

The Eichmann Trial and Its Influence on Psychiatry and Psychology

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This article reviews professional mental health publications before and after the Eichmann trial. Psychiatrists reflected the massive denial of survivors' emotional reactions that was prevalent in Israeli society at the time. The Eichmann trial permitted the opening up of survivors' experiences in public. Legal procedure enabled the witnesses to speak about what they had hidden until then. The judge's presence gave legitimacy and power to the accusations, transforming the survivors from outlaws to partners in justice. The audience came to support this stronger survivor identity. Through a slow process, it became a valid issue for psychotherapy, allowing the weaker aspects of the survivors' personalities to be addressed.

INTRODUCTION

I arrived in Israel as a young psychologist, and very little in my studies in Geneva had prepared me for the work at the Department of Educational Rehabilitation of the Youth *Aliyah* in 1956. Those were the years of the big waves of immigration to Israel from Europe and North Africa. The young people for whom I was a counselor suffered from a wide variety of disturbances. My colleagues and I had great difficulty differentiating between genetic or developmental problems and reactive behavior. Among the youngsters I encountered was a small group of fourteen to sixteen year olds who had some common characteristics. Not only were they orphans from Hungary, saved as toddlers, but nobody had any idea who they were. Their names did not specifically reflect their lost families, as they were found at a very young age and may have been given their names after the

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War. They also went through illegal immigration before the establishment of the State of Israel and were given names during their journey. I did not understand at the time what a burden it is to carry such a gaping hole in one's past. Not only were they orphans, but they had no family history, no relatives to contact. They had nowhere to go on holidays. I tried my best to uncover their backgrounds and to help them cope with their loneliness, but there was little I could do. Later on, some follow-up allowed me to appreciate the strength of human resources, as only a few of them failed to achieve what is referred to as normative adulthood. But I always felt a diffuse sense of guilt for not having been able to respond to the challenges of this unhappy way of growing up. A few years ago, after having made a career as a clinical psychologist, this diffuse sense of guilt brought me to research in depth which psychiatric and psychological facilities had been available in Israel during the 1950s.

Dr. H. Dasberg, a leading Israeli psychiatrist, who held the Elie Wiesel chair for the study of psycho-social consequences of the Holocaust at Bar-Ilan University from 1986 to 1994, conducted a survey about the myths and taboos among psychiatrists in regard to the Holocaust.¹ He pointed out that clinicians in the mental health field, psychiatrists, psychologists, and psychotherapists, are mere reflections of the society of which they are a part. They are not above or removed from the society to which they belong. They share society's prejudices, blind spots, myths, and taboos.

One has to consider that changes in mental health practice and therapy are linked to developments at the theoretical level that occurred mainly before World War II, when the concept of the unconscious and the importance of early life experiences were introduced by Freud and the psychoanalytic movement. Parallel to this, traditional psychiatry followed the medical model in which mental disturbance is considered an illness and symptoms are related to that illness rather than to the individual's past experiences. These two different therapeutic approaches reflect the nature/nurture controversy, which has yet to be resolved. Psychiatrists and psychologists had few theoretical concepts on which to rely for the treatment of trauma as such and very little precedent for treating people who did not present themselves as patients and had only hidden symptomatology. Although the term "war neuroses," or "combat fatigue," was in use for mental symptoms

1 Haim Dasberg, *Myths and Taboos among Israeli First and Second Generation Psychiatrists in regard to the Holocaust*, Address at the First Israeli-Polish-German Seminar in Krakow, Poland (Sept. 25, 1999).

amongst soldiers, only one publication mentioned that the displaced persons (hereinafter "DPs") in camps may have suffered from the same difficulties.²

After World War II, Israel was conducting its heroic battle for the establishment of the State, including for its economic foundation. The myth of the fighting hero was prominent. Wounded war heroes are valued more everywhere than those who simply escaped a terrible fate. It is easier to identify with a perceived hero than with a helpless victim. We now understand the heroism of the mother who brought her child something to eat in the ghetto or that of the grandmother who made the baby in her arms laugh before being shot.³ These images ran counter to the psychological and social needs of that time, which were centered on the ability to defend oneself. The dichotomy between the fighting hero and the murdered victim was so ingrained that it took a long time to realize what a big part Holocaust survivors had played in the fighting of the Israeli War of Independence.⁴ The identity of the Holocaust survivor was negative, and there were vague questions concerning the circumstances in which the survivors were saved. One has to remember that half of the Jewish population in Palestine in 1945 had arrived from Europe between 1933 and 1939. The image of the survivor was disturbing and could only be understood as a category of the *other* to whom the most feared had happened. It is impossible to identify with the victim of total dehumanization whose main achievement is staying alive against all odds in situations that challenge the imagination by their horrors. The survivors were distrusted, even more so by those who had arrived before the outbreak of the War, and had little knowledge of what they themselves had escaped. Nobody had the words with which to ask the questions, questions to which no one wanted to hear the answers. The survivors were frightening simply because of what they had survived. In Israel, like in Europe, they were not completely believed. Thus, negative stereotypes of the survivors were formed. In contrast to the *sabra*, the native-born Israeli, who knew how to defend himself, survivors were perceived as having gone like "sheep to the slaughter." No image could be more threatening to the newly-established State and its citizens who had themselves just escaped the menace of massacre and destruction.

2 Leo Srole, *Why the DPs Can't Wait*, 3 Commentary 13 (1947).

3 See Haim Gouri, *La Cage de Verre* (Raphael Cidor trans., Albin Michel Paris 1964) (1962) (French).

4 See Hanna Yablonka, *Foreign Brethren — Holocaust Survivors in the State of Israel 1948-1952* (1994) (Hebrew).

Dasberg's⁵ typology of the reactions of psychiatrists to their Holocaust survivor patients is reproduced below:

<u>Decade</u>	<u>Therapeutic Approach</u>	<u>Main Defense</u>
1940s	Shock and shame	Perplexity
1950s	Therapeutic neutrality	Denial
1960s	Focus on grave psycho-pathologies	Isolation
1970s	Statistics on anonymous non-patient survivors	Fragmentation
1980s	New generations, new narratives	Projective identification
1990s	New (pan-European) dialogues with the <i>other</i>	

The two first phases took place prior to the Eichmann trial, while the third is representative of the beginning of a change in attitude by psychiatrists and psychotherapists that occurred pursuant to the Eichmann trial. The other phases describe the dynamics of that process. As shown above, it is a long-term process, and we still do not have enough perspective to understand the influence of the Holocaust on Israeli society, including mental health professionals.

From a review of professionals papers published between 1945 (the end of World War II) and 1961 (the Eichmann trial), one can distinguish various trends, which are outlined below.

I. IMMEDIATELY AFTER LIBERATION FROM THE CAMPS

Immediately after the War, doctors visited DP camps in Germany and tried to evaluate the effects of starvation, heavy work, and poor living conditions on the survivors. These observations were published in Israel in 1949 with no mention of mental problems or psychopathology whatsoever. The main physical problem was tuberculosis.⁶

In general, concerns about the emotional problems of the survivors were combined with concerns about their morality and the rehabilitative process. It was felt that long-term dependence on the organizations that took care of the inmates at the DP camps jeopardized their return to a productive

⁵ Dasberg, *supra* note 1.

⁶ P. Robinson, *Mass Examinations and Mass Treatments of Jewish DPs in Austria During the Year 1948*, 37 Harefuah 43 (1949) (Hebrew).

life.⁷ Some feared that the survivors' involvement with black market traffic in post-war Germany would be destructive to their integration into society.⁸ One has to keep in mind, however, that at the time, it was the only outlet for those who lived in the DP camps for feeling some independence. There was a tendency to believe that Jewish survivors coped better than other survivors.⁹

The psychiatrists who worked with DP camp inmates can be divided into two groups. The first had a tendency, after studying life in the camps, to describe, as did H. Bloch, the internal life of the inmates as pervaded by a morbid sense of insecurity, intense fear, and a low emotional tone.¹⁰ After a brief period characterized by extreme apathy and intense individualism, people organized themselves into groups based on common backgrounds. Children perpetuated previous patterns of behavior, such as stealing food, albeit unnecessarily. Rapid physical rehabilitation and mental recovery brought prestige to the individual. J. Tas, after visiting Bergen-Belsen, described behavioral problems among the children, such as enuresis, nightmares, rage, and aggression, due to what they had undergone. He remarked that the guilt that survivors felt symbolized the overcoming of apathy and lack of hope that previously had led to death.¹¹

A second tendency is demonstrated by L. Srole, who studied the conditions in the DP camps.¹² He was struck by the almost obsessive will of the Jews to live normally again, to reclaim their full rights as free people. Their achievements in reconstructing their lives reduce to absurdity the efforts made to stigmatize the Jewish survivors. He emphasized the extraordinarily high birthrate in spite of the crowded camp conditions. However, behind this behavioral facade, Srole perceived progressively deepening currents of bewilderment, depression, despair, and fear of abandonment. Symptoms of deep psychic damage formed a constellation almost identical to that prevalent among combat soldiers referred to as *war shock*, and Srole advocated the

7 See generally Irit Keynan, *Holocaust Survivors and the Emissaries from Eretz-Israel: Germany 1945-1948* (1996).

8 Henri Stern, *The Aftermath of Belsen, in Flight and Resettlement* 64 (1955) (first published in French under *Observations sur la psychologie collective dans les camps de personnes déplacées*, 3 *Psyche* 891(1948)).

9 Meyer Dworjetsky, *The Pathology of the Holocaust and Its Residue Amongst the Survivors*, 16 *Dapim Refuim* 60 (1956) (Hebrew).

10 Herbert A. Bloch, *The Personality of Inmates of Concentration Camps*, 52 *Am. J. Soc.* 335 (1947).

11 Jacques Tas, *Psychical Disorders among Inmates of Concentration Camps and Repatriates*, 25 *Psychoanalytic Q.* 679 (1951).

12 Srole, *supra* note 2.

same kind of treatment. It took more than twenty years to appreciate the relevance of this analysis and its therapeutic implications.

F. Shneerson, an Israeli psychologist, conducted research for the Jewish Agency in DP camps in 1948 concerning the mental health of children and adults.¹³ Today his conclusions seem rather optimistic and prefigure the kind of denial that was prevalent in Israel for many years. A psychological team he led performed a survey on 1809 pupils in eleven different schools in DP camps and compared their answers to those of children living in Tel Aviv. The team found a relatively lower number of problems among children in the camp schools. Deeply disturbed children were not included in the study. The problematic children were classified based on some testing and on their answers to a questionnaire. Shneerson found that the percentage of problem children in the camps was lower than that in the regular schools with which he was familiar. Shneerson described two striking phenomena: a thirst for knowledge apparent in the behavior of all the children and, a concomitant observation, the absence of play during recess. Although one of the other researchers remarked that the children might have been depressed, Shneerson interpreted these behaviors as a sign of immunization against trauma. This interpretation was in keeping with a theory he had developed some twenty years previously concerning the mental health of children in the Ukraine after the *pogrom*. He pointed out that there were only a few mentally ill adults and they possessed the same kind of immunization.

Several things are worth noting regarding Shneerson's writings. He was one of the few who spoke in Israel at different meetings during the War on the individual suffering of the victims of Nazi criminality.¹⁴ But in this important study, he did not mention the family status of the children involved. Many of them were orphans, but he completely avoided the issues of being an orphan and of mourning. Before the end of the War, Shneerson appeared sensitive regarding the Holocaust. But vis-à-vis the survivors, he needed his own optimistic theory in order to structure his observations as a defense against being overwhelmed. He thus became oblivious to obvious characteristics of the children he met for the Jewish Agency. In his view, prolonged suffering could increase psychic resistance, and the mental health of the children and

13 Fishel Shneerson, *The Miraculous Image of the Displaced Persons*, in *Hinuch* 40 (1955) (Hebrew); Fishel Shneerson, *Hebrew Pedagogic Psychology* 223-62 (1955) (Hebrew); cf. Fishel Shneerson, *De la Resistance mentale des rescapés des camps d'extermination allemande*, in *Dix ans après la chute d'Hitler 1945-1955*, at 79 (J.M. Machover ed., 1957) (French).

14 Fishel Shneerson, *The Historical Psychology of the Holocaust and the Revival* (1968) (Hebrew).

adults with whom he met presented a higher degree of resistance than did the normal population. This attitude was common and played an influential role in society's denial of the consequences of the Holocaust. Jews were perceived as overcoming hardships better than others.

P. Friedman¹⁵ conducted a survey of the survivors during their stay in Cyprus where they were detained before arriving in Israel. He found a relatively small number of psychoses, but numerous cases of reactive depressions and psychosomatic problems. He stressed the preponderance of guilt feelings. He was struck by the shallowness of the children's emotions, which he explained as the result of a repression of fears during wartime. He also pointed to the high birth rate among Jewish DPs, coupled with sexual repression that he tied to underlying anxiety. It would appear that all the forces of the libido had been concentrated on self-preservation.

In France, E. Minkowski wrote about the mental state of survivors, after having taken an active part in rescuing children during the War. In 1946¹⁶ he gave a talk describing the manner in which the survivors described what they had experienced as being characterized by "affective anesthesia," a shallow way of speaking with no expressed emotions, and linked this to the conservation instinct. He pointed out that human suffering is fully realized only if it finds an echo in others and that this affective anesthesia penetrates the community. Later on, Minkowski stated¹⁷ that to present a scientific report about the Jewish psychopathology after the War was not feasible due to the unique experiences of the Jews during the War, and previous theories had to be discarded. When speaking of a specific psychopathology of the camp survivors, one has to avoid overly clinical terms. However, he described chronic reactionary depression, a descriptive term that would resurface many years later, to describe the latent depression of survivors. He mentioned several aspects of the mental state of survivors after the War, including the specific quality of their memories and their mourning reactions. He also discussed the rapid weddings that took place between people with common backgrounds. In these cases, there were many difficulties resulting from the persecution these people had undergone, which created an oppressive atmosphere at home, the irritability becoming open also in relation to the second generation, which had been so desired.

15 Paul Friedman, *Some Aspects of Concentration Camp Psychology*, 105 *Am. J. Psychiatry* 601 (1949).

16 Eugene Minkowski, *L'Anesthésie Affective*, 104 *Annales Médico-Psychologiques* 80 (1946) (French).

17 Eugene Minkowski, *Problèmes psychopathologiques d'après guerre chez les Juifs*, 52 *Revue d'Histoire de la Médecine Hébraïque* 53 (1961) (French).

Targowla¹⁸ and Dworjetsky¹⁹ in France were the only scholars other than Minkowski to publish their own personal observations regarding the mental states of survivors. After these publications, no medical papers about Holocaust survivors were published for at least two decades.

In Norway, Eitinger, himself a concentration camp survivor, published his findings about survivors hospitalized in Israel and Norway from 1945 to 1961 in several articles that were later compiled into a book.²⁰ He compared patients hospitalized in Israel and in Norway in a very systematic way. The Israeli group had undergone more intense, complex traumatic effects. The internment in concentration camps resulted in changes in the personality that Eitinger called the "Concentration Camp Syndrome." Eitinger's stay in Israel coincided with the Eichmann trial and, to some extent, was an incentive for Israeli mental health caregivers to broaden their approach to Holocaust survivors.

In North America, the first important publication appeared in 1968 edited by H. Krystal, a psychiatrist and a psychoanalyst, culled from papers and conferences on "the late sequelae of massive psychic trauma."²¹ The book reviews studies of concentration camp survivors, the dynamics of post-traumatic symptomatology, and character changes. It also includes an important chapter on psychotherapy with survivors of Nazi persecution, which was discussed as a specific theme for the first time. Apart from these papers, which apparently referred to the long-term experiences of the therapists, there are no specific prior references in North America to the treatment of Holocaust survivors.

II. THE COLLUSION OF SILENCE IN THE FIFTIES

One can summarize the above review by delineating some stages. Immediately after the War, psychiatrists, along with other medical professionals, were sent to evaluate the mental health of survivors who were on their way to Israel and those who were waiting to immigrate.

18 R. Targowla, *Sur une forme de syndrome asthenique des deportés et prisonniers de la guerre 1939-1945: le syndrome d'hypermnésie émotionnelle paroxystique tardif*, 40 *Presse Medicale* 728 (1950) (French).

19 Meyer Dworjetsky, *L'adaptation des concentrationnaires à la vie des camps et leur readaptation à la vie normale*, 56 *Revue d'Histoire de la Médecine Hébraïque* 55 (1962) (French).

20 Leo Eitinger, *Concentration Camps Survivors in Norway and in Israel* (1964).

21 *Massive Psychic Trauma* (Henry Krystal ed., 1968).

During the 1950s, survivors and therapists were avoiding the psychological consequences of the persecutions and of the internment. There seems to have been difficulty in establishing a treatment policy. The importance of returning to a normal life predominated the therapeutic encounter, with the emphasis on family life rather than on internal psychological processes. An unspoken agreement between the therapist and the survivor held that the best way to cope was to leave the hellish period behind and deal only with current problems. It was certainly perceived as being the most efficient way of bearing the weight of life's tasks during the first years after the War.

In Israel in the 1950s, this attitude was striking among psychiatrists. There was little interest in anamnestic information concerning a patient's life prior to his or her arrival in Israel. Holocaust experiences were perceived as tribulations, better left unexplored. The few medical psychiatric publications of these years mentioned only laconically that these patients had undergone extreme states of harassment. Dworjetsky was the only one to write in Hebrew (as well as in French) regarding the many health problems of survivors, including psychopathology. He concluded that Jewish survivors had coped in a better way at the end of the War than had other survivors. A striking example of the attitude of denial of the psychological effects of having been through the Holocaust is an article published in 1956 by a psychiatrist/psychoanalyst in *Harefuah*, the leading Israeli medical journal at the time. The entire issue was devoted to psychiatry, with an article by Anna Freud and another devoted to Freud, as well as articles on various clinical problems. Dr. Barag's article, entitled *Late Reactions by Liberated Patients from Concentration Camps — to Pathogenesis of Disturbances of Consciousness*,²² is the only article in the Israeli medical literature from the 1950s that relates directly to the Holocaust experience as a common factor of the patients described. Dr. Barag described her consultations with three patients suffering from fainting attacks, which were diagnosed by her as hysterical reactions in the form of loss of consciousness. She described these reactions as being related to the war experiences of the patients, two women and a man. According to what she recorded, the two women had been in Auschwitz for three years. One of them described sitting on her bed for three years without moving and related no special additional experiences. The other woman described having taken her friend's name after her friend was killed. She was beaten and, along with other girls, managed to deny the awful reality of the camps. She described herself as not having suffered too

22 Gerda Barag, *Late Reactions in Inhabitants of Concentration Camps*, 50 *Harefuah* 228 (1956) (Hebrew).

much, because she had the capacity to embellish things in order to hide their ugliness. She gave Dr. Barag the impression that life in the camps was like being in a kind of boarding school. The third patient was thirteen when he was left alone and managed to survive four years in Transnistria after seeing his family being killed. These three patients were helped by brief therapy with reassurance. In the discussion, Dr. Barag pointed to the difficult relationships between the patients and their parents prior to the War as a common thread between them, but no mention was made of any mourning reactions after the War. The regressive process of losing contact with reality, which was the common complaint of all three, was perceived as a hysterical reaction and one that was useful for survival in the camps. The patients were helped by this short therapeutic contact, even though there was little psychoanalytical material related to their war experiences. Dr. Barag remarked that the patients apparently went through a period of hibernation during these years. Finally, the article ends on an optimistic tone, noting again that Jews were better able to cope in this terrifying environment than others had been. This simplistic attitude was more a reflection of the general atmosphere at the end of the Israeli War of Independence and during the first years of the State than a purposeful denial of the suffering that these patients had undergone. The patients were not inclined to describe their war experiences, and Dr. Barag went along with this attitude, taking it at face value.

Barag's article describes in a striking way what has been called "the collusion of silence" between psychiatrists, psychotherapists, society at large, and Holocaust survivors. It now looks like a distortion of history and of the inner world of the patients. It is representative of its time and of the difficulty, not even conceived of then, of a therapeutic dialogue concerning the war experiences. The ignorance of the therapists concerning concentration camp conditions in conjunction with the inhibitions of the patients concerning life during the War made such a therapeutic dialogue impossible. It created a wall in therapy, "the collusion of silence."²³ In retrospect, there was a tendency to accuse somebody, either the therapist who did not ask or the patient who did not speak.

A few other articles published in the 1950s attest to the same attitude towards the pasts of Holocaust survivor patients.²⁴ These articles, psychiatric case studies, describe the person's war experiences in two or three lines

23 Yael Danieli, *Psychotherapists' Participation in the Conspiracy of Silence about the Holocaust*, 1 *Psychoanalytic Psychol.* 23 (1984).

24 Dov Alexandrowitz, *Some Psychotherapy Problems in a Military Setting*, 56 *Harefuah* 223 (1959) (Hebrew); S. Baumatz, *Some Problems of Post-Traumatic Neurosis*, 58 *Harefuah* (1960); Kurt Blumenthal, *Prevention of Fixation of Neurosis*,

and are much more extensive concerning life after the War. The authors of these articles were well-known psychiatrists, with some becoming deeply committed, later on, to the study and treatment of Holocaust survivors. Some expressed the view that Nazi victims suffer from accumulated trauma, with chronic depression and a rupture of the continuity of life, but that "we don't find too many similar cases among victims in Israel, due to the transcendental strength of Israel which is exercised upon the Jew."²⁵ Thus, Jews were expected to be stronger than others, paradoxical since the Jews had suffered more.

Reading these few articles — the only ones in which psychiatrists even mentioned the fact that the people who had arrived in Israel were Holocaust survivors — one cannot help but wonder how such a massive denial could have been used as a defense.²⁶ The conditions under which these patients survived were reduced to minimal, dry information, and the impact of mourning close family members was completely ignored. Details such as the fact that all members of a family had been killed or that the patient had returned to his hometown only to discover that his wife and children had been killed were related in only a few words. These case reports are testimony to the denial of the war conditions, the suffering of the patient, the loss of the family, and the meaning of all these to the survivors. The patients were told in an implicit way to close the door behind them, to go on, to beware of becoming like Lot's wife, who looked back when fleeing and turned into a pillar of salt. The society into which the survivors integrated had a social need to leave behind all that was not related to building a new life in a new country. The psychiatrists responded to that need, which reflected the fear of the internal chaos that survivors' memories may have carried with them.

In order to get another perspective, I looked at a few dozen files from a psychiatric ward that treated psychotic patients in the 1950s. There are only brief evocations of war experiences in the files. For example, "was in a few concentration camps" was written concerning a patient suffering from postpartum psychosis. Today, postpartum psychosis in such a case would be understood as a reaction to the birth within the context of the family and its loss. There are differences between the files of survivors and others; basic

44 Harefuah 177 (1953); Ben Ami Finkelstein, *Mental Illnesses Linked to Immigration*, 42 Harefuah 124 (1952); Gideon Heyman, *The Family Doctor and Psychiatry*, 21 Dapim Refuim (1959) (Hebrew).

25 Baumatz, *supra* note 24.

26 See A. Weiss & Hillel Klein, *Some Remarks on the Psycho-Dynamic Background of a Case of Bronchial Asthma*, 17 Dapim Refuim (1957) (Hebrew); Rafael Moses, *Psychosomatic Problems in a Patient Suffering from Gastrointestinal Disturbances*, 60 Harefuah 253 (1961) (Hebrew).

information concerning the patient's parents is seldom mentioned in the files of the survivors, whereas one always finds information on the parents of other patients.

III. THE DEVELOPMENT OF PSYCHIATRIC TREATMENT IN THE FIFTIES

In order to evaluate the change brought on by the Eichmann trial in Israeli society as well as in the medical profession, let us look at the background of the mental health professionals. For the most part, prominent psychiatrists came to Israel because of Nazi persecution, before and after World War II. They had just escaped the same fate that had had such an impact on their patients' lives, but, apparently, were unable to integrate these facts into their therapeutic approaches. It was as though had they recognized these common factors between themselves and their patients, this specific common ground could have victimized them as well.

The Israeli Psychoanalytic Institute was founded in 1934 in Jerusalem, and psychoanalysts were eager not to lose their special skills, their psychoanalytic training, which had nothing to do with the annihilation of the Jews in Europe.²⁷ Concepts like post-traumatic stress disorder and short-term psychotherapy had not yet been formulated. Psychiatric and psychological understandings of grief reactions, of mourning processes, and of family dynamics were only beginning to emerge. Holocaust survivors and their special needs could have threatened the identity of the psychiatrists, on the personal as well as on the professional level, as there was no model by which they could be analyzed.

The establishment of modern psychiatric institutions developed rapidly after the State of Israel was created in 1948. Because of the great wave of immigration to Israel in the 1950s (350,000 Holocaust survivors and 650,000 from other countries), doctors were faced with the impossible task of integrating new services into a multicultural society. Psychiatrists belonged to the neuro-psychiatrist association, where the medical model prevailed, with little attention given to social conditions. Largactil, the new drug that revolutionized psychiatric treatment, was introduced in 1954, and in 1955, a conference was held on its effects. In Israel in 1959, mental health care needs were acute on a few levels. A third of hospitalized patients were

27 Rafael Moses, *A Short History of Psychoanalysis in Palestine and Israel*, 29 *Isr. J. Psychiatry & Related Sci.* 229 (1992).

being cared for in private facilities, which provided a low level of care. Most of the public services were concentrated in the three largest cities: Tel Aviv, Haifa, and Jerusalem. There were very few facilities for non-psychiatric problems, and mental health care was only slowly developing for family problems and neurotic disturbances. In medical papers, actual problems relevant to the time were discussed, especially pediatric follow-up with regard to infant mortality and under-nourishment. Later on, the creation of the first medical school in Israel stressed other needs: the development of treatment for specific medical problems and the necessity to maintain a high scientific level of medical research. The Israeli Psychological Association was created in 1958, but even then, only a few psychologists had the formal status that allowed them to treat patients in an ongoing psychotherapeutic frame.

IV. PSYCHOLOGICAL REACTIONS OF THE SURVIVORS

The survivors arrived in Israel after undergoing what could be called a cataclysm. In this situation, out of this chaos, each one had a particular miracle that had saved him or her. Great strength was needed in order to make sense of what had happened and to give some order to the events that had brought him or her to Israel. On the one hand, the high birth rate among survivors as well as the Zionist ideology that was embraced by many of them during the difficult years of illegal immigration and the mere fact of them coming to Israel were indicative of a forward-looking orientation. Prioritizing was essential in order to adapt to the tasks at hand and in order to avoid being engulfed by memories. On the other hand, the mourning process could not be expressed, as the losses were so great as to paralyze all. Feelings of emptiness, of loss of one's existential determinants, as well as fear of chaotic and overwhelming reactions — in some way paradoxical trends — prevented the survivors from presenting themselves as survivors. Jorge Semprun has described with great strength the feeling of "belonging to a previous death, the impression of being split in two, divided from himself by a crystalline partition." The survivor has "to keep, bury, repress, forget. Let this smoke disappear in smoke, to say nothing, not to speak about it ... go on making believe that he is alive, or maybe the opposite ... as if he died thirty-seven years earlier, gone in smoke. As if his life, from then on, was only a dream"28

28 Jorge Semprun, *La montagne blanche* (1986) (French) (author's translation).

"The collusion of silence" continued by way of people's very denial of the presence of living witnesses to the Nazi atrocities in their communities. The truth that the survivors carried was larger than life. Ignorance of the facts was only one element of the denial. There was also a kind of moral judgment of the survivors, a diffuse fear of becoming contaminated by people to whom terribly nightmarish things had been done with no reason. So people asked themselves how they had managed to survive. Survivors felt the danger of being stigmatized, and they reacted by holding back, with psychiatrists as well as with others. One child survivor who went to school in Israel explained her shame over having been through ghetto and concentration camp experiences: "I went to school as if I was going on with an invisible yellow star."²⁹

The survivor sensed that he could become a disturber of the peace. He could attack the walls man erects against "unspeakable things," such as the taboo on taking another's life. So survivors were developing self-doubt about their ability to bear witness. The result was that survivors wanted to testify, to respond to the internal urge to tell the world what had happened. They did it mostly together with other survivors through the Holocaust memorial institutions that were established at the time. Such settings satisfied the survivor's need for memorial acts, but did nothing to change the public perception of the Holocaust survivor's identity.³⁰

The language itself in which survivors speak about their camp experiences is emotionally charged.³¹ It is difficult to find the right tone; both neutral and overemotional tones may create an unbearable atmosphere. The language used carries within it a depersonalization process linked to the dehumanization it describes. Only now, with the perspective of fifty years, can one hear testimonies without feeling attacked by the facts told. There is a kind of osmotic transmission of aggression towards the listener sent unconsciously by the Holocaust survivor speaker. Merely speaking of Holocaust memories can be perceived at an unconscious level as an aggressive act. Language loses its metaphorical wrapper, as if the speaker and listener are speaking and hearing about another planet with other modes of communication and transmission. Listeners are left with no sense of time or chronology. There is no clear line of demarcation between the listener and his own fear of death, anxiety, or nightmares. Because of this, the listener has joined, beyond the

29 Patient file (on file with author).

30 Anita Shapira, *Private Memory and Public Memory*, in *New Jews, Old Jews* 86 (1997) (Hebrew).

31 See Terence des Pres, *The Survivor: An Anatomy of Life in the Death Camps* (1976).

words, the inner reality of the survivors, the place where the memories go on living, but can never be understood.³²

The specific framework of the Spielberg audiovisual archives has enabled many survivors to testify in a structured way. They spoke mainly through intermediaries, the interviewer and the video, which created a buffer between them and the audience, be it their families or an anonymous audience. Nowadays, survivors tend to appear in schools, speaking more freely because of the passing of time, the generation gap, and because they now feel secure in their identity.

V. PSYCHIATRISTS' REACTIONS TO THE EICHMANN TRIAL

The Eichmann trial in 1961 was a turning point in that it provided a forum for the voices of the survivors to be heard. They were heard by psychiatrists as well as by all others in society. This occurred more rapidly in Israel than elsewhere, and related psychiatric publications were also published first in Israel. In 1962, Dr. R. Yaffe published a classification of Holocaust survivors' reactions to their memories and the significance of such memories for their mental health.³³ She concluded by stating that Holocaust survivors adjusted well, but did not get enough help, as the situation in professional settings in Israel at that time did not allow it. She stressed that the activities in which the survivors were engaged in order to settle in to everyday life were helpful, as they forced them to look toward the future.

In 1963, the first systematic study of Holocaust survivors by an Israeli psychiatric team, entitled *Former C.C. Inmates on a Psychiatric Ward*,³⁴ was published by the Archives of General Psychiatry. It is a survey of the files of patients who were treated in Jerusalem for several years prior. The reluctance to study the delayed effects of persecution is presented in the article as the desire of psychiatrists to help the new immigrants, survivors of camps, to adjust to their new homeland. The authors noted certain patterns of patient complaints and symptoms. They also remarked that some patients reacted to the Eichmann trial with anxiety and a reactivation of feelings of oppression,

32 Dori Laub, *Bearing Witness or the Vicissitudes of Listening*, in *Testimony, Crises of Witnessing in Literature, Psychoanalysis and History* 57 (Shoshana Felman & Dora Laub eds., 1992).

33 Ruth Yaffe, *Psychological Adaptation of Survivors of the Nazi Regime after Their Immigration to Israel*, 21 *Dapim Refuim* 127 (1962) (Hebrew).

34 Hillel Klein et al., *Former Concentration Camps Inmates on a Psychiatric Ward*, 18 *Archives Gen. Psychiatry* 334 (1963).

isolation, and helplessness. However, the article dealt with patients who had received treatment anytime between 1955 and 1961, making no distinction as to the time of treatment. The survey was based on ninety patients who had been hospitalized in an open ward. The results of the survey were not structured in a coherent and comprehensive way, perhaps because of the way in which the data were compiled. On the one hand, the article refers to a diagnostic entity called "K.Z. Syndrome," which refers to severe behavioral symptoms and heavy psychopathology due to life in the camps. On the other hand, the article states that complaints about difficulties in adaptability to work and to family life appeared later on, sometimes in the process of getting expert assessment for restitution claims. The adverse conditions in the camps, the isolation, and the fact that families had been killed are also mentioned. Patients did not regard what they went through as the source of their psychiatric illness. It seemed to the authors of the article as if the patients had tried to repress and deny their traumatic experiences in order to preserve their psychic equilibrium.

A few years later, both of the main authors of this article were deeply engaged in the study of Holocaust survivors. Professor H. Klein became the leading Israeli psychiatrist in the field. Only toward the end of his life did he acknowledge having experienced himself the same suffering as his subjects. In his last conference in 1985,³⁵ he explained that the way in which the problems of Holocaust survivors were dealt with in the 1950s was the result of the sociological and political necessities of the time. The denial of the presence of the Holocaust in the internal world of the survivors was the result of a historical distortion to which psychoanalysts were partners. In Klein's eyes, the turning point was the Eichmann trial. After the trial, it became possible to identify with the need to remember. Remembering is a choice linked to a feeling of freedom. The aim of therapy of Holocaust survivors is not to cure them of post-traumatic stress disorder, which carries a pathological stigma. It is, rather, to give them the freedom to remember not only the catastrophe, but also that which was destroyed and those who were left behind in an eternal, anonymous graveyard. The goal is to help them to acquire internal coherence and to increase their capacity for sharing by verbalizing difficult memories.

Professor J. Zellermyer, the other main author, spoke in a personal interview of the fear and the guilt that accompanied every meeting with a patient survivor. The patients themselves were not eager to detail their war

35 Hillel Klein, *Life under Extermination, Forty Years Later, Therapeutic Aspects 4* (1984) (Hebrew). This was originally an address given by Hillel Klein on May 21, 1985, at the Conference of the Israeli Association for Psychotherapy and was published posthumously in this special issue dedicated to his memory by the Israeli Association for Psychotherapy.

experiences, and for them, the status of victim seemed dangerous to identify with. Both sides reacted out of a need to keep a distance from the events through their denial. The Eichmann trial created a new standpoint that no longer allowed the massive denial that even psychiatrists were given to. In 1968, ten years after the opening of the psychiatric ward in Hadassah Hospital in Jerusalem, Zeller Mayer delivered a paper about Holocaust survivors to the American Psychiatric Association, the first presentation on mental health problems of Israeli Holocaust survivors outside of Israel.

In 1962, P. Palgi, Chief Anthropologist of the Mental Health Division at the Israeli Ministry of Health, conducted a review of the specific problems of new immigrants, stating that those who came from Europe had experienced trauma of almost every kind.³⁶ No statistical analysis was performed, but the psychiatrists who were consulted thought that as a group, survivors did not constitute a special problem with regard to psychoses. They all mentioned that while these experiences had effects on their personalities, they managed to fulfill their roles in society as was expected of them.³⁷

The integration of changes in attitudes towards Holocaust survivors took some time. Psychiatrists mirrored more than led the attitudes of society towards the survivors. It took even longer to integrate changes in the field of psychotherapy and the treatment of non-psychiatric patients. The process that began with the Eichmann trial was reinforced during the days leading up to the 1967 Six Day War. This process had changed completely ten years after the trial, with second generation Holocaust survivors gaining attention because of their responses to their parents' pasts.

VI. PSYCHOLOGICAL ASPECTS OF THE EICHMANN TRIAL

In order to understand the psychological impact of the Eichmann trial,³⁸ it is useful to analyze the proceedings from the point of view of the various protagonists involved. One can differentiate between them according to their roles, the status their roles gave them, and the impact these roles had on society at large.

36 Phyllis Palgi, *Socio-Cultural Trends and Mental Health Problems in Israel* (1962).

37 Hillel Klein, *The Meaning of the Holocaust*, 20 *Isr. J. Psychiatry & Related Sci.* 119 (1983).

38 See Anne Wieworka, *Le procès Eichmann* (1989) (French); Leon Poliakov, *Le procès de Jerusalem, jugement, documents* (1963) (French); Tom Segev, *The Seventh Million, the Israelis and the Holocaust* (1991) (Hebrew).

Pierre Legendre discusses the observer's need for two levels of reading in order to properly analyze the judge's role in a trial. At the first level of reading, the legal proceedings, as reflected in the transcripts, give the trial its framework, its order, and its social organization. They provide legitimacy to what is said and heard. The legal proceedings are related to social and public dimensions of speech; legal discourse evolved as a result of a long-term process and stands above private and subjective discourse. The second level of reading is partly unconscious and is related to the observer's mental representation of the judge as an authority figure and the associative process that adherence to the Law and its bonds awaken. The need for rules and adherence to the Law is a necessary component of the personality as it develops, and its absence is considered to be a personality deficiency. But this need depends on a variety of factors. Many of these factors are emotional and are the result of early human relationships, in particular in relation to a father figure, the image of authority. This image fixes the Law within each of us and helps form the mechanism of subjective submission to social authority. Legendre explains that the social reality of the Law is what is said, what is written, and something more.³⁹ The something more is what is representative of the subject and his internal psychic activity.

Following this approach, we can point to five protagonists who can help us focus on the nature of what was put on trial in the Eichmann trial.

A. Adolf Eichmann

The accused, Adolf Eichmann, stood for judgment for his actions in the Final Solution, as was made explicit at the beginning of the trial. But he saw himself as being judged for his part in the application of the Nazi ideology. His appearance was deceptive, in total contrast to his monstrous activities: tall, dry, and bespectacled, with a nervous facial tic. He looked continuously at his papers. He had no apparent emotional responses and spoke in interminable bureaucratic jargon. Eichmann's psychological constitution still remains a mystery. He evoked, for Hannah Arendt and others, the feeling of "the banality of evil," a concept that has itself become banal. It does not represent the depth of the reactions that were evoked by the Eichmann trial. Eichmann's defense was to present his behavior as a result of obedience to his oath of fidelity. He argued that he was paying for the actions of his superiors. He was only one Nazi among many, a soldier not responsible for the morality

39 Pierre Legendre, *Law and the Unconscious*, A Legendre Reader 164 (1997) ("The Judge Amongst the Interpreters. Psychoanalysis and Legal Judgment").

of the orders that he executed. His line of defense opened the debate about obedience to orders and its limits, which Stanley Milgram then raised with his experiments.⁴⁰ The Eichmann trial raised the issue of the moral basis of obedience to orders and the difficulties of defining it. On a deeper level, the trial can be understood as a trial of the Nazi ideology. This ideology created a unique social reality for the Jews, in which they were not human beings like all others, but rather sub-humans, posing a danger by their mere existence.⁴¹ The Nazis brought already existing anti-Semitic ideas to an extreme. But they developed them through a legal system that had components of narcissistic and grandiose gratification, mystical megalomania, and contaminating paranoid ideas. There were distortions of language.⁴² Censorship, strictly applied until the end of the War, prevented Nazi followers from having contact with the outside world, through a punitive, closed legal system. The Jews were the special targets of these distortions of realistic thinking. The special status of the Jews was embodied in the Nuremberg Laws and, as such, was imbued with a legal quality. The Nuremberg Trials after the War evaluated, to some extent, these foundations of the Nazi government. But only the Eichmann trial allowed for an open, media-transmitted public event that involved the victims and, therefore, had an impact on the Jewish identity of the Holocaust survivors. It transformed them from outlaws to partners in the pursuit of Justice.

During the War, Jews were in mortal danger by virtue of being Jews and suffered humiliation and annihilation because of their identity. They had to hide it and to ignore and repress any feelings. The end of the War was also the end of that situation, but naturally, the internal psychological process took longer to catch up. Subtle psychological defense mechanisms were involved, such as the blurring of the Jewish identity and the victim identity of the survivor. On the one hand, because of a diffuse fear of having been contaminated by the mad legality and the delusional irrationality by which the persecutions were carried out, the survivors felt that they had to go on hiding sensitive aspects of their victim identity. On the other hand, they went after the Jews that were perceived as having taken part in the persecutions (for example, the *kapo* trials).

One strategy employed by the survivors was to manipulate the anti-Jewish

40 Stanley Milgram, *Behavioral Studies of Obedience*, 67 *J. Abnormal Psychol.* 371 (1963).

41 See 1 Saul Friedlander, *Nazi Germany and the Jews, the Years of Persecution 1933-1939* (1997).

42 Victor Klemperer, *L T I (lingua tertri imperii), la langue du IIIe Reich. Carnets d'un philologue* (1996) (French) (first published in German in 1975 in Redam Verlag, Leipzig).

laws in the hope of staying alive. After the War, it took some time to overcome the unconscious defense mechanism of identification with the aggressor. Even today, there are survivors who admire German order and discipline, blinding themselves to the chaos and destruction brought on by the War. The propaganda that was used to motivate Germans was also effective with their victims.

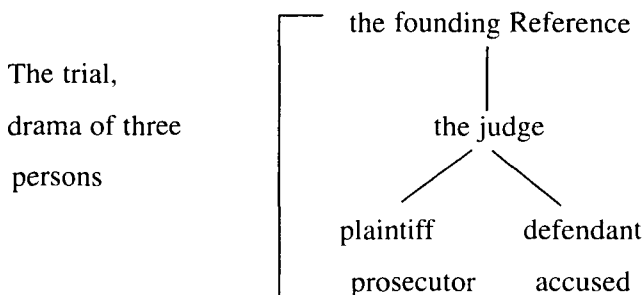
The main defense mechanism used by survivors was that of flying into action and building a new life. It gave them a feeling of mastery over the destructive aspects of the Jewish identity. The Eichmann trial was a confrontation between a perverted, sadistic, amoral system and a universal, humanistic, moral one represented by the tribunal. There was a reversal of roles, by which the healthy society put dehumanization on trial and the victim could put an end to feelings of worthlessness and helplessness. This confrontation provided the incentive for a loosening of the psychological defenses. It also allowed psychiatrists and other therapists to open up to their survivor patients. It liberated therapists and patients alike from the fear of having the weaker part of their personalities contaminated by the pervasive, dehumanizing ideology that attacked the core of the person. Finally, the survivor felt free to name and describe his or her experiences. Later on, the German compensation laws provided an opportunity for survivors to describe their experiences and their difficulties. Once again, a legal system facilitated gaining insight into internal life.

By bringing Eichmann to trial, the State of Israel allowed individuals to have their voices heard in the collective demand for justice for crimes against humanity.

B. The Judges

The judges who were chosen to preside over the trial gave it legitimacy by their very presence. The legal ritual by which judges conduct the proceedings of any trial is the guarantee that things will be conducted in the proper order; that is to say, in an order that has been fixed previously and independently of the context of the accusations. It is adherence to the ritual that gives legal perspective to what is said throughout the trial. This ritual has been developed over time by lawmakers who have had to decree in each particular case what is allowed and what is forbidden. The judge is the representative of society's conventions and their applications. The judge is responsible for applying limits to human deviant behavior. He is responsible for applying these predetermined limits in a structured, ritualistic manner. He is an arbitrator who must pay equal attention to the substantive and procedural aspects of the trial. As a representative of society, he has to refer to the

notion of *interdiction* (those things that are prohibited) — the foundation of the Law — which can also be called *the founding Reference*. Legendre describes what he calls the external tribunal:⁴³



In modern times, the founding Reference is the State and its institutions. The judge acts as the interpreter of these institutions and, as such, has the last word. Roles are fixed in the courtroom, and the decision of the judge is the final act.

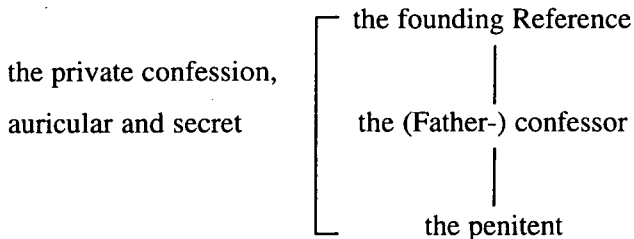
With regard to the Eichmann trial, great attention was given to the proper ritual, the right of the judge to conduct the trial, the rights of the accused, and the limitations on the expression of emotions. The judges were those who decided on the proper norms of behavior when the testimonies aroused strong emotional reactions. Although their decisions were restricting in many ways, they gave the audience-at-large a sense of security, a feeling that things were being handled by the proper authority. To the audience, present or distant, the judges were the symbol of control over the proceedings, control that was essential for confronting destructive memories. These authority figures allowed for an expression of repressed emotions and facts, accepting that the trial would be conducted in such a way as to ensure that the witnesses would be allowed to speak at length, without losing sight of the focus and the scope of the trial. They acted both as examples and as representatives of society. They established a norm of looking at the facts without being overwhelmed. It was difficult to know to what extent to allow public speech to develop without having a previous concept of the limits, because of the terrifying nature of the memories told.

One has to keep in mind that the judge, or the authority figure, is an important component of emotional development during childhood and adolescence. As such, he evokes deep fantasies, which most people have

43 Legendre, *supra* note 39, at 171.

little opportunity to confirm within the reality of the courtroom, certainly not at the age of formation and individuation. The subjective perception of the attitudes and behavior of the judges and their ability to interpret social needs within *the Law*, a meta-structure above the judges, is influenced by unconscious fantasies and emotional responses towards the crimes that are being judged. The fact that judges were present when survivors recounted their memories served as a guarantee that these would not be distorted by fantasy or by the fear and smell of death that they brought with them. The judges were the representatives of order, of life going on, of responses to threats of annihilation. They had to respond to legal contingencies, which helped them define the mechanisms of the trial.

Legendre speaks of another level — an internal tribunal. Religious and secular legal instances were linked until modern times. Until then there was an aspect of the judge's role that was parallel to the position of the confessor. Even today, the question of self-perceived guilt and penitence plays a role in the presentation of the accused before the court. The judge still maintains characteristics of a confessor. The position of the judge is described in the following way:⁴⁴



This aspect of the exercise of judging is relevant to the notion of sin, an offense against religious or moral law, which is, for the most part, an individual's recognition of his wrongs. The charge against Eichmann of crimes against humanity was the public recognition of the sins committed by a community of which he was one of the most active and influential members, a community that did not recognize its actions as sins. Bringing him to trial was a way of declaring out loud, in public, that those sins would not pass unnoticed. It was a way of declaring that all people are equal before the Law and that there is a way to judge these sins, with recognized norms, even though their monstrous scope did not allow for any moral reparation. The questions of whose sin it was and how to judge it morally could not be

44 *Id.*

answered in the courtroom. Only the criminal aspects could be dealt with there. Recognizing one's own sin is an internal, emotional, moral dynamic, and Eichmann denied going through such a process.⁴⁵

The guilt of the survivors, which we know paralyzed their emotional lives in many cases, has, of course, nothing in common with the guilt of those who committed the crimes, the perpetrators. The survivor recognizes with pain that he can be liberated from the guilt of having survived. Nevertheless, he keeps the dead alive in his memory, a never-ending task, since they disappeared in the smoke of the camps. He longs to have his family at his side, even if it would only be to visit a grave. This process of liberation from the guilt began with the trial of the truly guilty. Because it is linked with mourning, it is a very long process. One has to remember that nobody survived without help, but also, nobody survived without losing somebody dear. Often very little was known about how Holocaust victims had perished, and certainly the survivors were usually helpless to save them. Guilt remained a pervasive feeling for survivors.

Later on, guilt became the central issue in the psychotherapy of survivors. A patient of mine⁴⁶ experienced anxiety attacks for many years when anything happened to the many pets that she kept around her. She had arrived at Auschwitz at the age of fourteen and had only confused and threatening memories. At the camp, she survived by clinging to an older cousin while she herself was in a half-conscious state. Her memories became clearer when she was able to recall the moment at the selection site when Mengele sent her mother to her death, while she herself ran after her cousin in the other direction. This meant that she had chosen the side of life unknowingly, but that she had left her mother. As an adult, she then understood that her mother would have chosen that for her. There was an important relief in her anxieties and a change in her attitude towards her pets, which was followed by a corresponding change in other people's reactions to her. It is known that in post-traumatic reactions, survivors feel guilty for having survived while others died, sometimes in their presence, while they stayed alive only by chance. These guilt feelings may be stronger than any guilt expressed by the perpetrators. These feelings are elaborated on in autobiographical books, like that of Claire Szyper,⁴⁷ in which she describes her long-term guilt feelings

45 William L. Hull, *The Struggle for a Soul* (1963).

46 Judith Stern & Benjamin Maoz, *Effets immédiats et différés des traumatismes massifs*, in *Evenement et Psychopathologie* 106 (Jean Guyotat & Pierre Fedida eds., 1985) (French).

47 Claire Prowizur-Szyper, *Conte à rebours, une résistante juive sous l'occupation* (1979) (French).

because she jumped from the train taking her family to their death and left her father to die alone.

Guilt feelings have deep emotional roots, and they can become self-inflicted torture. They can be conscious or unconscious and develop depending on how the ego (the part of the personality that deals with reality and its demands) responds to the superego (the part of the personality that deals with moral conscience and its demands). Unrealistic feelings of guilt are one of the symptoms of a depressive state. Such feelings are viewed as a kind of aggression towards the self that does not find an outlet. Recognition of survivor guilt and hidden long-term depression among survivors occurred only after the Eichmann trial, mostly in the United States.⁴⁸ In Israel, most of the treatments, which were still centered around psychiatric patients, tried to integrate different elements of the patients' life stories and overcome the fragmentation of their memories.⁴⁹ In France, nothing was explored concerning Holocaust survivors for many years, even though Minkowsky had already pointed out the psychological effects of guilt and depression immediately after the War.

People are equal before the Law. It is the weight the judge gives to a particular person's testimony, be it that of one of the witnesses or of the accused, that gives that person his unique, specific, non-interchangeable dimension inside the social structure as represented within the trial. The rights and the dignity of the individual are central to the proceedings. In other words, identity is redefined through the legal procedure and apparatus to which human dignity is inherent. One of the central witnesses in the Eichmann trial, the writer-survivor Kazetnik (which means inmate), until then anonymous, was ready to testify under his real name and fainted when he began speaking. He wanted to describe the planet Auschwitz, his identity as a survivor, but could not stand it. From an anonymous writer from that planet, he became an Israeli citizen called on to describe what he had gone through. By fainting, he told us how painful the transformation was.

As the identity of the survivor became public, differences were perceived between different groups of survivors. Poland stopped being a mythological graveyard and was seen as having existed before the Holocaust as well. People survived the War in various settings: camps, ghettos, in hiding, and in the forest as partisans. Each survivor, as part of the audience-at-large, could

48 John M. Dorsey, *Dynamics of Post-Traumatic Symptomatology and Character Change, in Massive Psychic Trauma, supra* note 21, at 114.

49 Nathan Tikwah et al., *A Psychiatric Study of Survivors of the Nazi Holocaust, A Study in Hospitalized Patients*, 2 *Isr. Annals Psychiatry & Related Sci.* 47 (1964).

relate his or her story to what was narrated throughout the trial and could strengthen the Holocaust survivor facet of his or her identity, which had been hidden until then. The process of making the identity of the survivor explicit had begun. This took place publicly under the guardianship of the judges, the all-knowing figures, the father figures, the keeper of limits, the public figures who "know how to speak," as Legendre points out. The recognition of the subjective narrative as a self-presentation is the main component of any psychotherapy; the uniqueness of the experiences provides sense and support for the individuation process. For Holocaust survivors, the public recognition of what they had undergone certified that they could be believed by others and by themselves and, in that way, created a sense of internal continuity. The deadly absurdity of the camps, the deportations, and the ghettos became manifest by this public exposure.

Today, the identity of the survivor has undergone many changes, and the uniqueness of the survivor's experience is universally recognized. Survivors feel pressure to speak about their experiences, because they are afraid of disappearing without explaining themselves. Immediately after the War, however, many were young people building families, and they were afraid of transmitting their broken identity to their children. They were eager to abandon that part of their lives and, therefore, continued with a fragmented identity. Public acknowledgment of the different facets of that identity under the protection of the State and its representatives helped to build an internal bridge to the past. It was the beginning of the long and hurtful process of acceptance and recognition of the memories.

C. The Prosecutor

The prosecutor and the team that prepared the trial worked under great stress. The dilemmas that had to be solved during the preparation for the trial and its proceedings have been described by the prosecutor himself, Gideon Hausner. One of these dilemmas was whether to judge the man Eichmann for his actions or to present the facts in order for the Jews and the world to grasp what had happened and how the Holocaust had been made possible. The choice was made to expand the scope of the trial, in keeping with the views of some prominent Holocaust survivors. A decision was also made to let the witnesses speak in order to present a chronology of the Holocaust's planning and execution, stage by stage, country by

country.⁵⁰ Until then, very few comprehensive studies had been published on the Holocaust, and those that had were not well-known by people outside the field of Holocaust research. All of this knowledge was made public by the trial through the spoken word. The facts were made concrete by the presence of victims, chosen mostly for the legal aspects of their testimonies. Each of the witnesses had to describe what had happened to him or her and what his or her exposure had been to the crimes committed in the name of Nazism to further the goal of the implementation of the Final Solution. (Nonetheless, the majority of the trial dealt with the presentation of documents.)

A small group of dedicated people — the police team and the prosecution team, less than twenty people all together — were responsible for all the pre-trial preparations. They had to go through material sent to them by the different countries that had been under German occupation. They were the first to sort through this material and did so in less than a year. They did pioneering work in terms of research on the Holocaust. All of this was made public through the media. The radio transmitted the testimonies, and the newspapers printed them every day on the front page. Journalists like Haim Guri wrote their impressions of the trial. For the first time, evidence was presented to a large audience as to the scope of the Final Solution and the means used by the perpetrators to execute it.

Holocaust survivors and those around them were very much influenced by the detailed, comprehensive information about the Holocaust that they finally obtained through the trial. For many people, it was the first time that they had become aware of the concrete experiences of the persecution and killings, recounted in a human voice. The trial provided a framework that allowed for the integration of specific chronological and geographical facts. In this way, both survivors and others were able to deepen their understanding of how the Holocaust had been perpetrated, stage by stage. They then were able to put the events recalled, as well as the inner part of their own recollections, in order.

Until the trial, memories of traumatic events, even though they included elements such as staying alive against all odds or being able to adapt to unpredictable situations, were too painful to bear. Until the trial, communication about their experiences with others, who had only a vague notion of what they had gone through, was impossible for survivors. During the War, nobody knew what was happening, and if they did hear about it, people did not believe it possible. After the War, it was impossible to grasp, to create a picture of what had happened. Survivors were perceived in a

50 Gideon Hausner, *Justice à Jerusalem, Eichmann devant ses juges* (1966) (French).

blurred, confused, and chaotic way, thus allowing little space for a stable self-image.

The trial allowed survivors to obtain facts about the Holocaust, which, in turn, allowed for some cognitive changes to occur in their internal worlds. First of all, having the facts told through the proceedings of the trial and the reports in the media was a first step towards gaining control over the memories. Second, they were provided, for the first time, with the vocabulary with which to describe their experiences. Finally, the structure of the trial allowed different groups of survivors to be defined. They could be differentiated according to their experiences: concentration camps versus extermination camps; or life in the ghettos versus life in hiding. There was still no distinction made between the experiences of adults and children. The aim of the prosecution was to give the accusations against Eichmann, clearly substantiated in the mass of documents presented to the court, a human voice through the witnesses.

D. The Witnesses

Aside from the legal aspects, the witnesses and their testimonies constituted the core of the trial. From among the many people who wanted to testify, the witnesses were chosen in accordance with the documents to be presented at the trial.

Their words were transmitted orally and in writing. These words accompanied the trial throughout; their presence was overwhelming, emotional. They spoke with accents, sometimes suppressing tears. Often, the helplessness that they felt was almost tangible. Occasionally, the judges had to intervene to limit them. As a result, the words kept their communicative quality and could transmit the destructive images without destroying the speaker or the listener. But then it was an impossible task, and the fight for control over emotions was endless. It was difficult to begin telling what had happened, and once the telling began, it was difficult to know when and how to stop.

In terms of the written word, the papers reported daily the testimonies and, thus, fixed them in the collective memory. People who did not know Hebrew well could read the translation in the newspapers of their languages. Anxiety aroused by the oral testimony could be controlled through the repetition in the papers of what had been said. The written word allows for a rhythm of response that is different from what the spoken word elicits. This is so because reading creates a distance in contrast to the immediate response, with no repetition possible, which is inherent in verbal communication.

Through the testimonies, the witnesses obtained the social recognition

of the rights of which they had previously been deprived. It had been a common dream during the persecutions to be able to testify later as to what had happened. Primo Levi wrote, "Auschwitz marked me, but did not take away my desire for life. On the contrary, this experience increased my desire, it gave an aim to my life, to testify, so that such a thing would not happen again, telling, testifying was a duty."⁵¹

The motivation to testify was also connected to a need to speak about the dead. As Gideon Hausner put it in his opening statement, behind each of the witnesses stood thousands of people that had died next to him. The mourning process could begin through the public discourse about how those people died, in anonymity, with no funeral, no prayers, and no burial. This discourse emphasized the human presence that had disappeared and was only then recognized as being made up of individuals, millions of them. It is an impossible task of mourning — the mourning of an entire culture in addition to the human losses. The never-ending process began with the public re-creation of what had been destroyed. It was done in front of judges, thus giving legitimacy to the testimonies. Words are the only burial these dead would ever know. Only through words could the dead reclaim their presence in the internal world of the survivors and then have their presence transmitted to others. In order to become conscious of one's identity, one has to be aware of one's place in one's own genealogical line. For the survivors, this could be done only by public recognition of the dead who had disappeared in such an unnatural way.

The Law, as it functions through its representatives, does not only provide ways of establishing external, social limits by fixing what is allowed and what is forbidden: it also reflects the need in each of us for an internal structure of what is right and what is wrong. This need has emotional roots, linked to developmental stages of childhood and adolescence. This structure begins to form early in life and is elaborated upon during the individual's lifetime in response to cognitive and social changes in the personality. This internal structure of right and wrong linked the inner world of the survivors with the proceedings in the courtroom. This link was a powerful factor in the changes that people experienced as a result of the trial. The individual, the unique human being, is born into the Law and remains an individual by virtue of the Law. Thus, the trial provided the setting for bringing to each experience, whether told or listened to, its unique, individual dimensions. It gave each individual survivor a point of reference.

Massive traumatic experience results in discontinuity in the self-identity of

51 Primo Levi, *If This Is a Man* (1979).

the individual. The internal self-image changes after having been confronted with destructive outside forces. The witnesses were building in public, for all, a bridge over their own discontinuity, by telling what happened. Their discourse was heard and read in spite of the difficulties inherent in the various responses of the listeners. The identity of the survivors changed, through the giving of testimonies, from that of helpless victim to that of accuser, a person capable of recounting what had happened.

This change at the identity level facilitated the establishment of internal order at different levels. At the first level, the chronological level, it enabled the survivors to differentiate between cause and effect. This differentiation was hard to do before the Eichmann trial, when survivors were concerned mostly with the misdeeds of the victims: that is to say, the Jews who took part in the persecutions, such as the *kapos*.

At the second level, the witnesses helped to put into words memories that were at the border of consciousness. These are memories that are conscious but not available to a communication process because of the potentially emotionally destructive power that they are perceived to contain. With time, this perception of the potential destructive power of the words has changed for reasons connected to life becoming stabilized, the passing of time, and the change in society's attitude towards the Holocaust. The tense times before the 1967 Six Day War made clear to all how terrifying such a massive attack could be and how difficult it was to know how to react. But at the time of the trial, these memories were frightening and were perceived mostly as dangerous to share with other people.

Massive trauma disturbances became known as a clinical entity at that time; until then there had been no conceptual tools for understanding them. These concepts were refined in the United States in connection with the treatment of Vietnam veterans. General trauma disturbances were better understood. Nowadays, reactions to stress and trauma are treated as post-traumatic stress disorder. These diagnostic entities developed parallel to the slow process by which Holocaust survivors looked for ways of understanding their pasts, some in psychotherapy. The establishment of familial and material stability allowed Holocaust survivors to begin to formulate complaints concerning depressive states, recurrent nightmares, and psychosomatic troubles.

A few years ago, a sixty-five year old Holocaust survivor came to me for psychotherapy as he approached retirement from life-long work in a technical post. His wife complained that he was too anxious concerning their grandchildren. In therapy we recalled all the steps he had gone through, how he had been saved, in a detailed way, as if speaking of somebody else. His courageous mother had saved him many times, until finally they were

forced to part. The separation from his mother and the humiliating memory of the time he was chained to a dog were the most sensitive parts of his narrative. His recollection of the dog letting him eat first, being more human than the humans around him, was accompanied by deep anxiety. Maybe this memory would never have been recounted, if it had not been for the psychotherapeutic setting. Regaining control over the memory and giving a place to his mother were the signs that he still held his life in his hands. Afterwards, retiring from a gratifying job could also become an experience of satisfaction.

The survivor testimonies at the trial were the first opening to a comprehensive, humanly-centered recall of the dead and the way they died, giving the living the right to feel secure in their own narratives.

E. The Audience

The trial's audience came from different parts of the population and filled up the courtroom every day. People had to wait for hours to get in. Throughout the entire trial, many hours were devoted to dry procedural discussions. However, the witnesses and what they told became the real center of attention. To Israelis, they could have been neighbors or friends of neighbors who had never spoken before. Some witnesses were famous for fighting as partisans in the forests during the War or as leaders of the ghetto uprisings. People were more familiar with their stories, but there were still elements that had never been recounted before. People following the proceedings, whether in the courtroom or at home, consisted of Holocaust survivors, journalists, and others. Holocaust survivors followed the proceedings closely. There was a feeling among psychiatrists that survivors would suffer from an outbreak of anxiety symptoms, like nightmares, after having been able to adapt successfully to the conditions of their lives in Israel. Dr. Miller, head of the Mental Health Services, stated in an interview that the trial could open up old wounds, without causing serious depression. Dr. I.S. Kulcsar, a psychiatrist, stated that although some survivors developed neurotic symptoms during the trial, the compensation laws were the cause of more emotional disturbances.⁵² The trial had an impact in enabling the survivors to confront their previously repressed memories. Apart from these two statements, there are no reports of mental disturbances amongst survivors in reaction to the trial. The largest

52 Ran Edelist, *A Peek at the Soul of the Devil*, Ma'ariv (Special Edition), Mar. 3, 2000, at 10-22 (Hebrew) (citing Dr. Kulcsar's report on the results of the tests he conducted on Eichmann beginning in January 1961).

audience was outside the courtroom. There was no television in Israel at the time; the proceedings were broadcast by radio, and the papers published them on the front page almost every day. The proceedings, especially the parts concerning the witnesses and their descriptions of Nazi crimes, were transmitted almost in their entirety through the media, using words in a prominent way, with few visuals. This allowed the listener a particular way of absorbing what the survivors had to say. Words, as opposed to images, do not elicit a non-mediated, instinct-like response. Words impose a rhythm, a chronology of the story, identification with the speaker at some level, at least in order to grasp what is being said. Even though words become "other words" when they are used to describe death, there is a part of the living person that is a representative of those who perished. Although the words of the witnesses were directed towards the judges, they touched the listeners as well. Memories that had been transformed into public words by the witnesses could be heard because these words permitted an internal distance from what was being said. They changed the diffuse, threatening quality of what was so difficult to tell.

The horrors of what had been done in the ghettos, the camps, and throughout the Nazi regime were not unknown until then. They were, and still are, beyond the scope of the imagination. The first reaction one had when listening to them was one of both fascination and repulsion. The listener was thrust as a passive partner into a dialogue destructive to the human image he or she carried inside and adverse to any social norms integrated up to that point. The language used to bring alive the planet Auschwitz by describing it is the same language used for everyday life here, but it has nothing to do with everyday life. Public words, by being uttered in a legitimate setting, initiated an internal process in the listeners through which they came to symbolize the cry, the rage, the pain, the helplessness, and the dehumanization of the survivors. The words served as the beginning of a bridge of understanding between the survivors and the listeners; a bridge of communication that needed the passing of another generation to be completed. Nobody has described this process better than Haim Guri in his book written following the trial. Guri, an Israeli-born journalist, had published his impressions of the trial almost every day, recording the creation of that bridge.

The trial permitted a dialogue that overcame the memories that reflected the powerlessness of the victims who were not there, who were nowhere, as they had no burial place. Until the trial, these memories had received public recognition only through institutions, memorials, and museums. Survivors were symbols and not human beings who had lost everything, whose families lived inside them eternally, in a black hole, through their absence. The trial

permitted the survivor to both confirm his own presence and, at the same time, bury his dead through his recounting.

The trial also made known what had happened inside the ghettos and the camps where people had met the most terrible of fates. Only later on could survivors who had lived through the War by hiding also recognize themselves as survivors. It was a very long process, which began with the public recognition that the trial gave to all survivors.

In 1989, a fifty-two year old patient who came to me complaining of psychosomatic disorders related them to some familial concerns, mainly about her husband's health. She described herself as having escaped during World War II, as the family had fled from Poland to Russia in 1941. Exploring this period of her life, we both understood that her actual complaints had to do with her eldest brother's emigration at the time from Russia. She did not recall much either from the War or from the night that they had fled from home, her brother carrying her on his shoulders. She then recalled having seen a child lying on the side of the road. Later on, she had seen the mother of that child devastated by crying. She had then understood that he was dead; she became very frightened and clung to her parents and to her brother, whom she did not let out of her sight. These memories brought back a sense of control, which, when recognized, was helpful in her present state. As she told her story, I recalled a patient I had treated for a short time before she left for another city, in 1961. She consulted me about her adopted son's behavior and told me that during the War, she had escaped from Poland to Russia and, on the way, had had to bury her baby who had died. I was completely paralyzed by her story; to me it was as if it had happened on another planet, far from this planet, with people enduring unbearable experiences. I did not know at the time that these things could be talked about with language that would, at the same time, make internal space for the baby that she had buried and never mourned, as well as for the boy that she had adopted and raised. One can say that human beings are characterized by the fact that they have both a language as well as a memory that can be inscribed into language. For the definition of his or her identity, the human being needs both. The audience in the broad sense of the term took part in the recognition of the events. They reinforced the Israeli identity of the Holocaust survivors, which the survivors were afraid they would lose if they exposed too much of their pasts.⁵³ The Eichmann trial was a turning point in that it permitted those whose story was told to mourn. It was

53 Zehava Salomon, *From Denial to Recognition, Attitudes Towards Holocaust Survivors*, 8 *J. Trauma & Stress* 215 (1995).

the first step towards creating an ascendancy for all who had begun a new life in a new country. The recognition of one's ascendancy gives one's identity a meaningful dimension. It was for the descendants to ask their survivor parents later on to define their genealogical ties and to confront the implications of those ties. At the time, the public acknowledgment, through the trial, created the words by which the individual could refer back to his previous identity and feel an internal continuity through which he could be recognized.

CONCLUSION

No human tribunal could ever even try to judge the enormity of the crimes committed by such a cultivated person as Eichmann. An endless list of accuseds could have been judged, but no one would think of finding them, bringing them before judges, charging them, and, finally, punishing them. The Eichmann trial brought to light the desire to see justice done at all levels, but, at the same time, the impossibility of doing so. Whole groups of young, healthy, lively people had devoted themselves to the endless task of expelling from home, deporting, and, finally, killing families, babies, children, old people, everybody. The victims even resembled the perpetrators and their families who were waiting for them at home. The absurdity of these horrors becomes more striking when we consider the fact that a large part of the killings took place at a stage when the War had already been lost, up to the last minute of the last day. Eichmann was chosen as a responsible figure who had believed that these crimes were absolutely ordained and led other people to execute them.

During the trial, the monster with a million faces who inhabited the internal world of each survivor became a real person, and the survivors' own defeated killers took on a human form. Eichmann displayed no human reactions; everybody else was touched, shocked, and changed by what they heard, but he remained unmoved. Because of both the impossibility of judging Eichmann and the nature of the heinous crimes carried out pursuant to his orders, in a world guided by human norms, the trial had to be carried out in an unusual way. The accused and his deeds were less the center of attention than the testimonies of the 110 survivors, which were supported by documents with his signature. Usual court procedure was modified in order to make the narrative continuous and thus enable a description of the monstrosity of what had been done. Eichmann the human being disappeared, if he ever had been there. What remained were the answers the judges and the prosecutor gave to the survivors by letting them speak in their own country, the country that they had built.

There was more than one agenda during the trial; each of the protagonists had his own agenda. Together, these agendas created the context for a change in attitude towards Holocaust survivors at different levels of Israeli society.

Eichmann and his counsel had in mind to save him from the worst by showing the limits of his responsibility. They tried to minimize the scope of his actions and obsessions by describing him as merely carrying out inhuman orders. In a sense, this line of defense was the ultimate effort of self-centered dehumanization, an effort that could not succeed in a world that contains human norms. Nazi norms had already been denounced at the Nuremberg Trials, but in this case, the survivor witnesses, the Israeli, Jewish court, and the fact that the accusation related only to persecutions against the Jews put those perverted norms in the right light. The result was a public return to norms and a clearer definition of the identity of the perpetrator.

The three trial judges were the representatives of the Law. Israel was criticized for having abducted Eichmann and bringing him to trial in Jerusalem. The judges had to maintain a balance between two objectives. The first was to conduct a trial that was impeccable in procedural terms, so that it could not be attacked later on the basis of a legal technicality. The second was to bring to light the unspeakable crimes that had been committed against the Jewish people. This polarity created the limits as to what procedures they adhered to during the trial. The judges were perceived as giving legitimacy to the witnesses, but, at the same time, not allowing them to fully express their emotions. They did not succeed in moving Eichmann from the standpoint of just following orders or bringing him to explain himself. As a result, the absurdity, the irrationality, the cruelty of what had been done became more flagrant. The judges were not able, at the end of the trial, to explain the "why" any better than anybody else. It left the accused with his crimes, with no guilt feelings. The survivors and the audience-at-large could not understand any better what was behind the Final Solution, but this incomprehensibility was made explicit through the trial.

The prosecution team had to present its case in a comprehensive form. Its explicit aim was to show Eichmann's responsibility for the whole scope of the crimes committed. This aim guided them in their choice of documents and witnesses. It allowed them to show how the crimes had been perpetrated. This tremendous historical effort resulted in giving structure to what had been known until then in a general, diffuse way. By placing Eichmann at the center of the accusation, they had to organize the historical and ideological findings in such a way as to expose the human perversity of the Nazi system. Eichmann was the most faithful implementer of this system, constantly planning how to execute more and more of the morbid task of the Final Solution. The result of the prosecution's research was a switch

to an approach that focused on the individual histories of the survivors. It was the first time in Israel that a period of contemporary Jewish history could be looked upon with perspective, as no actual danger demanded the mobilization of the internal resources of each individual living in the country.

The witnesses had waited for a long time to transmit publicly what had happened to them. The possibility of doing so created a place from which the story began its transformation into a past. The narrative told within the trial setting was the first step in putting distance between there and here. For a long time, for years after the trial, one had the impression when listening to Holocaust survivors' narratives that they were actually experiencing what they were speaking about, being engulfed by the violence that adhered to the words. It took a whole generation until people were able to hear Holocaust survivors' testimonies as part of learning what had happened, because of the intrinsic difficulties of the dialogue related to those memories. This long-term process began with the trial, between the witnesses and the audience-at-large, which included the accused and the judges.

The audience — survivors and non-survivors, journalists, and people at home — were the real interlocutors of the witnesses. The audience is not limited to the time of the trial; we remain the audience, each one of us carrying the message of the trial in his or her own way. Even then, the audience was perceived as the appropriate medium through which to transmit what had happened. The words reached all levels of the audience. The audience in a sense became the witness to the witnesses that spoke. Thus, within the framework and ritual of the trial, the dimensions of the catastrophe that had befallen Europe, the people who had disappeared, and the destructive norms that had been created for that purpose could have their full impact. The real dialogue took place between the survivors and the audience. The other participants were a means to achieve this dialogue, which was the legacy of those who had died and could be buried only through the trial's words.

The Eichmann trial was a point in time that changed the previous process that led to diffuse, fragmented attitudes towards the survivors. It took place during a limited period of time, in one place, in an Israeli courtroom. The sole subject of the trial was the Holocaust, as opposed to the Nuremberg Trials. It contained all the elements that allowed the audience-at-large, as in a tragedy, to identify with what was going on. It set up the borders between Good and Evil. It united all the facets and components of personal and public discourse. As such it was the incentive for the beginning of another process, which took a long time to develop, namely, that of giving Holocaust survivors the right to speak and to feel that they were being heard.

For me also, the Eichmann trial was a turning point. I grew up in Paris, going to school with a yellow star. By chance, my family and I escaped being taken to Drancy on the day of the "Grande Rafle," July 19, 1942. Eventually we arrived in Switzerland. There, in 1945, I met young survivors arriving from the camps. My knowledge of the Holocaust prior to the trial had been quite fragmented, even if I could have said at the time that I knew it all. The Eichmann trial fascinated me; I could not stop myself from listening to the radio and reading the papers. I was continuously inside the courtroom in my head even when at home and back in my daily life. This internal movement changed in me the geography and the chronology of what had happened to me. Only then did I realize how lucky we had been and the details of the fate that we had escaped. Until then, I had perceived our escape as trivial, but from the time of the trial, I knew to whom I belonged because of having been saved from that danger.

Listening to the witnesses in the Eichmann trial, everything fell into place. I had read *The Last of the Just* by Andre Schwarz-Bart who told the story of the 4000 children who were brought to Drancy on the specific day that my family escaped. But it was only as I listened to George Wellers' testimony that those children became not numbers, but desperate children separated from their parents before being sent to their deaths. These children somehow never leave me in peace; I could have been one of them.

As an Israeli psychologist, I have met and treated Holocaust survivors throughout my professional career. I cannot say that the change in my attitude towards their specific needs was constant over time or that I learned something from my own history. The change went through different stages, during which I gained new insights. The patients certainly influenced me the most, as did what I perceived as changes in colleagues and in notable psychiatrists and psychotherapists.

Psychiatrists and psychotherapists had been influenced by society's attitude of denial and avoidance of Holocaust memories. It was not easy for them to develop their own clinical understanding when another general attitude pervaded even professional circles.

Holocaust survivors' needs for psychological help presented one of the greatest challenges for professionals. Parallel to the changes in the survivors' confrontation with the past, professionals changed their concepts concerning massive traumas, destroyed identity, delayed mourning, and loss of childhood.

Time has permitted mental health professionals to examine their contributions, their own feelings, and the limits of their own inner humanity. One has to learn how to stay modest when exposed to suffering that one cannot change and, at the same time, be there to help.