

## Trauma and Society

- *Debate about psychological consequences of the Second World War in the Netherlands and in Germany*

Frederik van Gelder

There are facts which ridicule our ability to comprehend them: between 1914 and 1945 more than sixty million human beings met a violent and barbaric death under circumstances which makes our search for historical precedent – the thirty years war, the ravages of Ghenghis Khan, the Napoleonic campaigns – seem lame and facile. The losses of the second of the world wars we've had to start to number to keep track of

„[...] are literally incalculable, and even approximate estimates are impossible, since the war (unlike the First World War) killed civilians as readily as people in uniform ... Deaths directly caused by this war have been estimated at between three and five times the (estimated) figure for the First World War ... and in other terms, at between 10 and 20 per cent of the *total* population in the USSR, Poland and Yugoslavia; and between 4 and 6 per cent of Germany, Italy, Austria, Hungary, Japan and China. Casualties in Britain and France were far lower than in the First World War – about 1 per cent, but in the USA somewhat higher [...] Soviet casualties have been estimated at various times, even officially, at seven millions, eleven millions, or of the order of twenty or even thirty millions.“<sup>1</sup>

That this reality could be expected to have an impact on the emotional and intellectual lives of subsequent generations – not to mention those directly involved – seems so self-evident that it has become a question in its own right why the main-stream social science disciplines – Psychology,

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1 Eric Hobsbawm: Age of Extremes – The short Twentieth Century 1914-1991, London, 1994, p. 64 f.

Sociology, Historiography for a start – should have been able to ignore something as widespread as the emotional consequences of persecution and war. Whatever the answer to this may turn out to be, the terms psychotrauma and PTSD („Posttraumatic Stress Disorder“) have come to be widely accepted in recent years, both within the medical and psychological professions, and within governmental, non-governmental and international organisations concerned with refugee populations from the numerous war-zones across the world.

The Institute for Social Research and the National Institute for the Victims of War (Informatie en Coördinatie"Orgaan Dienstverlening Oorlogsgetroffenen) („ICODO“) in Utrecht, the Netherlands, are cooperating on a project which is comparing the respective debates, in the two countries, on the long-term social and psychological effects of war and persecution on subsequent generations.

For historical reasons the debate about psychological and emotional reactions of the „confrontation with death“ (De Wind) set in earlier, had a much profounder effect, had political repercussions in the Netherlands which were markedly different from Germany – or, for that matter, in the English-speaking world, or of Israel.

### *The Netherlands – a different, earlier debate*

Though badly mauled and humiliated by the Germany occupation forces of 1940-45 – seven out of eight of the Jewish community living in the Netherlands in 1940 were murdered in German concentration camps – postwar reconstruction could organize around the shared values of national resistance against foreign occupation and oppression, starting with public recognition – and a prominent political role – for the war-time resistance. The country was geographically united, it was not divided for decades by the propaganda (and the realities) of the Cold War, it could isolate morally and marginalise politically those who were „fout“, i.e. war-time collaborators with the Nazis, and it could revive a pre-war liberal and humanist tradition going back to Erasmus and the Reformation.

The never-ending flood of popular documentaries, memoirs, „ego“documenten" from the fifties onwards on the experience of the „verzet“ („the resistance“) and „de kampen“ („the camps“) had the effect that Jewish compatriots could be regarded as martyrs who had made the supreme sacrifice for the national cause – a very different situation from the ‘clenched"teeth’ philosemitism of the Adenauer years in West Germany.

These are perhaps some of the reasons why in the Netherlands the psychological effects of war-time suffering became the focus of intense interest (coupled with practical solidarity) on the part of psychoanalysts, psychologists, psychiatrists and writers at a time when in West Germany the situation is best characterized by the sub-title which Christian Pross gave to his documentation of this period: *Wiedergutmachung – Der Kleinkrieg gegen die Opfer*<sup>2</sup>. [„Restitution – the campaign against the victims“] Kurt Eissler’s „Die Ermordung von wievielen seiner Kinder muß ein Mensch symptomfrei ertragen können, um eine normale Konstitution zu haben?“<sup>3</sup> [„The murder of how many of one’s children must be born symptom-free to have a normal constitution?“] provide an indication of the hurdles that bureaucratic obstructionism coupled with psychiatric traditionalism created for Holocaust survivors seeking compensation before German courts.

In the Netherlands, at any rate, it was possible to discuss the realities of war-time suffering while keeping it out of the political domain – and the divisive partisanship of the Perpetrator/Victim confrontations here in Germany.

A number of Dutch-Jewish survivors – among them J. Tas, A.J.W. Kaas, E. de Wind, E. Cohen – were psychologists or psychiatrists, and it is to them that the world owes the first post-war publications on the emotional and psychological consequences of persecution and terror for the victims of the concentration camps. As early as 1946 Jacques Tas published a paper in which he predicted something which at the time flew in the face of received psychiatric opinion: that many survivors of the concentration camps and the ‘*onderduik*’ (hiding) would sooner or later – after a ‘latency’ period of more or less successful adaption to life in post-war society – be confronted with emotional and psychological problems for which they were going to need professional help. With this far-sighted prediction he was not only proved right, but it set in motion a debate which – under terms such as concentration camp syndrome, survivor syndrome, survival guilt, PTSD and psychotrauma – was to have wide-ranging social and political repercussions far beyond the fields of psychology and psychiatry.

The Netherlands has gone further than any other country both in government-sponsored investigations into the causes and consequences of (psycho)trauma and in practical aid for the victims. Its legislation in this regard

2 *Wiedergutmachung – Der Kleinkrieg gegen die Opfer*, ed.: Hamburger Institut für Sozialforschung, 1988.

3 Reprinted in: H.M. Lohmann (ed.): *Psychoanalyse und Nationalsozialismus*, Frankfurt 1984.

is unique – the ‘Wet Uitkering Vervolgingsslachtoffers’ [‘Law regulating pensions for victims of persecution’] of 1973, explicitly expresses a „societal obligation of solidarity towards victims of war“, and this forms the basis, together with a number of similar laws, for a comprehensive national system of social welfare agencies, pension schemes, clinics, and support groups. Dutch psychiatrists led the way in founding support groups in both Israel and Germany; they have been prominent in numerous congresses in recent years in Europe, in the USA and in Israel.

### *The ‘second generation’*

For all that, fifty years after the end of the war the focus of attention has shifted, and not only in the Netherlands. Already in the sixties it was becoming clear that children who had grown up in war-time conditions (‘child survivors’) as well as children of survivor parents (‘second generation’) were a special group with problems all of their own. Like the sins of the fathers, it seems, war-time persecution can leave emotional scars which go so deep that they can be passed on from generation to generation. Following on the work of Musaph, Keilson, De Levita in the Netherlands, Krystal, Kestenberg, Niederland, Eissler, Dasberg, Laub, Kogan and others in the USA and Israel, psychiatrists and psychoanalysts no longer debate the *reality* of trauma and PTSD, but the mechanisms of its ‘intergenerational transmission’, its epidemiology, the traces it leaves in public discourse and received tradition. So what is it in the family background of Holocaust survivors that is so deeply disturbing for the children who are raised in it?

David de Levita, incumbent of the first chair of „Intergeneration Consequences of War“, founded 1992 at the Catholic University of Nijmegen, on this:

„The suffering of those carrying the burden of what their parents went through during the war is clearer now than ever before. It has been established all over the world, and it has been shown that it can manifest itself after many years of latency – in the same way that this occurs in people who themselves experienced the war. It can be objectively determined and is measurable by normal psychiatric means.“<sup>4</sup>

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4 David J. de Levita: „Redevoering van prof. De Levita tijdens de herdenkingsreünie“, in: *Auschwitz Bulletin*, vol. 42, nr. 2, p. 7.

The size of the literature on this topic – running into many thousand of titles<sup>5</sup> – gives an inkling of the significance of what it is that is coming to light here, and the importance which the professionals are attaching to it.

On the broad outlines of what it is that happens in such families there is general agreement. Survivor-parents, carrying with them indelible images of fear and humiliation, morally outraged, plagued by the knowledge of the murder of their families and communities, the destruction of everything familiar – including their livelihood – had no choice, at the end of the war, but to repress these feelings if they were going to go on living at all.<sup>6</sup> Children born at this time are often called „memorial candles“ or „substitute children“ since for their parents they are reminders of murdered family members – after whom they were frequently named – as well as an expression of their own need for reassurance, guidance, hope and orientation. That is, such children grow up in a family environment in which it is not their own needs, but those of their *parents*, for *their* protection and understanding, which takes precedence. „Wellknown is the tragedy of people who have children because they lack the ability to love, thinking that a child will compensate for this lack. That mostly becomes a catastrophe, since children do not give love, they can at the very most return it.“<sup>7</sup>

Children growing up in such an environment are burdened at an early age with formidable tasks. ‘De oorlog’ (‘the war’) is an omnipresent and silent menace, an ominous ‘family secret’ around which the child spins phantasies all the more oppressive for their incommunicability.

„Children of survivors are often not able to say when they first came to know something of the Holocaust, since they cannot imagine a time in their lives in which they had not been aware of the history of their parents. This knowledge of the Holocaust is often an integral and unquestionable aspect of their own identity, something constantly present, the background, as it were, against which everything else is seen and judged. Survivor parents show marked differences in their ability to speak of their experiences. But even when open discussion of the topic is avoided or discouraged children have appropriated some form of mental representation of the Holocaust“

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5 Miriam Rieck/Leo Eitinger: *Computerised and annotated bibliography of the psychological literature concerned with Holocaust survivors and their offspring*, Ray D. Wolfe Center for Study of Psychological Stress, University of Haifa, Israel (in print).

6 In Israel „in August 1949, the state prosecutor brought the minister of justice’s attention to the disturbing rise in the number of new immigrants, amongst them Holocaust survivors, who were taking their own lives.“ (p. 160) Quoted in Tom Segev: *The Seventh Million: the Israelis and the Holocaust*, Jerusalem, 1994. (From his chapter on the survivors: „A barrier of Blood and Silence“)

7 De Levita, op. cit., p. 6.

– according to Anne Adelman, from the Yale Child Study Center, New Haven, in a study of daughters growing up in families in which the mother is a Holocaust survivor.<sup>8</sup> Or, at an early age, they become the confidants of parents whose own need for unburdening is so overwhelming that they are unable to spare a child too young to cope with graphic accounts of atrocities – a reversal of roles between parent and child called ‘parentification’. The child’s identification with the life-world of the parent can become so complete that it is as if they themselves have suffered the humiliation and fear of persecution – a quasi-symbiotic ‘fusing of horizons’ between child and parent referred to, in the literature, as ‘concretism’ or ‘telescoping’ between the generations.

Adolescence, a time in which – in the terminology of developmental psychology – issues of individuation and separation play such a crucial role, is a time of great strain in many such families, characterized as these are by emotional ties that are extraordinary both in their intensity and ambivalence. Lifelong emotional dependence as well as its opposite – complete alienation – are common. ‘Affect dysregulation’ – rage, depression, violent mood swings, deeply felt feelings of inadequacy, in turn compensated for by grandiosity and narcissistic withdrawal – can strain such families to breaking point, families which are, at the same time, often so isolated from (and suspicious of) the surrounding community that the idea of seeking outside help seldom arises. „Survivors of the Holocaust feel mostly abandoned and uprooted. The family is for them refuge in a hostile world.“<sup>9</sup>

## *Sociological Background*

Dutch psychiatrists and psychoanalysts were not only among the first to have drawn attention to what is now called psychotrauma, they also played a prominent role both in the articulation of collective sentiment about the ‘oorlog’, and in the shaping of public policy towards the survivors of the resistance and the concentration camps. Their expertise was decisive in the Dutch government’s 1973 decision to extend public support measures not

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8 "Holocaust"Erzählungen – Beobachtungen transgenerationaler Entwicklung", in: *Mittelweg* 36, vol. 5, June/July 1996, S. 44-52.

9 Rainer Rehberger: „Die Zweite Generation als Opfer der Verfolgung – Psychoanalytische Überlegungen zur Generationenpsychologie“, in: Gertrud Hardtmann (ed.): *Spuren der Verfolgung. Seelische Auswirkungen des Holocaust auf die Opfer und ihre Kinder*, Gerlingen 1992.

only to Holocaust survivors, but – subject to a medical vetting procedure – to their children as well; a world-wide ‘first’.

Nevertheless, if the specialist literature on trauma leaves no doubt on the reality of the emotional reactions it documents, the implementation of the social policies which these findings motivated were not without political controversy, nor does it mean that there is agreement on the interpretation of these phenomena at the theoretical level. A recent documentation of the political background to these developments in the Netherlands throws light on these issues and gives an indication of where, compared to the German discussions, the differences lie.

As in Germany, the reduction of war-time experiences to the empirically measurable and clinically treatable individual reactions of clients or patients has not remained unchallenged. „Psychiatrist? I wouldn’t know what I should say or ask of such a person“, said Jules Schelvis, one of the nineteen Dutch survivors of Sobibor, where something on the order of 34.000 Jews from the Netherlands were murdered. In common with others, Schelvis felt that he was the victim of criminal injustice."<sup>10</sup>

Sociologists argued that this ‘medicalization’ and ‘psychologization’ of the fate of Holocaust survivors was *also* a way of sidestepping politically sensitive questions about the past: by delegating questions on the causes of war to the competence of *social welfare agencies* they become trivialized and ‘institutionally encapsulated’:

„With that the difficulties were removed from the strictly private sphere, without however thereby being made accessible to public debate. They’ve become subject to discussion, but behind the closed door of the clinic and the surgery; they are described in the professional literature and in confidential reports. [...] Thus the testimony concerning the political history of genocide became transformed into a series of symptoms in the doctor’s surgery.“<sup>11</sup>

„Psychologization and proto-professionalization of the victims would then be a blindness towards the failure of the political system, which could very well still exhibit the same defects which made the persecution of the Jews possible in the first place.“<sup>12</sup>

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10 Ido de Haan: „De betekenis van het vervolgingstrauma“, in: *ibid.: Na de ondergang – De herinnering aan de Jodenvervolging in Nederland 1945-1995*, Amsterdam 1977, p. 132 f.

11 A. de Swaan: „Het concentratiekampsyndroom als sociaal probleem“, in: *De mens is de mens een zorg*, Amsterdam 1982, p. 141.

12 De Haan, op. cit., p. 134.

As in Germany, the very notion of (psycho)trauma itself papers over some very fundamental differences between the empirically-oriented, apolitical, ‘hypothetico-deductive’ methods of the medical profession on the one hand, and the hermeneutically/humanistically oriented attitude of the psychoanalysts on the other. This difference, institutionally expressed in the divergent approaches between the Amsterdam and Utrecht schools of psychoanalysis after the war<sup>13</sup>, was itself one of the reasons for the government-commissioned study published by J. Bastiaans as early as 1957 under the title *Psychosomatische gevolgen van onderdrukking en verzet* [„Psychosomatic consequences of persecution and resistance“], the purpose of which was to establish reliable criteria for the assessment of persecution-caused psychosomatic symptoms. „Bastiaans was especially interested in the degree to which the differences between the ‘Amsterdam’ and the ‘Utrecht’ approach led to differences in recommendations. Bastiaans’ Amsterdam colleagues used a nomothetic approach, in which observable ‘lawlike regularities in mental processes’ were sought after. The Utrechtians under H. Rümke favoured an idiographic approach, in which – via interpretation – the psychic constellation of the entire personality was probed.“(De Haan, p. 137)

### *Trauma and politics*

Then again, the ‘medicalization’ and ‘pseudo-professionalization’ (De Swaan) of the questions surrounding the causes and consequences of persecution was never complete: the tendency to see in the concentration-camp a metaphor for ‘mass society’ after the war, as represented by Kaas in the Netherlands, Bettelheim in USA, Frankl in Austria, meant that, for all the effort put into a strict separation of facts and values (clinical/therapeutic questions on the one hand, moral-political discourse on the other) the kinds of considerations seem inextricably intertwined. If survival depended, amongst other things, on the depth and commitment to religious and moral-political values, (or undermined by ‘nihilism’ and ‘alienation’) then the clinicians could hardly keep silent on the *content* of these values. This becomes especially apparent when ‘society as a whole’ comes to be seen as traumatogenic, a conclusion drawn by Keilson on the basis of his study of the *post-war* fate of Dutch-Jewish war orphans, and supported by Chaim

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13 c.f. Christien Brinkgreve: *Psychoanalyse in Nederland – Een vestingsstrijd*, Amsterdam 1984.

Dasberg in Israel. Moreover, if ‘trauma’ formed the basis of a claim to societal recognition and welfare support – one of the consequences of ‘medicalizing’ the survivors of war-time persecution – the way is open for *other* groups to present *their* case for the existence of individual or collective mental/emotional suffering. War-time persecution then becomes an instance of ‘massive psychic stress’ which could also be found elsewhere. In the sixties and seventies this is indeed what happens: various other traumatized groups demand attention: survivors and resistance fighters from Indonesia and the Japanese concentration camps, children of war-time collaborators („NSB“), refugees from the Third World, victims of child abuse and incest.

The result of this was that a government commission in 1987 decided to adopt, as a measure of trauma, the criteria introduced by the 1980 edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the *American Psychiatric Association*, which defined ‘PTSD’ (Post-traumatic Stress Disorder’) as a condition with a whole range of different causes:

„This disturbance encompassed considerably more than the earlier traumatic neuroses, and could be caused by all kinds of stress, such as work pressure, marriage problems or retirement. This expansive definition of PTSD meant that a whole range of ‘stressors’ could lead to a psychotrauma. In the Netherlands this hence led to research into psychotrauma causes by hostage-taking, incest, abuse, traffic accidents, ecological disasters, etc.“<sup>14</sup>

De Haan’s history of the discussion of psychotrauma in the Netherlands makes it quite clear that Dutch psychiatrists and psychoanalysts regarded the ‘medicalization’ of the debate about the causes of war-time persecution as a necessary evil: as a way – paradoxically – of expressing solidarity with the survivors, a way of giving them a modicum of societal *recognition*. A recognition flowing not from the – admittedly stigmatizing – psychiatric diagnosis of ‘trauma’, but from the pension and other benefits to which this diagnosis opened the way. By this means one gives the victim „... the feeling that he/she is recognized by the authorities, that he/she has the right to exist.“<sup>15</sup>

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14 De Haan, op.cit., p. 150.

15 Musaph, quoted in De Haan, p. 145.

## *Children of victims, children of perpetrators*

Since the publications by Kestenberg, Rosenkötter, Eckstaedt, Bohleber and others, there has been an extended debate on the similarities and differences – with regard to psychotrauma – between children of victims and perpetrators, terms which not only here in Germany are often used as synonyms for Germans and Jews. That the appropriateness of the trauma paradigm itself should be part of the controversy need hardly be emphasized – its invocation, when dealing with the children of erstwhile Nazis (and that means, after all, a large proportion of the German population after 1945) is not obvious.

For all that, in perpetrator families also there is often a ‘family secret’, an oppressive silence about the past, a negation of death and destruction.

„In addition to this we observed in both categories of families the enormous influence of family secrets, a reciprocal obstruction when it comes to thematizing the past, verbal attacks as a means of preventing dialogue and empathy, habitualized family myths which serve conflict avoidance, family systems bound together by an oppressive legacy from the past.“

Thus the one of the findings of a recently published extensive study of family dialogues across three generations conducted by Israeli and German psychologists in both countries.<sup>16</sup>

But these are surface similarities which obscure profound differences. „When Shoah survivors as grandparents or parents refuse to speak of their experiences then their silence is based on quite different problems and motives from those which pertain in the silence of grandparents or parents who were actively involved in Nazi crimes.“<sup>17</sup> When Jewish grandparents remain mute they do so to protect their children and grandchildren from their own unbearable memories. When former Nazis remain silent they do so to protect themselves. When children of Jewish survivors repress the unbearable memories of their parents and grandparents they do so to avoid facing the helplessness and humiliation of their family members, a way of repressing their own inability to help and support – both then and now – to repress their own feelings of mourning and desolation in the face of a murdered family they know only from photographs and reminiscences. When chil-

16 Gabriele Rosenthal (ed.): *Der Holocaust im Leben von drei Generationen. Familien von Überlebenden der Shoah und von Nazi-Tätern*, Gießen 1997, p. 19.

17 *ibid.*

dren of perpetrators repress their family history they try to deny the intolerable reality that they are the descendants of unrepentant criminals.

#### 4 Netherlands and Germany – a comparison

The ‘medicalization’ and ‘professionalization’ (in the sense described above) of the way in which society deals with survivors of the Second World War could find broad political support, in the Netherlands, because it reflected two quite separate imperatives: the authorities (i) had to take notice of those population groups whose lives had been shattered by the war; (ii) could not on the other hand call into question the general political consensus of the time. These questions touch, after all, in the Netherlands as in other countries, on core issues of European post-war reconstruction: the role and influence of resistance and survivor groups, the shape and character of democratic institutions in the wake of the military defeat of the Axis powers, and the form which public recognition of past suffering should take.

There are indications that the strategy described above – the transformation of moral-political issues into medical-therapeutic ones – is not something which is all that successful in Germany; or at any rate is subject to a dynamic quite different from comparable ones in the Netherlands. However much the substantive discussions in the two countries may overlap, the fact is that the Dutch discussions on psychotrauma take – and have taken – place against the background of broad-based and widespread political solidarity with the victims and survivors of the war; something which in Germany is unthinkable.

The German restitution laws were regarded by many of those responsible for their implementation as an imposition from abroad, a punishment imposed by the ‘victors’, a price extracted by the Allies in return for diplomatic normalization with Israel and the rest of the world; at any rate, to be administered as restrictively as possible.

There were so many active erstwhile Nazis amongst the administrators of the restitution laws, the courts and the medical consultants involved that it has been *these* very circles – ironically enough – which in recent years have become the focus of interest for historians probing *perpetrator* biographies. Just how scandalous the treatment of survivors of Nazi persecution was in many cases is now part of the public record.

„Venzlaff reports the following case which is by no means an isolated instance: a young German ‘half‘Jew’ [as the Nazi terminology went] fights as a soldier in

France, Belgium and Russia, before his origins are discovered and he is sent to Auschwitz. According to his Wehrmacht files the patient is entirely healthy on dismissal. A medical examination after the war reveals serious and chronic emotional disorders, burns, fractures and other ailments. Seven years after submitting a restitution application the applicant sends a letter to the relevant authorities in which he complains that the processing of pension claims of erstwhile Nazis seem to be less of a problem [than the processing of his own claim]. Thereupon the authorities order a new investigation, on the grounds that this letter proves him to be a psychopath – a condition held to be hereditary. [Thus debarring him from compensation claims under the regulations.]<sup>18</sup>

At the same time it is difficult to deny that the marked increase in public interest in Germany in recent years on the topic of psychotrauma is not so much motivated by solidarity with survivors and victims as a widely-felt expression of the need for normalization and ‘national identity’. The question „Is there a collective equivalent for that which in the case of the individual is called PTSD?“<sup>19</sup> takes place against the background of a media discussion about the Nazi past, and is, in the first instance, a political rather than a professional debate. It belongs in the context of the ‘Historikerstreit’, the Wehrmacht exhibition, the controversy regarding ‘eliminary anti-semitism’ (Goldhagen), rather than that of a professional debate within Psychiatry or Psychoanalysis.

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Max Horkheimer:

„People like me, not just generally speaking, but specifically, i.e. Jews, who looked and thought like Jews, like my father and mother and myself, for no other reason than that they had these characteristics, were slowly tortured to death in concentration camps, thousandfold, after years of unspeakable humiliations, overwhelming fear, injuries, blows and insults [...] I’m supposed to feel satisfaction and peace of mind in my own life, considering that I exist at all, that this life is the consequence of a meaningless and

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18 Rainer Krause: „Psychische Folgen des Holocaust. Die Kinder der Täter und Opfer“, in: Christa Rohde-Dachser (ed.): *Beschädigungen. Psychoanalytische Zeitdiagnosen*. Göttingen 1992, p. 51.

19 Jan Philipp Reemtsma: „Trauma und Moral – Einige Überlegungen zum Krieg als Zustand einer kriegsführenden Gesellschaft und zum pazifistischen Affekt“, in: *Kursbuch 126, Wieder Krieg*, Dezember 1996, p. 105.

undeserved happenstance, the product of the blindness which life produces, to the point that I feel ashamed to be amongst the living at all?"<sup>20</sup>

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## *What is 'Trauma'?*

The German-American psychiatrist William Niederland, consultant to the German embassy in New York in the sixties, examined many hundreds of „mostly Jewish“ survivors of Nazi persecution as part of restitution and compensation claims. In his book on this subject, *Folgen der Verfolgung: Das Überlebenden-Syndrom* [The consequences of persecution – Survivor Syndrome – spiritual murder, Frankfurt/M. 1980, p. 10] he defines the causes of trauma as follows:

- „1. Life in an atmosphere which is incessantly threatening, in the shadow of a nameless and inexorable fate of which initially one is unaware;
  2. mental, emotional and physical exhaustion of the entire personality caused by the above;
  3. situations of frequent and repeated mortal danger accompanied by acute and immediate fear of death;
  4. the undermining and dissolution of all interpersonal relationships and contacts;
  5. Life in a situation of ongoing uncertainty and helplessness, of near-total lack of protection by the law;
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20 Max Horkheimer, *Gesammelte Schriften*, ed.: Alfred Schmidt, Frankfurt/M. 1991, vol. 6, p. 405.

6. A mental state in which the ego is overwhelmed by a neverending flood of public and personal invective, suspicion, insults and accusations, without the possibility of appeal to and protection from official quarters."

Thomas van der Heijden is director of a government agency which is unique in Europe: ICODO [Informatie" en Coördinatie"orgaan Dienstverlening Oorlogsgetroffenen] is responsible for raising public awareness about the plight of – and to coordinate everything to do with – ‘the victims of war’. It is, according to its legal statute an „independent and autonomous foundation which on the basis of special expertise is mandated to implement measures necessary to make an adequate support of those affected by the war possible, and to improve existing measures in a substantial way.“

The need for such an agency became apparent after a government report in 1975 found that something of the order of a million people in the Netherlands were ‘oorlogsgetroffenen’, [‘those affected by the war’] and that a significant percentage of them – as well their families – were suffering from emotional and psychosomatic consequences of their war-time experiences. As a government spokesperson put it at the time: „We’ll have to get used to the idea that people whose resistance has been undermined by their war-time experiences are going to need our special care and attention for at least one more generation.“<sup>21</sup>

ICODO has a number of different functions. Thomas van der Heijden: „We have two broad streams: one directed towards the voluntary agencies, one towards the professional organizations. Thus we have an information center, oriented towards individual clients, which is run by social workers, which gives advice on where to get financial and other forms of support. Then we have projects to improve the welfare services themselves, to raise the level of professional expertise at a national level: directed towards doctors, general practitioners, social workers, therapists. Then there are projects to support and stimulate voluntary organizations.“

In addition to this it advises the government on all matters pertaining to the ‘oorlogsgetroffenen’, promotes research, supports conferences and seminars.

It is with regard to the ‘information component’ of ICODO that it becomes clear what it is about this Dutch approach to these things that is different from other countries. As government spokesperson Wim Meyer had

expressed the principles at the time on which ICODO was based: „Because these problems were never talked about those affected by them became increasingly isolated. Because of this attitude, for which we all bear responsibility, a national repression of memory has developed ...“<sup>2</sup> It is the notion of a collective repression of memory which explains the special mix of welfare policies and public recognition of war-time suffering which ICODO seeks to implement.

Thomas van der Heijden: „If we were to open a German branch of ICODO – whatever – then my first point would be: how do I bring to public attention that the war has left psychosocial consequences in its wake – right upto the present – which has made it impossible for some people to function in society. That would be the most important message ...“

It is this which is the crux: the Dutch authorities did not (and do not) – as did so many running the German *wiedergutmachung*-authorities – regard this legislation as an unwelcome imposition from abroad which should be administered as restrictively as possible, but as a public debt of honour towards those who suffered unjustly.

Van der Heijden: „Experience taught us that there was no need to fear phony applications. When we implemented a project to offer psychotherapeutic support to members of the ‘second generation’ we found that people do not apply if they do not really need it. These things are too painful. Just about all applications are honoured.“

1 „Voor wie zich in eigen huis als ontheemden voelen.“ *NRC Handelsblad*, 4.5.1981, quote of Lower House MP and Labour Party executive member Wim Meyer.

2 Wim Meyer, op. cit.

### Fantasies of perpetrator-"children

„Fear of being murdered is something we find amongst the children and grandchildren of both perpetrators and victims. The fear of annihilation felt by children and grandchildren of perpetrators is mostly related to the unconscious phantasy of being murdered by their own parents ... whereas the potential threat felt by children of survivors is, rather, a more general fear of the wider extra“familial and non"Jewish world. Amongst descendants of perpetrators we were able to observe the fear of being regarded as unfit to live [‘lebensunwert’].

The daughter of a doctor active in the ‘Euthanasia’ program for instance was in such constant fear of her father that she hid her myopia from him for this reason. ... As a child she had seen him throw her younger brother, a

baby, into the swimming pool to test his 'racial purity', which according to the father was in doubt.

Children and grandchildren of perpetrators often express the fear of being murdered for exposing the family history. The grandchild of a Nazi perpetrator, who had succeeded in persuading his grandfather into a partial confession of his deeds, locked his bedroom door the following night. He was haunted by a phantasy that his grandfather would shoot him for tracking down his secret, or for his lack of loyalty in doing so.

In a different family interviewed by us the son of a perpetrator had a recurrent dream, since childhood, that he was being throttled by assailants silently attacking him from the rear.

His father had confessed, some years before our interview, that he 'always carried a steel wire in his pocket, in order to be able to silently throttle the enemy – e.g. a sentry – from behind.' The son phantasized also that he accompanied his father on special missions, thereupon to be murdered by his father for being found unequal to the task. His father had told him that he and his battle"unit did not leave wounded comrades behind in enemy territory – they were murdered." (Rosenthal, op. cit., p. 20 f.)

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20 Photograph reproduced from: *De illegale camera 1940-1945. Nederlandse fotografie tijdens de Duitse bezetting*. Ed.: Veronica Hekking, Flip Bool, Naarden 1995.