at least 25 percent to the final state of damage(1, p. 111).

The expert opinions I shall deal with were written in German. All applicants involved were of Jewish stock and did not, as far as could be determined, present any particular psychopathology prior to onset of persecution. All of them had been exposed to many years of persecution; they had undergone the worst of those atrocities that have become a matter of public knowledge.

Dr. A.

I shall start with four instances in which Dr. A. was asked for an opinion. The claimant, a 36-year-old married woman, mother of a healthy child, had lost her own mother at the age of 14, after which she had taken over the duties of the mother with three younger sisters. When she was 23 the family was deported to Auschwitz, where she lost her father and two of her younger sisters. She went through four concentration camps, in which she often had to collect corpses. Once, when her one surviving sister could not be found for hours, she thought that the sister had been killed and went into a frenzy.

Upon examination the claimant appeared tense, helpless, and despondent. She spoke in a monotonous voice. Her complaints were absence of feelings of self-value, lack of initiative, difficulty in concentrating, poor memory, and hypermnestic preoccupation with traumatic events. Her pulse rate was 96-100; it went up to 120 when she spoke of the traumatic events.

Dr. A.'s diagnosis after the first interview was anxiety neurosis, unconnected with the persecution. Upon the lawyer's request the claimant was re-examined. This time Dr. A. admitted the presence of a reactive depression and diagnosed a mixed

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neurosis, still unconnected with the traumata of persecution. He wrote: "In the light of psychiatric experiences, one cannot assume that external events, even those *of the worst kind,* can lead in a person of that age [the claimant was 23 years old at the onset of the persecution] who until then had had a normal characterological constitution, to a lasting anxiety neurotic attitude" (my italics).

On what grounds did Dr. A. make such a generalization? Von Baeyer and associates, whose Heidelberger Schule is considered the shining light of German psychiatry, report that of the 115 anxiety neurosis cases among persecuted persons they examined, 86 percent were judged chronic. The claims of only four of the 115 were rejected; the disorders of the rest were accepted as *Verfolgungsleiden* ("suffering brought about by persecution"(1, p. 136ff). Dr. A. did not provide an authentic basis for his opinion when he sought to justify it by reference to "psychiatric experiences." It should have been his professional duty to inform the court that this was his opinion, not one shared by the profession generally.

Another attitude of Dr. A. regarding persecutory sequelae is demonstrated by the following case.

This was a woman whose parents, brother, three sisters with their children, husband, and an eight-year-old daughter had been killed during the course of the persecutions; she herself spent years in a ghetto and in several concentration camps and had frequently been beaten to unconsciousness. She complained of depression, anxiety, phobia, feelings of guilt, etc. Dr. A. denied any connection between these symptoms and the experience of persecution. He included in his report the following sentence: "Despite such *grave experiences, of which no one is spared,* most people continue their lives and have no chronic depressions" (my italics).

Dr. A. denied the altogether exceptional character of the concentration camp experiences and instead equated them with experiences that he and his nonpersecuted acquaintances may have suffered.

Another case illustrates the kind of errors in judgment Dr. A.'s frame of reference may lead to.

A 53-year-old man complained of headaches, intestinal symptoms, chest pain, and nervousness; he was easily frightened and screamed at night. He has two scars on his forehead, the result of having been beaten to unconsciousness; he also has a scar on the arm from the bite of a dog let loose on him in a camp.

The claimant had made an excellent adjustment to life prior to persecution. When he was five, his mother and younger brother died; thereafter he was raised by an older sister. He later worked as an apprentice in a shoe store for 17 hours daily, earning a pittance. At 21 he married a poor girl. When the master died, his widow entrusted the claimant with the shop because of his skill and reliability. He had lived happily with his wife and two children (two children had died shortly after birth) up to 1941, when he and his family were taken to a ghetto.

Dr. A. wrote about him: "As far as concerns his state of mind, one is apparently dealing here with a less-than-average person, who reacts with a nervous tension state to *the difficulties met in this country;* this is the cause of his headache and possibly also the cause of his gastric pain. His tension state cannot be regarded as caused by the persecution but is the reaction, in conformity with his constitution, to *circumstances as they are at present*" (my italics).

It would not be easy to find in Central Europe—or in this country—a man with a constitution that was capable of bearing "difficulties" or "circumstances" as bravely as did this man before 1941. Later his children were slain, and he himself was treated as a criminal, hunted by dogs, hit over the head to the point of unconsciousness, forced to do labor beyond his strength. When he could not function adequately in this country, under circumstances that were certainly easier than those of his home community before 1941, we should feel, according to Dr. A., that all the claimant's experiences during the persecution did not have an aggravating effect upon his capability to withstand the pressures of his present environment.

If one accepts the theory that mistakes reveal unconscious tendencies, the following instance may be taken as proof that Dr. A. has a bias hostile to victims of persecution.

A 60-year-old woman, now a widow, had lived free of psychopathology in a harmonious marriage; she had three children. In 1940 she was sent to a concentration camp, her husband and brother were killed, and she herself developed a severe depression in camp. Several depressive phases occurred after her liberation, one of which led to an attempt at suicide which necessitated hospitalization in this country. Dr. A.'s position was that, while the first two depressions were "called forth" (*ausgelöst*) by the persecution, the subsequent psychopathology had no connection with the persecution. Concerning the diagnosis of depressive reaction with which the claimant was discharged from the hospital, Dr. A. wrote: "[This diagnosis] is not what one calls in German 'reactive depression.' Rather one means [by this term] here in general a depressive phase in the course of manic-depressive insanity." His diagnosis was therefore "endogenous depression." The psychiatric consultant for the German court agreed with Dr. A. in view of the meaning that depressive reaction is alleged, according to Dr. A., to have in the United States. If Dr. A. had consulted a psychiatric glossary, however, he would have found that the diagnosis of depressive reaction refers to a neurosis. When this was pointed out in the counter-opinion, the court granted the claimant compensation.

The question then arises: what conclusion is one entitled to draw when an expert's "error"—one that could easily have been avoided—is of such a kind that it negates the grant of a claim and, if it had not been discovered, would have permanently deprived someone of the exercise of a right? One feels entitled to assume at least an unconscious resistance to recognition of the permanent injury that can be brought upon the human mind by the deliberate traumatization of man by his fellow man.

Dr. B.

I will now turn to the opinions of Dr. B. that I had an opportunity to study, two of which left an indelible impression.

A 57-year-old man whose mother, sister, wife, and four children had been killed in a concentration camp complained about cardiac symptoms, pins-and-needles sensations in the hands and feet, dyspnea at night, daily headaches, dizziness, hoarseness, weariness, and inability to work.

At the age of 39 he had been forced to live in a ghetto. Subsequently he went through three concentration camps. He claimed that once he was thrown from a truck, which necessitated eye surgery; since then his vision had been impaired. The ophthalmologist of the Consulate diagnosed high-grade myopic changes as the result of dilation in the retina and choroid of both eyes. All signs of eye surgery were denied, however, and no connection with persecution was found with regard to the eye symptoms, which were said to be of constitutional origin.

Dr. B., accepting these findings, expressed the opinion that the claimant was retarded in his mental development and showed psychoneurotic reactions. No sequelae were attributed to the indentation of the tabula interna in the area of the frontoparietal suture, which was clearly to be seen in the X-rays. The psychoneurotic reactions were also declared to be *anlagebedingt*, characteristic of certain personalities with a low affective stimulus threshold. The psychosomatic symptoms were said to be unfavorably influenced by the claimant's hypochondriacal attitudes; his conviction that he was unable to work was said to be greatly influenced by his opinion that he was entitled to ask for support.

Thus the claimant was clearly marked as a malingerer. However, at subsequent examination by two ophthalmologists, one of whom was an internationally renowned authority, distinct signs of surgery were reported in accordance with the claimant's report. (This claimant had finally refused to talk to German-speaking physicians.)

It is reasonable to ask whether Dr. B. had in this instance conducted an unbiased

and independent psychiatric examination. Was his final statement based on the objective data of the claimant's mental status, or did he conduct his inquiry with a bias that he had simply carried forward from the errors committed during the course of the previous ophthalmological examination?

Dr. B.'s opinions were in general significant for his adherence to the constitutional theory, but one statement he made implies *prima facie* evidence of a general bias unfavorable to claimants for restitution. Concerning a 68-year-old patient's symptom of emitting strangely inarticulate sounds under emotional stress, he wrote that it "occurred over and over when she spoke of something *disagreeable* [*von etwas unangenehmen*], e.g., her experiences in the concentration camp" (my italics). What was "disagreeable" in this case was the murder of two of her children, her son-in-law, her two grandchildren, and six siblings. She had been beaten for crying when the two grandchildren were torn from her. She had been in six concentration camps and had had to do eight to ten hours of heavy labor daily on construction work and in an ammunition plant.

All this had befallen her after the age of 49; prior to that time she had been free of nervous symptoms and had shown good adjustment. The emission of sounds, although occurring mainly when the claimant was reminded of the past traumata of persecution, was called "hysterical demonstrations of helplessness."

It is difficult to decide whose insensitivity was greater, Dr. B.'s or that of the German psychiatrist who informed the court that the claimant had not been exposed, prior to the end of 1944, to an "extreme situation of stress" [*extreme Belastungssituation*]. It was noted that she had been used as a worker and therefore had greater food privileges than others.

Another diagnostic peculiarity which could frequently be found in Drs. A.'s and B.'s opinions has to do with their use of the concept of hysteria. In Germany, the diagnosis of hysteria means that the applicant is driven by goal-directed attitudes, i.e., by the desire to obtain compensation; it therefore makes him ineligible for compensation. I came across instances in which these experts based the diagnosis of hysteria solely upon the fact that the claimant was unable to put up resistance when the tonus of his lower extremities was examined. The claimant might have cooperated with all other requirements of the neurological examination but this inability alone was accepted as sufficient evidence that his claim deserved to be rejected.

This remnant of a mechanistic and atomistic psychiatry proved, in one of Dr. A.'s cases, to be too much even for a German court, although these courts in general do not adhere to modern attitudes in instances of restitution for psychiatric damages. The court called to the expert's attention the fact that hysteria as a diagnostic term has disappeared from clinical usage. But even this indirect reprimand by a court did not prevent Dr. A. from continuing his adherence to his outdated view.

Dr. C.

I now turn to the opinions that Dr. C. gave as an expert for the German Consulate.

A 40-year-old married woman had had an uneventful history up to the age of 15, when her home country was occupied by the Germans. The principal pathogenic events among the many traumata she suffered were the following: She witnessed a six-day-old infant, the child of a neighbor, being killed by being thrown against a truck. When the windows of the house in which she lived were searched at night with searchlights in order to discover any Jews who might be hiding there, and she had to conceal herself with her sister behind a curtain, this was followed by a bout of diarrhea. This same symptom recurred in connection with the loss of her father. At the New Year her mother pleaded with her father not to attend services at the synagogue; yet the father insisted, saying it was God's will that a Jew should go to the synagogue on New Year's Day. When the father did not return, the mother left in order to search for him; during the mother's absence an attack of diarrhea recurred.

The family had to go into hiding, and the claimant spent 15 months in complete

isolation in a hayloft, separated from her family, her only contact being the person who brought her some food once a day. She had no opportunity for hygienic measures: her infrequent menstrual periods were experienced by her as catastrophes and at times she suffered from diarrhea and vomiting. She was exposed to periods of terror, since the Germans frequently passed by and she was not at all certain of her host's reliability. After liberation she suffered from phobias, among which were inability to stay in her apartment unless all the doors were open, diarrhea, severe bouts of headache, dysmenorrhea, frigidity and disgust with intercourse, insomnia, and neurodermatitis.

All this Dr. C. diagnosed as a case of anxiety neurosis, "caused by constitutional factors" (*anlagebedingt*), in an emotionally labile personality with low stimulus threshold. The claimant later reported that her interview with Dr. C. lasted only ten minutes. This may be an exaggeration; still, it was surprising to find that in Dr. C.'s history there was hardly a single fact recorded that one could not have found in the sworn statement that the claimant had already deposited or in the internist's case history—all of which suggests that *no* psychiatric history was taken. In Dr. C.'s "history" there is no record of when the claimant's symptoms had first appeared. The German court refused restitution without even learning that the claimant's diarrhea had first occurred as a direct consequence of two terrible incidents of persecution.

It is distressing to add that a German university clinic accepted Dr. C.'s report as valid and recommended its acceptance to the court.

While acknowledging the bizarreness of Dr. C.'s opinions, one could perhaps claim that this reflected only the uncertainty of psychiatric knowledge about the correlation between severe traumatic experiences and permanent injuries to the mind. But what conclusion is to be drawn from the following incident? A 23-year-old man was arrested by the Gestapo and kept in prison for nine months, two weeks of which were spent in solitary confinement and total darkness. He was severely mistreated. Later he had to flee to Holland. After two years, when the Germans occupied that country, he had to go underground. For five years he faced possible detection, which would have meant deportation and death.

In his report Dr. C. did not accept the psychopathology as connected with the persecution and wrote of the "comparatively short time" during which the claimant had been exposed to persecution. For this he was reprimanded by the court, since the claimant had been exposed (with relatively short intervals) to nine years of persecution. It seems probable that Dr. C. had not even studied the case record containing the claimant's history and other evidence which is put at the disposal of the consultant physician.

Dr. C. also examined a 39-year-old claimant who had lost his parents and three siblings by persecution. At the age of 16 the young man had been exposed to beatings that ended in unconsciousness before he fled from the camp and took refuge with a peasant, who dug out a coffin-like space in which the claimant could not even sit up and in which he spent five years. During the whole time he lacked all human contact except for the short meetings with the peasant and those times when he dared to go to a nearby village to beg for food.

Since the term "animal existence" includes, when it is used in its general sense, at least a minimum of opportunity of movement in conformity with the animal's biological status, one cannot speak here of subhuman but only of subanimal existence. I shall forego speculating about the psychic consequences of such an existence during a developmental period (16-21) that is next to infancy the most decisive one. I shall only report that in this case Dr. C. diagnosed an "abating state of exhaustion" and *anlagebedingte* factors. *No disturbance was acknowledged to have been caused by persecution.*

Error or Injustice?

The situation that I have presented here may remind the reader of the controversies that occur in criminal cases between the psychiatrist for the defense and the expert for the prosecution. But there is one essential difference: If the claimants whose

pathology I have briefly presented had received compensation and then, later on, science should establish the exclusively constitutional etiology of their syndromes, nobody would say that an injustice had been done; one could say only that an error had occurred. One can speak of injustice only if it turns out that the claimants' present sufferings have been caused by persecution and that they have not received compensation. In having refused compensation for such suffering, one could not then pretend to have erred in an effort to protect society. Indeed, serious people have on good grounds suggested that *everyone* who spent more than six months in a concentration camp should receive a lifelong pension.

No psychiatrist should hesitate to state his conviction fully when he is functioning as an expert. There can be no compromise on that question; the penalty for such compromise would be that the profession would soon fall into disrepute. I am convinced that the opinions set forth in the instances presented are wrong; those who hold them are no doubt equally convinced that they are correct. They have both the right and the responsibility to state what they consider to be the truth.

Yet the question arises: Why are these people willing to function as experts for the German Consulate on questions of compensation for damages involving persecution when their adherence to the theory of constitutional etiology makes it less likely that they will decide any such questions in the victim's favor?

One prominent psychiatrist who is well known for his conviction that most psychiatric disorders are inherited has stated that, because he is convinced that almost all the psychic disturbances suffered by former victims of persecution belong in the category of constitutional disorders, he will not act as expert in such cases. Knowing that many of his colleagues in good standing do believe in the causal relationship between persecution and ensuing psychopathology, he does not want his theories to stand in the way of the victims' claims. I believe that this is the only possible way to act if man is to live up to his dignity as man.

I further believe that those who do not follow the example of the "constitutionalist" who has refused to act as expert are guilty of a moral, even though not a legal, offense. They are not employed by universities or courts and are therefore under no obligation whatsoever to write expert opinions. They are free either to accept or to refuse the Consulate's request that they act as psychiatric experts.

If responsibility is defined in the Christian sense, it must be admitted that all of mankind has burdened itself with guilt for having let Hitler come to power and thereby allowed the ensuing atrocities to come to pass. In that sense, everyone should have only one purpose in this matter: to assist in relieving the sufferings of the victims of persecution. It thus stands to reason that if anyone's personal conviction could in any way make such relieving impossible, he should silently step aside and let those take over the function of "experts" whose convictions will at least augment the chance that that suffering will be assuaged. Nobody could object to such stepping aside, for those who believe that the persecution in most instances caused incurable damages to the mind are physicians in good standing, and no one can be harmed if the opinions of these men and women of science reach juridical relevance.

In the light of all this, one is justified in raising the question of what motive these physicians have for continuing to act as experts in spite of their knowing that, if they refused and let others write the opinions instead, the claimants would have a far better chance of obtaining compensation. What can be the reason for their open or concealed hostility against those who have had to bear great sufferings?[1]

One major reason has to do with the contempt that man still tends to feel for the humiliated, for those who have had to submit to physical punishment, suffering, and torture. It is not easy to write about

[1] I tried to reconstruct some of the possible reasons for such paradoxical behavior in a previous paper(2). I did not, however, discuss at that time one motive which will be presented herein.

this motive, since it stands in sharpest contrast to those ethical sentiments that have become so deeply rooted in us by tradition.

The archaic contempt, scorn, or spite for the sufferer is rather complex. It is connected with the whole problem of sadomasochism and the reaction to various shades of narcissism. The awe and respect that strongly narcissistic personalities evoke are well known.

The persecuted one, however, has presented a configuration of exactly the opposite character: he has been utterly depleted of any narcissistic cathexis. During his persecution, nothing belonged to him any longer—not even his own body. No decision was left to him; he was reduced to sheer nothingness—a state in which not even flattery or servility could be used as a technique of survival.

As long as he was in a concentration camp, the narcissism of the persecuted was therefore reduced to zero. He was treated not even like some animal that may have impressed us by its narcissism but rather like those "creeping or wingless animals of a loathsome or offensive appearance" that the *Oxford English Dictionary* offers as the definition of "vermin."

Moreover, the persecuted finally gave in and felt that perhaps the persecutors were right. Not one of the claimants I met expressed any feelings of revenge, anger, rage, or hostility against their persecutors; these feelings must have been quite deeply repressed(1, p. 161). The majority avoided talking about their experiences in detail(1, p. 184); the most they were capable of was a summary statement. Apparently they were ashamed and felt guilty.

As impressive as is the tragic hero who is punished for a narcissistic misdeed, just as contemptible does the survivor seem to appear to the unconscious. He does not even have a narcissistic crime to his credit, one that would account for his sufferings. In contrast to the tragic hero, the survivor of persecution has nothing to expiate: the crimes were committed not *by* him, but *against* him. Nevertheless, the top of that hierarchical pyramid to which Christ has elevated the humiliated and the suffering is denied him.

"Why did you not commit suicide? Why did you put up with all the humiliations? Now that your tormentor has been defeated, you want to profit from your past degradation." These are probably the archaic responses of the weak, who know unconsciously that they themselves would have groveled before the persecutor.

I am compelled to draw the conclusion that among the many causes for hostility toward victims of persecution, regression to the pagan feeling of contempt for those who are suffering physically must be included. And it may well be the most insidious and most potent cause of all. Why some act out that contempt, while others are capable of repressing it, I do not know; but my belief is that with few exceptions the feeling of contempt for suffering is something of a universal reaction still very much alive in almost all of us.

The minimum one may demand, under such circumstances, is that the responsible authorities recognize those who cannot control this archaic feeling and exclude them from the position of experts in matters of compensation for suffering. When a physician refers to concentration camp experiences as "disagreeable," he has given away his secret contempt. When he commits an error to the detriment of a victim by misrepresenting the meaning of a medical term, or when he fails to concern himself with the true duration of the persecution to which a survivor has been exposed, then one can be quite certain that he has become the victim of a dangerous regression.

He has thrown away the right to be called in as an "expert"; if he continues to avail himself of that privilege, he must share the blame with those who continue to use his services.

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