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From War Neurosis to Holocaust Trauma

An Intellectual and Cultural History

Abstract

This paper outlines a historical and critical survey of the contribution of psychoanalysis and other 'psycho-sciences' to our contemporary understanding of Holocaust trauma. It argues that the theme of mass traumatisation effects originates in the use of psychiatric knowledge and procedures during the First World War. As part of the war machine, psychiatry had special functions in the mobilisation of the masses as well as in the treatment and rehabilitation of those soldiers who suffered from 'shell shock' and later developed 'traumatic neurosis' or 'war neurosis'. The main task of psychiatrists at that time was to cure these soldiers as quickly and effectively as possible – in order to send them back to the same dangerous circumstances, which had caused their symptoms in the first place. In treating war neurotics, brutal punitive methods such as painful electric shocks were frequently used. Based on archival sources, and on the correspondence between Sigmund Freud and Sándor Ferenczi, the application of these methods is illustrated here through the example of a Hungarian military doctor, Viktor Gonda. The majority of army doctors regarded war neurosis as a character deficiency, a sign of a 'feminine' character. It was thought that this kind of 'male hysteria' could also affect 'healthy' soldiers, destroying their will, determination, patriotism, and heroism. By contrast, the psychoanalytic conception of war neurosis developed by Sándor Ferenczi in Hungary and by Karl Abraham and Ernst Simmel in Germany was intended to be a humanising alternative to the dominant, mainly 'punishing' and torturous procedures applied by mainstream military psychiatry. Psychoanalysts emphasised the importance of understanding the patient's symptoms, assuming that their explanation originated in the patient's life history and unconscious motives rather than exclusively in external, physical causes. The psychoanalytic approach to war neurosis anticipated later debates on the nature of individual and collective psychological traumata. This paper surveys the impact of the First World War on the development of the theory and technique of psychoanalysis, including the concepts of Freud, Ferenczi, Melanie Klein, Abram Kardiner, and others. After the Second World War, psychoanalysis was preoccupied with the exploration of the 'Nazi mind', the specific psychological and characterological traits of war criminals, their supporters, and their collaborators. This paper argues that the existence of a Holocaust trauma as a separate group of symptoms was for a long time not really acknowledged. The focus only shifted from perpetrators to victims in the 1970s, due to the introduction of the diagnostic category of PTSD (post-traumatic stress disorder) into the vocabulary of psychoanalysis. This paper, however, argues that the concept of PTSD preserved, in some ways, the dominant discourse of First World War psychiatry, continuing, in a subtler way, to stigmatise or blame the victims.

The Ice Age of Catastrophes

For the last fifteen years, I have been working on the origin and history of psychoanalysis in Central Europe. Among other things, I edited the Hungarian translation of the six grand volumes of the correspondence between Sigmund Freud and Sándor Ferenczi, the founder of the Hungarian psychoanalytic movement in 1913. This correspondence, which contains more than 1,200 letters, is an excellent source base not only for studying the history of psychoanalysis, but of the intellectual and cultural history of the Austro-Hungarian Dual Monarchy as well.[1]

The letters exchanged between 1914 and 1919 – in the period of the First World War and the subsequent revolutions – deserve special attention. These may be read as a kind of joint war diary, a collection of personal thoughts, confessions, and reflections, from which we can follow, almost day by day, how Freud and Ferenczi experienced and lived through the war and the revolutions, how they reacted not only to everyday problems, but also to grand historical events and traumas such as the disappearance of their previous realm of experience and the collapse of the Dual Monarchy, to which they had been so strongly attached politically and also emotionally, though not without serious doubts and ambivalences. As Freud wrote in *Thoughts for the Times on War and Death*:

> "We live in the hopes that the pages of an impartial history will prove that the nation, in whose language we write and for those victory our dear ones are fighting, has been precisely the one which has least transgressed the laws of civilization, But at such a time who dares to set himself up as judge in his own case?"[2]

We can also follow from these letters how the themes of the traumatic mental and psychological impact of the war and the problem of war neurosis emerged and developed in their ideas and activities.

The first part of this article focusses on the psychoanalytic approach, especially Ferenczi's, to war neurosis, as opposed to other, mainstream psychiatric approaches. In the second part, I will briefly describe how the problem of war neurosis and the problem of war and revolutions as a whole continued in psychoanalysis after the war. In the third part, I will comment on the question of how Holocaust trauma is related to war neurosis.

On 21 August 1914, a few weeks after the outbreak of the war, Ferenczi wrote to Freud:

> "The events have had a paralyzing effect on any kind of mental activity on my part. I have felt like a foreigner with respect to the war enthusiasm – anachronistic, to my way of thinking. It seems I have had the wrong idea about the real cultural state of our society, otherwise the mental and emotional emptiness that has become manifest in me since the outbreak of the war would be inexplicable."[3]

His "mental and emotional emptiness" was soon replaced by new obligations. In October 1914, Ferenczi was ordered to 'volunteer' as an ordinary physician attached

1 Ernst Falzeder/Eva Brabant (ed.), The Correspondence of Sigmund Freud and Sándor Ferenczi, Volume 1, 1908–1914; Volume 2, 1914–1919; Volume 3, 1920–1933, Cambridge, MA 1993–2002. The Hungarian edition was published by Ferenc Erős/Anna Kovács (ed.), Sigmund Freud – Ferenczi Sándor, Levelezés [Correspondence], Budapest 1999–2005.

2 Sigmund Freud, Thoughts for the Times on War and Death, in: The Standard Edition of the Complete Psychological Works of Sigmund Freud. Standard Edition (S.E.), Volume XIV, London 1957, 274-300, here 279.

3 The Correspondence of Sigmund Freud and Sándor Ferenczi, Volume 2, 1914–1919, 11.

to a Hussar regiment, stationed at that time in Pápa, a small garrison town in western Hungary. As we can see from the correspondence, he was from the very first days of his military service was meditating on the psychological roots and effects of the war. As he wrote in an essay published in 1915 under the title *The Ice Age of Catastrophes*:

> "The worst and most upsetting events could appear as unbridled experiences of experimental psychology, a kind of 'Naturexperiment' that the scientist cannot realise in his study, but at most, within the laboratory of his mind. War is one of those laboratory experiments taken to a cosmic level. In peacetime, only through the complex examination of dreams, of neurotic symptoms, of artistic creations, of diverse religions can one demonstrate […] that the human psyche presents multiple layers, the culture is but a prettily decorated shop-window whilst at the back of the store, the more primitive merchandise is piled up. War had brutally wrested of this mask and has shown us man in his deepest, truest nature at the heart of man, the child, the savage, the primitive."[4]

During his deployment at the still relatively quiet garrison, where he was once visited by Freud himself, he submitted a proposal to his superiors, suggesting the establishment of a specialised institution for the 'brain-crippled' soldiers. Although this plan was not realised in its original form, an impressive network of provisional military hospitals and medical stations were set up quite rapidly in diverse regions of the Dual Monarchy.[5] Special psychiatric and neurological departments were established within the walls of several such centres, one of the largest in the Monarchy being the Mária Valéria barrack hospital in Budapest. In early 1916, Ferenczi was transferred from the provincial garrison to the neurology ward of this institution. He was one of many thousands of medical doctors who served in the war at various posts, either directly on the battlefields, or in provisional medical stations, in military hospitals, and in other health institutions. War medicine was not only an instrument for alleviating the pain and suffering of the patient, it moreover became one of the most important weapons, a bio-political weapon, "machine guns behind the front".[6]

The First World War was one of the first wars in human history that was fought with advanced industrial and military technology. The war afflicted millions of people not only physically but mentally as well – among the citizens (soldiers and civilians, prisoners of war, men and women, children and adults) of all participating nations. Medicine, with its already fairly specialised branches, including neurology and psychiatry, was an integral part of the war technology, and made extraordinarily rapid progress during the war, from diagnostic as well as therapeutic, theoretical as well as technical aspects.[7] The foundations for the present historical and cultural approach to the issue of war psychiatry were chiefly laid by the scholarship of Michel Foucault, partly through his works on the history of mental illness, and partly by showing how the development of human sciences was connected to the birth of the modern tools, practices, and sites (hospitals, asylums, armies, prisons, detention

4 Sándor Ferenczi, The Ice Age of Catastrophes, in: Julia Borossa (ed.), Sándor Ferenczi. Selected Writings, London 1999, 125.

5 A Hadtörténelmi Levéltár katona-egészségügyi iratainak repertóriuma 1740–1980 [Repertory of the Military-medical Documents of the Military History Archive]. Hadtörténelmi Levéltár [Military History Archive], Budapest, 2003, http://mot.tudomanytortenet.hu/pdf/Hadtortenelmi.pdf (28 January 2017).

6 Peter Riedesser/Axel Verderber, "Maschinengewehre hinter der Front". Zur Geschichte der deutschen Militärpsychologie, Frankfurt am Main, 1989.

7 See e.g. Heinz Schott/Rainer Tölle, Geschichte der Psychiatrie. Krankheitslehren, Irrwege, Behandlungsformen, Munich, 2005.

centres etc.) of discipline, punishment, and violence.[8] The Foucauldian notion of *gouvernementalité* proved to be essential, since it referred to those organised practices (mentalities, rationalities, techniques) with the help of which hegemony over subjectivity or the "governance of the soul" was implemented.[9]

The main task of psycho-sciences, at that time mostly subsumed under medicine, was to deal with and to govern the human subject, enabling the utmost exploitation of human resources necessary for the war effort, the mobilisation of the masses, the enforcement of discipline and obedience, the weeding out of those deemed unfit, of weaklings and other 'unhealthy' and disturbing elements, and on the other hand the cure and potential rehabilitation of those individuals who had already suffered serious psychological injuries related to any kind of violent events. The main obligation of psycho-doctors in the armies was to cure shell-shocked or war-neurotic soldiers as quickly and effectively as possible – in order to make them fit again to be sent back to the scene of their original trauma, to the trenches and battlefields.

Over the last years, the psychiatric and neurological practices, and the diagnostic and therapeutic procedures and discourses applied to war-afflicted mental states during the First World War have become a special research area. While traditionally this area belonged to medical history, to the history of psychiatry and related disciplines, it nowadays seems to be an exciting novel topic for historical research. For social historians, the practices and discourses of military psychiatry on body and soul illuminate the everyday life and human history of the war, society's relation to physical and psychological suffering, as well as the structure and functioning of military health organisations, their inner power relationships, and the conflict between obedience to orders and the doctor's Hippocratic Oath.[10] The topics related to war neuroses have attracted the attention of gender researchers, too, since the diagnosis and evaluation of war-related psychological symptoms have raised the issue of 'femininity' and 'masculinity', illuminating the genesis of modern discourses on masculinity.[11]

Shell Shock and War Neurosis

Shell shock was the most common psychological consequence of the war for the combatting soldiers – a condition that was first described in the medical journal *The Lancet* in 1915 by Charles Myers, a British military doctor, based on his first-hand experience of the battles at the river Somme in France.[12] The most salient symptoms of shell shock were described as tremors of the feet, quivering, gait disorders, loss of vision, hearing and speech, sudden violent outbursts, amnesia, and anaesthesia. Shell shock was one of the most widespread battlefield injuries during the First World War: It seemed unlike any of the other wounds contracted in the war, an in-

8 See Michel Foucault, Madness and Civilization. A History of Insanity in the Age of Reason, London 1965; Michel Foucault, Discipline and Punish. The Birth of the Prison, London 1977.

9 See Michel Foucault, The Birth of Biopolitics. Lectures at the College de France, London, 2008. See also Nikolas Rose's seminal work on the social history of modern psychology: Governing the Soul. The Shaping of the Private Self, London 1989.

10 See Susanne Michl, Ethical Conflicts in Wartime Medicine, in: War and Trauma. Soldiers and Psychiatrists 1914–2014, Ghent 2014, 105-114.

11 See for example Jessica Meyer, Men of War. Masculinity and the First World War in Britain, London 2009.

12 Charles Myers, Contribution to the Study of Shell Shock, In: The Lancet, Volume 185, Issue 4772, 13 February 1915, 316-330; see also Tracey Loughran, Shell Shock, Trauma, and the First World War. The Making of a Diagnosis and Its Histories, In: Journal of the History of Medicine and Allied Sciences 67 (2012) 1, 94-119, https://doi.org/10.1093/jhmas/jrq052 (28 January 2017).

jury without any overt bodily signs, a mass outbreak of mental disorder. As historian George L. Moss emphasised:

> "For the cultural historian, shell-shock provides an excellent example of the fusion of medical diagnosis and social prejudice […] Shell-shock, in reality, was not as vague a disease as it seemed at the time; rather, as we look upon the phenomenon from a historical perspective, it was an injury, which, while raising disturbing medical questions, was easily co-opted by traditional cultural prejudice which, so it was thought, could provide it with a readily understood context."[13]

The military doctors of the Austro-Hungarian and German armies observed similar symptoms among fighting soldiers, as had the British doctor Charles Myers. The German neurologist Alois Alzheimer observed, also in 1915, a "shock experience", and the victims of this experience were in the beginning called *Kriegszitterer* (war quiverers).[14] However, Austro-Hungarian and German doctors preferred to call this syndrome a 'traumatic neurosis', 'war neurosis', or 'war hysteria'.

It was in the Mária Valéria barrack hospital where Ferenczi was able to garner his first direct impressions of shell shock and of other brutal effects of war. As he wrote in a 1916 article on preliminary remarks on certain types of war neuroses:[15] "I have been in charge of the section for nervous diseases in this hospital for only two months, and have had about two hundred cases [of war neurosis] under my observation." Simultaneously, in a letter to Freud, he reported about one single interesting case:

> "I analysed […] a sufferer from war trauma for an hour. Unfortunately, it turned out that the year before the shock of the war he had lost a father, two brothers (through the war), and a wife through unfaithfulness. When such a man then has to lie for twenty-four hours underneath a corpse, it is difficult to say how much of his neurosis is due to war trauma. (He trembles and speaks in a mumble.)"[16]

In *Two Types of War Neurosis*, Ferenczi outlined his first psychoanalytic conception of traumatic neuroses – based upon Freud's concept of hysteria which differed from the standard psychiatric position on at least one essential point: it was "genuine illness, not simulation". According to Ferenczi, the patients' symptoms (as already described by several military doctors such as Myers, Alzheimer, and others) were all caused by "psychological trauma" and not by some central organic, possibly microscopic lesions of the nervous system, as was widely believed by several contemporary neurologists. Observing patients suffering from astasia (inability to stand), and abasia (inability to walk), Ferenczi thought that these patients

> "had repressed into their unconscious the affective reaction to certain psychic traumata, for the most part experiences that were adapted to diminish their self-confidence, repressed in the unconscious from where they continued to influence their activities, and any threat of repetition of the pathogenic experience led to a development of anxiety. The patient then learns to

13 George L. Mosse, Shell-Shock as a Social Disease, Journal of Contemporary History 35 (2000) 1, 101-108, here 101. On the cultural and political history of shell shock and its impact on British society and cultural memory, see Jay Winter, Shell-Shock and the Cultural History of the Great War, in: Journal of Contemporary History 35 (2000) 1, 7-11; Michael Roper, The Secret Battle. Emotional Survival in the Great War, Manchester 2009; and Peter Leese, Traumatic Neurosis and the British Soldier in the First World War, London 2002.

14 Alois Alzheimer, Der Krieg und die Nerven, Breslau 1915.

15 The article was published in English in 1916 under the title Two Types of War Neurosis, reprinted in: Julia Borossa (ed.), Sándor Ferenczi, 129-144.

16 The Correspondence of Sigmund Freud and Sándor Ferenczi, Volume 2, 1914–1919, 107-108.

> escape anxiety states by avoiding any activity that would in any way lead to the repetition of the pathogenic situation (hysterical anxiety)."[17]

A co-ordination disturbance such as a tremor "becomes a defense formation that will protect the patient from re-experiencing the alarm".[18] In other cases, such as hyperesthesia (hypersensitivity of all the senses), "the psyche does not wait for an external stimulus in order to react to it exaggeratedly, but creates for itself the image at which it can then become alarmed. The unpleasant symptom too, therefore, is in the service of the effort of self-healing" – "Traumatophilia."[19]

According to Ferenczi, his own psychoanalytically oriented attempts to treat shell-shocked patients proved Freud's original hypothesis about the predominantly sexual etiology of hysteria, inasmuch as many patients behaved as though they had been victimised by sexual assaults in their childhood. The result of psychological shocks – argued Ferenczi – may be a neurotic regression, that is "a return to a stage of development long outgrown both onto- and phylogenetically."[20] At the end of the article he referred to the results "achieved by many neurologists from treating war neuroses by painful electric stimuli", which may be due "to the fact these painful sensations satisfy the patient's latent traumatophilia".[21]

Traumatic Neuroses in Peace and War: An On-Going Debate

Ferenczi's concept of hysteria and his remark on "painful electric stimuli" applied as a cure lead us to the core of the debates concerning the nature of war neurosis going on among military psycho-experts (psychiatrists and neurologists) at that time in Austria-Hungary, in Germany, and in other countries. In that period, the late nineteenth and early twentieth centuries, there existed two distinct schools, which differed essentially in their assumptions about traumatic neuroses. The first school attributed an organic background (subtle molecular changes, lesions, or degenerative processes of the central nervous system) to this sort of neuroses. In other words, these patients were sick in the full sense of the word, meaning that they needed proper medical treatment, hospitalisation or, in incurable cases, longer absence or release from military service. The second school, which became ever more dominant in Austria-Hungary and Germany, stigmatised patients suffering from traumatic neuroses as hysterics in the common, pre-Freudian sense of the word, meaning that they were feminine, morally retarded people, malingerers, and deserters, who whether deliberately or unconsciously used their pretended symptoms to escape from front service, to avoid the military, and to receive various compensations, benefits, and life-long pensions. [22]

17 Ferenczi, Two Types of War Neurosis, 137-138.
18 Ibid., 141.
19 Ibid., 143.
20 Ibid., 140.
21 Ibid., 144.
22 See Esther Fischer-Homberger, Die traumatische Neurose. Vom somatischen zum sozialen Leiden, Bern 1974; Hans-Georg Hofer, "Nervöse Zitterer". Psychiatrie und Krieg, in: Helmut Konrad (ed.), Krieg, Medizin und Politik. Der erste Weltkrieg und die österreichische Moderne, Vienna 2000, 15-134; Hans-Georg Hofer, Nervenschwäche und Krieg. Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie, Vienna/Cologne/Weimar, 2004; Paul Lerner, Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930, Ithaca/London 2003; Mark S. Micale/Paul Lerner (ed.), Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930, Cambridge, MA 2002; Doris Kaufman, Science as Cultural Practice, In: Journal of Contemporary History 3 (1999) 3, 125-144.

The debate between the two schools originated in the nineteenth-century psychiatric conceptions of female and male hysteria. While it was widely supposed that hysteria among women was part of their biological constitution (inborn physiological fragility or weakness), male hysteria was seen by many doctors as 'the illness of the will', a lack of discipline, inability to cope with stress, and a lack of physical and psychological strength. Male hysteria was often associated with neurasthenia, a term originally introduced by an American doctor, George Bernard Beard. The roots of the problem of traumatic neuroses go back to the second half of the nineteenth century, in relation to the development of modern technologies of railway transport, industry, and war, and the growing number of accidents stemming from new technological devices. The diagnostic category of 'railway spine', designating psychological trauma conditions after serious railway accidents, was introduced in 1867 by the British physician John Eric Erichsen. While the victims of accidents, injuries, and other traumatic events as consequences of modern technology were mostly men (industrial workers, miners, soldiers and so forth), the victims of the more 'traditional' traumata, such as sexual abuse, were mostly women and small children. According to the dominant conception, women and children reacted to traumatic events with hysteria, while adult men could become neurasthenic in extremely stressful conditions. While neurasthenia was seen as a genuine illness which could afflict all men, hysteria was something of an morally inferior and shameful condition which was characteristic of women, with 'infantile', 'feminine' types of men, like most Jewish men, belonging to some 'inferior race'. As we know for example from Sander Gilman's research, modern racism is largely founded on this sort of "medical characterology".[23]

The acknowledgment of traumatic illness as illness was, therefore, not only a theoretical and diagnostic question, it also had far-reaching political and economic implications. In the United Kingdom, insurance companies partly acknowledged traumatic neurosis as an illness entitled to compensation. In Bismarck's Germany, the Reichsversicherungsamt (Imperial Insurance Office) recognised the existence of traumatic neurosis and "thereby included post-accident nervous symptoms within the beneficence of the workers' compensation legislation".[24] The main figure of German neurology at that time was Hermann Oppenheim (1858–1919), like Sigmund Freud a disciple of the great French neurologist and 'inventor of hysteria' Jen-Martin Charcot. He was one of the main supporters of the compensation legislation, while most German neurologists and psychiatrists opposed it, claiming that the welfare laws resulted in an epidemic of 'pension neurotics', people who only pretended to be ill in the hope of welfare benefits. Oppenheim's opponents introduced the term *Begehrensneurose* (coveting neurosis), indicating the source of neurosis in a longing for benefits.

This debate continued during the First World War. Oppenheim and his followers continued to believe in the organic etiology of traumatic neurosis, meaning that detonation shocks and other violent events could cause molecular damage or lesions to the central nervous system that could in turn lead to "neurasthenia" or "degeneration".[25] However, a growing number of army neurologists and psychiatrists started to radically challenge Oppenheim's views. The great clash between the psycho-doctors took place in September 1916 in Munich, at the conference of the

23 Sander L. Gilman, The Case of Sigmund Freud. Medicine and Identity at the Fin de siècle, Baltimore 1993.
24 See Paul Lerner, Hysterical Men.
25 See also the work of the Viennese neurologist Otto Marburg, Nervenkrankheiten. Die Neurologie im Kriege, Munich 1915.

German Psychiatric Society on war neurosis, involving the leading experts from Germany and the Dual Monarchy. The overwhelming majority supported the views of Robert Gaupp, Max Nonne, Karl Bonhoeffer and other leading neurologists/psychiatrists, who favoured a so-called "psychological explanation", meaning that most of the war neurotics were in fact war hysterics *(Kriegshysteriker)*, not physically ill, and that they should be treated as such.

Even if the symptoms were similar, there was a huge difference between the British and the Central European concept of war-related psychological disturbances. The British conception of shell shock emphasised the consequences of a dramatic event, such as the explosion of a grenade, which could affect anyone, and did not necessarily attribute it to hereditary causes or character deficiencies. In Germany and in the Dual Monarchy, by contrast, 'war hysterics' were more likely to be stigmatised with malingering, feminine, and infantile features, moral inferiority, cowardice, and a lack of will and patriotism. It was supposed and feared that this kind of 'male hysteria' could also infect 'healthy' soldiers, destroying their will, determination, patriotism, and heroism. Therefore, hysterics should either be healed with the harshest methods, or the incurable degenerates, schizophrenics, and mentally retarded persons should be isolated from the rest of their comrades. Some psychiatrists, such as the above-mentioned professor Alzheimer, even used the strange diagnostic term 'psychopathia gallica' for designating the alleged 'femininity' of the French national character. Thus, psychiatry and psychopathology became part of the war propaganda machine on all sides, stigmatising inner and outer enemies with pathological and/or diabolic character traits (femininity, aggression, and so on).[26] Later, at the end of the war, Emil Kraepelin, a leading German psychiatrist announced that the defeat of Germany was caused by psychopathic revolutionaries, predominantly Jews, who spread mass hysteria among the population.[27] As we know from the historiography, the campaign against war neurotics continued afterward with other means, for example by contesting or limiting their claims for proper compensation and pension.[28]

The Munich conference reinforced the role of army psychiatrists and neurologists as state functionaries. Erwin Stransky from the Viennese Psychiatric Association pointed out that "whatever therapeutic measures might seem appropriate in a particular situation, in this serious time the cardinal point of view ought not to be determined by the well-being of the individual case, but by the welfare of our so close allied armies". The German Psychiatric Association declared officially that is members would "never forget that we physicians have now to put all our work in the service of one mission: to serve our army and our fatherland".[29]

26 It should be noted that the treatment of war neurotics was, in general, much harsher in Germany and the Dual Monarchy than in the United Kingdom. This, of course, did not mean that harsh or even torturous methods would have been completely lacking from the arsenal of British military doctors. However, British soldiers might have had a better chance of avoiding punishing or even torturing treatments of the military doctors; see e.g. Peter Leese, Traumatic Neurosis.

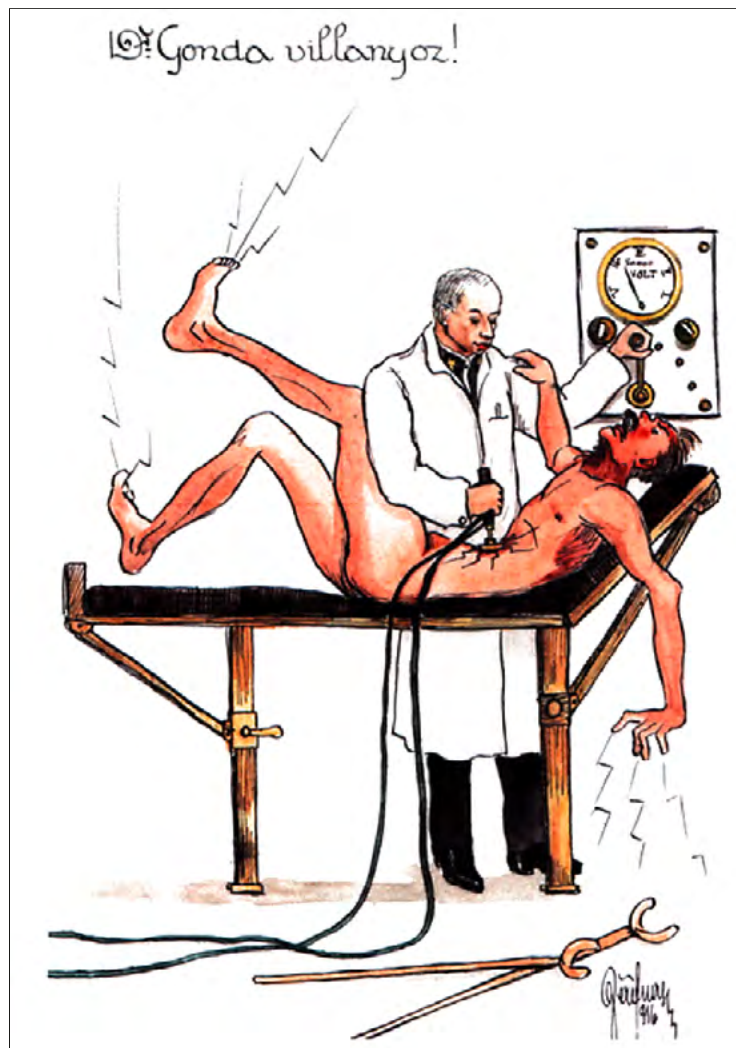
27 See Riedesser/Verderber, "Maschinengewehre hinter der Front".

28 On the social-political questions regarding war victims in its aftermath, see Kent, Aftershocks. Politics and Trauma in Britain 1918–1931; Verena Pawlowsky, Wunden des Staates. Kriegsopfer und Sozialstaat in Österreich 1914–1938, Vienna/Cologne/Weimar 2015.

29 See José Brunner, Freud and the Politics of Psychoanalysis, Oxford 1995; José Brunner, Psychiatry, Psychoanalysis and Politics during the First World War, Journal of the History of the Behavioral Sciences 27 (1991) 4, 352-365.

'Surprise Cure' and Shock Therapy

After the Munich congress, most military neurologists and psychiatrists in Germany and Austria-Hungary had come to agree that the most efficient method of curing and 'normalising' war neurotics – either for those who were really 'ill' or for those who were just 'malingerers' – was electrotherapy combined sometimes with other harsh methods, such as cures with alternating hot and cold water, isolation in a dark room, forceful exercises, and so forth. Electrotherapy was also called *Kaufmann's Method* after the German army doctor Fritz Kaufmann, who was the first to apply this procedure systematically.[30] He called his treatment *Surprise Cure*, assuming that the great and sudden pain caused by the shock would make the patient 'forget' his symptoms forever. Some neurologists supposed that the symptoms disappeared exclusively because of the direct physical effect of the electric shock. Others believed that the doctor's personality, the suggestive power of therapy, or the combination of physical and psychological consequences caused most symptoms to disappear – at least at first sight – after a few electrotherapy sessions.



A caricature of Dr. Gonda's method

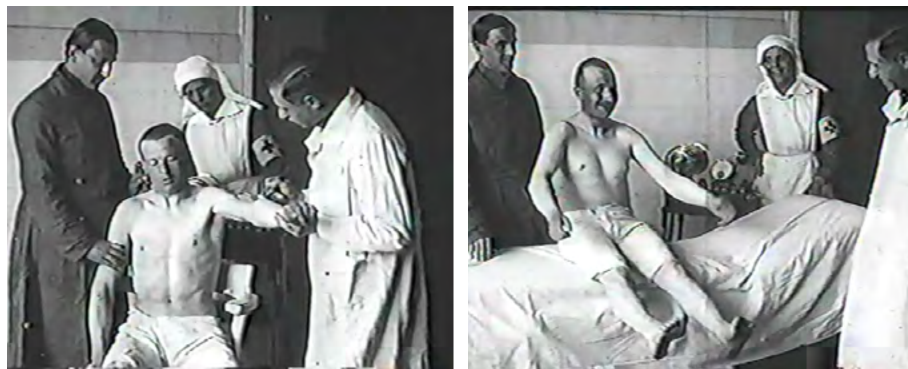
30 On the history of electrotherapy, see Michael Hubenstorf, Vom Krebsgang des Fortschritts, in: Lichtjahre. 100 Jahre Strom in Österreich, Vienna 1987, 149-171; Markus Hedrich, Medizinische Gewalt, Bielefeld 2014; see also Max Kahane, Grundzüge der Elektrodiagnostik und Elektrotherapie, Berlin/Vienna 1922.

Returning to Ferenczi's own experiences, in May 1917 he was ordered to continue his service in a reserve hospital in Újpest, a suburb of Budapest, in a modern and well-equipped neurology section opened in 1916. In this hospital, electrotherapy was also systematically applied. One of Ferenczi's colleagues here was a young physician named Dr. Viktor Gonda, who was already known as an expert of and a passionate believer in shock therapy.[31] Ferenczi characterised him as such in a letter to Freud:

> "[Dr. Gonda] is spreading himself around more and more here, is having column-length articles written about his miracle cures (in daily newspapers), and all the naive folk, from archduke to university professors on down, are coming to our hospital to observe the miracle together."[32]

In an earlier article, Gonda had already described the details of his method, which meant administering painful electric shocks with growing intensity of faradic current on the patient's limbs.[33] The administration of the shock was complemented by verbal suggestion. This procedure was repeated eight to ten times, and finally the patient was forced to stand up, move, walk, and run.

Dr. Gonda was also a passionate photographer and filmmaker. He took a great number of photographs portraying his patients at different stages of their treatment, and he also made a moving picture to illustrate the process of the cure. These images portray treatment as a theatrical performance reminiscent of Charcot's *Theatre de l`hystérie*.[34]



Scenes from the film on the electric treatment of war neurotics made by Dr. Viktor Gonda in 1916.

31 Dr. Gonda graduated from the medical faculty of Budapest University in 1911. In 1916, he joined the Magyar Királyi Rokkant Kórház, the Hospital of the Hungarian Royal Disability Department in Rózsahegy (today Ružomberok, Slovakia) as a neurologist. From there he was transferred to Újpest in 1917. After the war, he emigrated to the United States where he later became a professor of neurology in Chicago. His work largely contributed to the spread of electroconvulsive therapies in the USA; see László Kiss, Rózsahegytől Chicagóig. Gonda Viktor (1889–1959), egy méltatlanul elfelejtett magyar orvos [From Rózsahegy to Chicago. Gonda Viktor (1889–1959), An Undeservedly Forgotten Hungarian Doctor], in: Orvosi Hetilap [Weekly for Medical Doctors] 146 (2005) 18, 853-855.

32 The Correspondence of Sigmund Freud and Sándor Ferenczi, Volume 2, 1914–1919, 243.

33 Viktor Gonda, Rasche Heilung der Symptome der im Kriege entstandenen "traumatischen Neurose" (Vorläufige Mitteilung), in: Wiener klinische Wochenschrift XXIX (1916) 30, 960-961.

34 For the photos and films, I am grateful to Dr. William Gonda, Viktor's grandson. Some of the photos can be found in the Kriegsarchiv in Vienna: Österreichisches Staatsarchiv/Kriegsarchiv (ÖStA/KA), KM 1916, Präs. 15-15, 155.

Psychoanalysis Enters the Scene

In 1917, one year before the end of the war, war neurosis became an increasingly serious problem for the Austro-Hungarian military authorities. On 2 October 1917, the Austrian Prime Minister Count Czernin claimed during a speech in Budapest that the war must be continued and the final victory must be attained "with cold blood and calm nerves".[35] In October 1917, the Austro-Hungarian High Military Command convened a conference in Baden in order to discuss the most important and immediate actions to be taken in order to prevent the occurrence of massive war neuroses. The military doctors who attended the conference, among them Dr. Gonda, presented with pride their enormous successes in electrotherapy. However, the propaganda of success could not bring improvements to the masses of people who suffered shocks on the battlefield, or became traumatised in many other ways during the war. Military medicine was ever less capable of coping with the problem of traumatic neuroses on a massive societal scale. Protests against the terrible human and material conditions and against the often barbaric, inhuman treatments ruling at the neurological and psychiatric wards of the military hospitals became ever more intense. Among the war neurotics, whose numbers in Vienna alone had increased according to some estimates to as many as 180,000 by 1918, revolutionary agitation fell upon fertile ground.[36]

The Austro-Hungarian Ministry of War – already in the shadow of imminent defeat – planned new strategies in order to cope with this increasingly threatening problem. For a moment, psychoanalysis seemed a promising alternative to alleviate the situation, replacing, at least partly, the much criticised and mostly ineffective electrotherapies. In fact, the Austro-Hungarian Ministry of War issued an order in October 1918, a few days before the end of war, for the "[f]urther construction of nerve stations and treatment of war neurotics". The order ruled, among other things, that "cases that already manifested resistance against the doctors' intentions on several nerve stations should be handed over to nerve stations where cures should be attempted with psychoanalytic methods."[37]

The more favourable attitude of military health authorities toward psychoanalysis was largely due to Ferenczi's ceaseless efforts to popularise his ideas. He was able to arrange an invitation of the delegates of the Austro-Hungarian Ministry of War to the Fifth International Congress of Psychoanalysis – "this very important scientific meeting" then under preparation – the main themes of which would be "war neuro-

35 Cited in Hofer, Nervenschwäche und Krieg, 358.

36 See Hofer, Nervenschwäche und Krieg; Riedesser/Verderber, "Maschinengewehre hinter der Front". It should be noted that the problem of war-neurosis came to the forefront again by 1920 in Austria. Julius Wagner-Jauregg, the famous neurology professor from Vienna who was awarded the Nobel Prize in 1927, was accused by one of his war-neurotic ex-patients (Lieutenant W. Kauder) claiming that the treatment of patients under his direction was brutish. The professor regarded these patients simply as hypochondriacs or deserters. A board of enquiry was set up and Freud was called as an expert witness. He declared his reservations concerning the methods used by Wagner-Jauregg. However, at the same time he commended Wagner-Jauregg's professional and human qualities; see Kurt R. Eissler, Freud und Wagner-Jauregg vor der Kommission zur Erhebung militärischer Pflichtverletzungen, Vienna 1979.

37 ÖStA/KA, Code No. KA 18. 14. A. 43-51. The document was first published by Ferenc Erős/Patrizia Giampieri Spanghero, The Beginnings of the Reception of Psychoanalysis in Hungary 1900–1920, Sigmund Freud House Bulletin 11 (1987) 2, 13-28.

ses and psychoses, topics so important for military medicine".[38] The Fifth International Congress of Psychoanalysis took place in Budapest in September 1918, under the participation of a few higher ministerial dignitaries from Vienna, Budapest, and Berlin. The keynote speech was held – in Freud's presence – by Ferenczi, under the title *Psychoanalysis of War Neurosis*, which was in fact a more elaborate version of his earlier paper, cited above, on certain types of war neuroses.[39] In the speech, he pointed out: "The mass experiment of the war caused many kinds of grave neuroses, among them such conditions that were caused certainly not by mechanical effects. Thus, neurologists are due to acknowledge that something was missing from their calculations, namely, the psyche." He added that it was only the terrible experiences of the war that had forced neurologists to appreciate the significance of psychoanalysis.[40]

From a historical perspective, medical treatment of soldiers suffering from shell shock or war neurosis was one of the most exciting and at the same time darkest chapters in the history of modern warfare and psychiatry, a genuine *Naturexperiment*, as Ferenczi called it. The psychoanalytic conception of war neurosis played only a marginal role in the history of psycho-sciences during the First World War. Nevertheless, by suggesting a more humane alternative to the dominant, often barbaric procedures, it became a paradigmatic frame for further discussions on the nature and consequences of psychological traumas. Psychoanalysts emphasised the importance of listening to the patients' narratives, exploring their previous life history, understanding the meanings of their symptoms, and interpreting their unconscious motives, rather than focussing exclusively on external, hypothetically physical causes, or simply declaring them 'malingerers'. On the other hand, most psychoanalysts were obedient soldiers, being loyal to Freud and to the Kaiser at the same time, and, as all other military doctors, stood in the service of an oppressive power. In *The Last Days of Mankind*, Karl Kraus portrayed the military doctor as a diabolic figure who becomes "less fit for service the more people he declares fit to fight, so securing a greater chance of survival for himself. […] they secure the survival of the wounded – to be sent back to the front, where they won't survive".[41] Psychoanalysts could have been, of course, less diabolic, but they could not escape from the inherent hypocrisy of their position: "Healing of the soul while serving the war." Or as Karl Kraus remarked with murderous irony: "Psychoanalysis is that mental illness for which it regards itself as therapy."[42]

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38 During the final period of the war, a few German psychoanalysts such as Karl Abraham and Ernst Simmel also played an important role in legitimising psychoanalysis, and in convincing the Prussian military health authorities about its beneficial effects. Simmel, as the head physician of the neurology department of the military hospital in Posen (Poznań), combined psychoanalysis with hypnosis during the treatment of war neurosis, publishing a book about his work that raised widespread interest: Ernst Simmel, Kriegsneurosen und "psychisches Trauma". Ihre gegenseitigen Beziehungen, dargestellt aufgrund psychoanalytischer, hypnotischer Studien, Munich/Leipzig 1918.

39 Karl Abraham and Ernst Simmel, both representing the Berlin Psychoanalytic Association, also contributed to this topic at the congress; see Sigmund Freud/Sándor Ferenczi/Karl Abraham/Ernst Simmel/Ernest Jones, Zur Psychoanalyse der Kriegsneurosen. Diskussion gehalten auf dem V. Internationalen Psychoanalytischen Kongress in Budapest, 28. und 29. September 1918, Leipzig/Vienna 1919.

40 Sándor Ferenczi, Symposium on Psychoanalysis and the War Neurosis Held at the Fifth International Psycho-Analytical Congress Budapest, September 1918. The International Psycho-Analytical Library 2 (1921), 5-21.

41 Karl Kraus, The Last Days of Mankind, 1919, http://thelastdaysofmankind.com/act-ii-scene-8.html (28 January 2017).

42 Cited in Thomas Szasz, Karl Kraus and the Soul-Doctors. A Pioneer Critic and His Criticism of Psychiatry and Psychoanalysis, Baton Rouge 1976.

Ferenczi on Violence and Hypocrisy

Ferenczi was one of the early psychoanalysts who attempted to replace hypocrisy with sincerity. In his works written after 1918/1919, he went on to speculate on trauma in a much wider perspective, focussing on violence on multiple levels: interpersonal, familial, therapeutic, and societal, but never forgetting the war as *The Ice Age of Catastrophes*. Violence, according to Ferenczi, is not a single act but a series of events, which includes its antecedents as well as its consequences. One consequence of a violent act may be the complete annullment or concealment of the act itself. This happens for example between an adult and a child, when the adult uses "language of passion" – that is, of violence – instead of "language of tenderness".[43] The abuser and his victim, the psychiatrist and the shell-shocked soldier, the psychoanalyst and his patient. Hypocrisies, both professional and everyday, are all based on lies, but not simply on 'malingering' or 'intentional simulation', as shell-shocked soldiers were often accused of. In fact, according to Ferenczi, all participants of the situation share the same lie: Nothing happened. As we can see in Viktor Gonda's photographic and cinematographic accounts of his therapies, he, the doctor, pretends that the procedure is a realistic and successful treatment; they, the patients, obey the doctor's expectations, pretending that they were all cured from one single shock. Moreover, they even enjoyed it, and became happy men again. However, it was not simply a theatrical performance,[44] maybe it was the cure itself: the mutual acceptance of the lies, making the viewer believe in their truth through the power of suggestive-hypnotic images.[45]

This is the common societal, universal, or even cosmic mendacity, the lack of sincerity which Ferenczi condemned in his late writings, especially in his long unpublished *Clinical Diary*, in which he returned several times to the experiences of war: "What is traumatic, is the unforeseen, the unfathomable, the incalculable. If I kill myself, I know what will happen. Suicide is less traumatic (not unforeseen)."[46]

There is no space here to discuss Ferenczi's theories concerning the cosmic, phylogenetic origin of trauma, and his radical theoretical and therapeutic innovations introducing sincerity, love, mutuality, and tenderness in the doctor-patient relationship. What is important here is to emphasise that Ferenczi's ideas on lies and concealments as fundamental components of psychological traumatisation anticipated later insights into the nature of Holocaust trauma: the silence of the survivors as well as of surrounding society, the conspiracy of silence, the lack of an adequate language to describe the sufferings, and the difficulty of transforming mimetic scenes of the original trauma into memory traces.[47] For Ferenczi, the victim of violence is a victim whose victimhood as such is denied. Traumatisation occurs not just as a consequence of external shocks, but because the shock as shock has been denied or repressed, has been declared non-existent, and the repression itself has been accepted by the victim through the identification with the aggressor. This identification as an explanation of survivor's guilt became a concept often applied later in describing Holocaust trauma.[48]

43 Ferenczi, Confusion of Tongue between the Adults and the Child, in: Julia Borossa (ed.), Sándor Ferenczi, 293-303.

44 On the visualisation of hysteria as 'theatre of hysteria', see Márta Csabai, Tünetvándorlás. A hisztériától a krónikus fáradtságig [Wandering of the Symptoms. From Hysteria to Chronic Fatigue], Budapest 2007; Georges Didi-Hubermann, Invention of Hysteria, New York 1992; Julia Barbara Kühne, Kriegshysteriker. Strategische Blider und mediale Techniken militärpsychiatrischen Wissens (1914–1920), Husum 2009.

45 See Ruth Leys, Trauma. A Genealogy, Chicago 2000; Ruth Leys, From Guilt to Shame. Auschwitz and After, Princeton 2007.

46 Sándor Ferenczi, Clinical Diary, London 1988, 171.

47 See a detailed discussion of Ferenczi's mimetic theory in Leys, Trauma.

48 See Leys, From Guilt to Shame.

The Impact of the First World War on the Development of Psychoanalysis

It was not only Ferenczi who drew far-reaching conclusions from the experience of the war. War was indeed like an exploding shell thrown onto the existing body of psychoanalysis, both theoretically and practically. A threatening external social reality broke in on the centre of a discipline which, since its beginnings in the late nineteenth century, was preoccupied with the individual and his/her internal or family conflicts. Psychoanalysts, however, soon realised that the 'war in the souls' had not ceased with the ceasefire, the 'wartime ego' is sustained for a long time and may return in peacetime as repressed, in the form of a 'death instinct', a human compulsion to repeat painful experiences, a concept which was proposed by Freud after the war in *Beyond the Pleasure Principle*. Here he declared:

> "Neither the war neuroses nor the traumatic neuroses of peace are as yet fully understood. With the war neuroses some light was contributed, but also on the other hand a certain confusion introduced, by the fact that the same type of malady could occasionally occur without the interposition of gross mechanical force. In the traumatic neuroses there are two outstanding features which might serve as clues for further reflection: first that the chief causal factor seemed to lie in the element of surprise, in the fright; and secondly that an injury or wound sustained at the same time generally tended to prevent the occurrence of the neurosis."[49]

In his address at the 1918 Budapest congress, Freud already spoke about new lines in the development of psychoanalysis after war, and pointed out "the vast amount of neurotic misery which there is in the world, and perhaps need not be".[50] He foresaw a future in which "the conscience of society will awake", and will compel it to take responsibility for its psychological as well as material well-being. Freud proposed the creation of outpatient clinics staffed by psychoanalytic clinicians, where "treatments will be free".[51] At such clinics, analysts would "be faced by the task of adapting [psychoanalytic] technique to the new conditions".[52] In fact, such outpatient clinics were created in the 1920s in Vienna, Berlin, and a decade later in Budapest, too.[53]

The experience of war and the revolutions influenced Freudian theory in many other ways. The introduction of a 'death instinct, one of the most controversial psychoanalytic concepts, was a direct consequence of the war. The introduction of the problems of narcissism and mourning into psychoanalytic metapsychology was also a new development (though not without precedents: see Freud's earlier work on melancholia). Narcissism – whether it is inborn, primary, or a later, pathological phenomenon – became a key problem in Freud's on-going controversy with Ferenczi, too. One of the most important new developments of Freudian theory was the elaboration of a mass psychology, in which the basic models for the mass were the army and the church, two hierarchical organisations which demand loyalty, unconditional obedience, and identification from their members.

There were two more, possibly less evident lines in which the war in the souls went further. The first was child psychoanalysis, as developed after the First World War, first of all in the works of Melanie Klein, a former disciple of Ferenczi, on childhood

49 Sigmund Freud, Beyond the Pleasure Principle. Freud, Standard Edition, Volume XVIII.
50 Sigmund Freud, Lines of Advance in Psycho-Analytic Therapy. Freud, Standard Edition, Volume XVII, 159-168.
51 Ibid., 165.
52 Ibid., 165.
53 Elizabeth Ann Danto, Freud's Free Clinics. Psychoanalysis and Social Justice 1918–1938, New York 2005.

anxieties and aggressiveness. As the British historian Michael Roper showed, the "anxious child" in Klein's case studies was pre-figured in the shell-shocked soldier, and the figure of the traumatised veteran reappeared in the figure of the post-war child. [54]

The second important line of advancement in post-war psychoanalysis was group therapy, which in fact already began in the United Kingdom during the First World War at Maghull, a psychiatric hospital near Liverpool. Group methods were further elaborated by British psychiatrists and psychoanalysts (Wilfred Bion, Michael Foulkes, John Rickman, and others) during the Second World War in order to enhance group solidarity and mutual responsibility between the soldiers, and thus to prevent individual breakdowns.[55]

In psychoanalysis, more specific research on trauma due to war and other severe shocks only began in the 1940s, during the Second World War. The pioneer of this more complex approach was the American psychoanalyst Abram Kardiner, a former disciple of Freud.[56] Kardiner emphasised that traumatic neurosis was a "stand-by state of the mind" that served the defence of the ego by trying to eliminate and ward off potential dangers, and it was fixed to these situations as if the stimuli triggering it were still present. The traumatised person may exclude these memories from his or her memory or suppress them, but they continue to live on in his or her dreams, fantasies, hallucinations, and anxieties. The detailed examination of the latter conditions began only after the end of the Second World War, especially in relation to the traumatic experiences of Holocaust survivors.

PTSD and Holocaust Trauma

The problem of war neurosis has remained a central problem of the more traditional psycho-sciences (psychiatry and neurology), too. During the Second World War, a more professional military psychiatry became an elementary part of the medical services. The occurrence of shell shock in its 'classic' form had perhaps become less frequent, but the psychological impact of the Second World War was much farther reaching than that of the first; the mental breakdowns and injuries were even more serious, lasted much longer, and extended far beyond the fighting armies. *Shell Shock* was the symbolic representation of the First World War, while *Survivor Syndrome*' represented the second. Survivors, including Holocaust survivors, were not necessarily shell-shocked in the proper, physical sense of the term, most of them showing signs of what was later labelled *Post-traumatic Stress Syndrome*. PTSD as an independent syndrome was acknowledged by the American Psychiatric Association only as late as 1980, after the Vietnam War.[57] The introduction of PTSD as a diagnostic category and simultaneously as a theoretical construct became a great challenge for psychoanalysis, especially because PTSD shed new light on Holocaust trauma, which has a long and controversial history in psychoanalysis. After 1933, the year of

54 Michael Roper, From the Shell-Shocked Soldier to the Nervous Child: Psychoanalysis in the Aftermath of the First World War, Psychoanalysis and History 18 (2016) 1, 39-69.

55 See Tom Harrison, Bion, Rickman, Foulkes, and the Northfield Experiments. Advancing on a Different Front. London 2000. It should be mentioned that modern group psychoanalysis was largely inspired by the ideas of Michael Bálint, the émigré Hungarian psychoanalyst, a student of Ferenczi who became well known through the special group method called Bálint groups.

56 Abram Kardiner, The Traumatic Neuroses of War, New York 1941.

57 See http://www.fairobserver.com/region/north_america/psychological-wounds-of-conflict-the-impact-of-world-war-one-71084/ (28 January 2017).

Hitler's assumption of power (and also of Ferenczi's death), psychoanalysis practically disappeared from Central Europe, except in small, provisional 'islands' such as Budapest. Most psychoanalysts continued their lives and careers in the United States, where as émigrés they faced the challenges of new cultural and social circumstances.[58] For most of them, and also for the subsequent generations of psychoanalysts, the Holocaust – the persecution and murder of the European Jews – have remained a "blind spot".[59] After the Second World War, the main focus of psychoanalysis was on the exploration of the 'Nazi mind', that is the specific psychological and characterological traits of war criminals, their supporters, and their collaborators.[60] The focus only shifted from perpetrators to victims in the 1970s. It took several decades until Holocaust trauma was acknowledged in its own right in psychoanalysis. The historiography on the psychological and psychoanalytic assessment of Holocaust survivors is a huge field, ranging from the first post-war psychiatric studies on survivor syndrome to studies on the emotional states of survivors claiming the Holocaust syndrome as an independent entity, which may be subject to reparation and indemnification.[61]

As the Israeli-American psychoanalyst Dori Laub remembers:

> "Working as a psychiatrist in a state hospital in 1957 to 1966 we knew that there was Auschwitz patient who was regularly admitted every year during the same month. We administered our usual protocol of 12 electro-convulsive treatments, and he felt better and was discharged. Nobody asked why he returned at the same time on a yearly basis. Decades later I found out that there were thousands of holocaust survivors in Israeli institutions for decades, some since the end of the war […] One can only wonder about the proximity of terror and the ubiquity of loss and cultural exile such a massive blind spot covers."[62]

The diagnostic category of PTSD introduced after the Vietnam War seemed a good description of Holocaust trauma inasmuch as it could be easily identified with the survivor syndrome described by psychiatrists and also psychoanalysts immediately after the Second World War. PTSD represented a turning point in the clinical theories of trauma. In both world wars, the individual was held responsible for his breakdown: whether his genetics, family history, morality, character, or unconscious conflicts. Even if they acknowledged the significance of external conflicts and conditions, psychoanalysts also blamed the individual as the ultimate cause of her/his sufferings and pains. PTSD reversed this causal explanation. Everyone, whether citizen or soldier, was potentially vulnerable to the new traumatic disorder if exposed to a life-threatening event. As Nathan Kellermann remarked, however, PTSD "may be felt as a grave underestimation of the trauma of the Holocaust", since it does not necessarily include complex, long-term traumatisation or "victimization sequel disorder, or even a long-term discrimination up to the intention of annihilation based on

58 See Ferenc Erős, Psychoanalysis and the Emigration of Central and Eastern European Intellectuals, in: American Journal of Psychoanalysis 76 (2016) 4, 399-413.

59 See for example Nathan Kellermann, Holocaust Trauma. Psychological Effects and Treatment, New York/Bloomington 2009; Emily A. Kuriloff, Contemporary Psychoanalysis and the Legacy of the Third Reich, New York 2014; Dori Laub, On Leaving Home and the Flight Trauma, in: Julia Beltsou (ed.) Immigration in Psychoanalysis, New York 2016; and Kellermann, Holocaust Trauma.

60 See for example Daniel Pick, The Pursuit of the Nazi Mind. Hitler, Hess, and the Analysts, Oxford 2012.

61 See José Brunner, Gutachten, Geld – Das Trauma als Paradigma des Holocaust, in: José Brunner/Nathalie Zaida (ed.), Holocaust und Trauma. Kritische Perspektiven zur Entstehung und Wirkung eines Paradigma, Göttingen 2011, 40-71; Nathalie Zaida, Der Schoah als Paradigma des Holocaust, in: Ibid., 17-39; and Allen Young, Vier Versionen des Holocaust-Traumas, in: Ibid., 185-208.

62 Laub, On Leaving Home and the Flight Trauma, 173.

racial stigmatization".[63] From this angle, PTSD better describes 'classical' war neurosis than Holocaust trauma. The concept of PTSD preserved, in some ways, the dominant discourse of First World War psychiatry, continuing, in a subtler way, to stigmatise or blame the victims – not as genetically or morally inferior, but as sick, socially unfit persons. PTSD as a diagnosis implies a dilemma similar to that of the psycho-doctors of the First World War: "If you cure my symptoms, you will be sending me back to death on the battlefield, if you don't cure me, I'll be a mental invalid for the rest of my life." Psychoanalysis once again had to face this moral and political dilemma: 'medicalising', fitting Holocaust trauma into the existing scientific nosological system, or understanding it, as Ferenczi did, with all the difficulties and vicissitudes of understanding.

It may be concluded that the history of the discourse on war neurosis, survivor syndrome, and PTSD has remained an open field for discussing the nature of psychological trauma as a social and historical reality.

63 Kellermann, Holocaust Trauma, 36.

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