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"Inter-national" Suffering and Local Medical Counselling: Dr. William G. Niederland (1904–1993) and the Psychiatric Contours of Empathy

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Abstract

While working for the American and West German authorities as a psychiatric expert in the indemnification trials for Holocaust survivors from the 1950s to the 1980s, German-born physician William G. Niederland not only became an advocate for survivors' claims for compensation, but worked out the psychiatric contours of empathy in modern psycho-traumatology. Historians often assume that he developed his notion of empathy strictly from clinical diagnostic reports and personal experiences, yet Niederland's encounters with psychiatric and psychological communities remain scantily understood. However, his personal encounters and own emigration story formed his interests to a great extent and served in his continuing diagnostic endeavours. Niederland reshaped empathy into a methodological tool and elaborated the definition of survivors' syndrome — for which he became world renowned. His work as a physician in the British Marine Corps inevitably left its traces in his later psychiatric practice. At the centre of this article lies the development of Niederland's personal and professional career, with a focus on "inter-national" forms of suffering. Beyond such subjective experiences, Niederland can also be seen as one of many émigrés who brought Central European concepts to North America and adapted them to their new medical and psychological milieu. This process remains tangible in Niederland's views of Karl Jasper's (1883–1969) and Eugen Bleuler's (1857–1939) works in general psychopathology. This article traces the knowledge transfer that occurred in the historical development of empathy. Niederland's call for modifying the physician–survivor relationship is thereby presented in relation to his scientific and popular writings, while drawing attention to his court testimonies in the context of reparation and restitution claims for Nazi atrocities.*

*Research for this article in the archives of the Holocaust Center of Northern California (HCNC) in San Francisco and the Leo Baeck Institute in New York City was supported through a Canadian Social Sciences and Humanities Research Council enhancement grant ("The Forced Migration of German-speaking Neuroscientists and Biomedical Researchers") by the University Research Grant Committee of the University of Calgary, AB (# 10005402), as well as through a research grant from the Nova Scotia Health Research Foundation ("From Brains on the Bench to Images of Mind? – A Critical Appraisal") by Associated Medical Services in Toronto, ON (# 1034600). Frank W. Stahnisch is grateful to a recent invitation from Professor Matthias Lutz-Bachmann to become a research fellow at the Institute for Advanced Studies (*Forschungskolleg Humanwissenschaften*), Goethe University, in Frankfurt, Germany. Most of this article was written in Bad Homburg during the summer of 2016; and both authors thank Keith Hann (Calgary) and Leslie Saffrey (Toronto), for their editorial assistance as well as two external reviewers for their constructive criticisms provided on earlier manuscript versions.

Introduction

This article ponders the question of altered "inter-national" living and working milieus in the context of forced migration of German-speaking émigré psychiatrists and neuroscientists during Nazism and fascism in Europe.[1] It concentrates on refugee psychiatrist and neurologist William G. Niederland (1904–1993); the first part describes his working biography; the second part reflects on the notion of empathy in Niederland's patient work; and the third part analyses some of the "inter-national" implications of his work. For the publication of this article in *History of Intellectual Culture*, the authors emphasize that the English-speaking readership of the journal is very different from historians familiar with the German-language historiography of Niederland, and thus refer more to recent German-speaking scholarship and especially the earlier biography written by Wenda Focke.[2] The article further concentrates here analytically on the psychiatric contours of empathy in Niederland's therapeutic practice and international contributions.

Niederland was born in East Prussia and emigrated to North America in 1940 by a remarkable route, one that took him all around the globe — from Europe to China, and from there to the United States via the Pacific isles.[3] A look at Dr. Niederland's remarkable biography presents his distinct interests in "inter-national" forms of suffering. His interpretation of the psychiatric contours of empathy was related to a rapidly globalizing world while, conversely, the answers to the psychiatric conditions he described, scrutinized, and treated emerged from entrenched practice in medical counselling settings.[4]

The hyphen used here between "inter" and "national" emphasizes the clinical symptoms and the living conditions of the European refugees and Holocaust survivors Niederland worked with.[5] This population was Dr. Niederland's primary clientele and therapeutic concern. In Niederland's counselling practice, the process of their expulsion, their experiences of terror and violence, and the psychic presence of the past in their lives in exile played major roles for the psychiatric specialist. Likewise, in Niederland's emigration story, when connected to his later career as a "psychiatrist of the persecuted,"[6] is found in a similar reflection of worldwide social change in his personal life and work history since the 1920s.[7]

While Niederland acted as a psychiatric expert in the indemnification trials (*Wiedergutmachung* in German; *shilumim* in Hebrew) for Holocaust survivors and Nazi refugees in the Bundesrepublik Deutschland (the Federal Republic of Germany, or West Germany),[8] this German-trained physician not only became an advocate for survivors' compensation claims, but noticeably worked out the contours of empathy in psycho-traumatology. This route "back" to Germany is precisely the means by which Niederland transformed "inter-national" forms of suffering across diverse national levels. He productively used the pre-existing axes between Washington in the United States and Bonn in West Germany and between New York and Berlin to widen discursive terrains. These relationships served him in determining

[1] Cf. Mitchell Ash and Alfons Soellner, eds., *Forced Migration and Scientific Change: Émigré German- speaking Scientists after 1933* (Cambridge, UK: Cambridge University Press, 1996); Paul Weindling, Shula Marks, and Laura Wintour, eds., *The Plight, Persecution, and Placement of Academic Refugees, 1933–1980s* (Oxford: Oxford University Press, 2011).

[2] Wenda Focke, *William G. Niederland. Psychiater der Verfolgten, seine Zeit, sein Leben, sein Werk, ein Portraet* (Wuerzburg: Koenigshausen & Neumann, 1992).

[3] For example, see Focke, *William G. Niederland*, 259–307.

[4] William G. Niederland, *Folgen der Verfolgung. Das Ueberlebenden-Syndrom. Seelenmord* (Frankfurt am Main: Suhrkamp, 1980), 13–20.

[5] Henry Krystal and William G. Niederland, *Psychic Traumatization: Aftereffects in Individuals and Communities* (Boston: Little, Brown, 1971), 11–28.

[6] Focke, *William G. Niederland*, 1.

[7] Eric Hobsbawm, *Age of Extremes: The Short Twentieth Century, 1914–1991* (London: Michel Joseph, 1994), 187–95.

[8] Ya'akov Sharet, *The Reparations Controversy: The Jewish State and German Money in the Shadow of the Holocaust, 1951–1952* (Berlin: De Gruyter, 2011), 67–70.

the psychiatric contours of empathy underlying "survivor syndrome,"[9] which he philosophically identified, introduced as a new psychiatric condition, and popularized.[10]

The focus on the psychiatric uses of "survivor syndrome" serves as a helpful cynosure for this article, which proceeds as follows: first, it gives details of Niederland's personal background, which influenced his career choices and moulded his psychiatric practices. This was well represented in his 1967 article on the manifestations of conscious life and psychiatric empathy, in which he reviewed his experience with concentration camp victims and described the psychiatric state in which he discovered them.[11] The second part of the article reflects on Niederland's interaction with his patients, especially since the notion of empathy was so informative for his clinical work. The third and last part, analyses some of the important "inter-national" implications of his work impinging on refugees' mental and physical health, as well as how these were generally perceived.[12]

William G. Niederland's Life and Work — Paths of Emigration and Adaptation

William Guglielmo (*né* Wilhelm) Niederland was born the son of an Orthodox rabbi in 1904 in the small village of Schippenbeil, East Prussia (now in Poland). With his family, he later moved to Franconia, where he received his high school diploma from the *Realgymnasium* in Wuerzburg and earned his MD degree at the University of Wurzburg. He then went for postdoctoral training to Genoa, Italy, primarily with an interest in dermatological pathologies and intending to become an internist. When he returned to Germany in the 1930s, nothing at the time predicted that Niederland would emerge as a world-renowned psychiatrist after the Second World War. Instead, he was inclined to settle into a small family practice in the Wuerzburg area.[13] Opportunities to take over a practice from a retiring physician were scarce, however, when mass unemployment among doctors was the rule throughout Germany.[14] Because of this challenging situation, Niederland decided to fill in the time by working as a public health officer in Wuerzburg and becoming director of the state-run sanatorium at Beelitz in Thuringia. When January 1933 arrived and the Nazis seized power in Germany — followed by the enactment of the Law for the Re-establishment of a Professional Civil Service (*Gesetz zur Wiederherstellung des Berufsbeamtentums*) — Niederland lost his state-supported position at the Beelitz sanatorium. He decided to leave his home country, first for the Netherlands and then for Italy, where he practised as a neurologist until 1938.[15]

He still had close ties with his former colleagues at Genoa, and it seemed obvious to him that the political fascism of Benito Mussolini (1883–1945) would never take the same anti-Semitic stance that had arisen in Germany. Yet the situation in Italy worsened, and the work of Jewish physicians was daily constrained by

[9] In this sense, the analysis in this article departs from the foregoing one by Wenda Focke, in that it finds that the notion of empathy played a much larger role in Niederland's psychiatric conceptualizations, diagnostic work, and therapeutic conceptions, rather than being "incomplete" or an "Achilles tendon" of his therapeutic practice. Cf. Focke, *William G. Niederland*, 271.

[10] Cf. Richard B. Zimmer, "Three Psychic Organizations and Their Relation to Certain Aspects of the Creative Process," *The Psychoanalytic Quarterly* 79, 3 (2010): 629–63.

[11] William G. Niederland, "Psychiatric Disorders among Persecution Victims," *Journal of Nervous and Mental Disease* 193, 4 (1966): 458–73.

[12] Some might even have influenced the "collective memory" of most Germans in the *Bundesrepublik*, along with the social and medical consequences of Germany's recent Nazi past. Karl Jaspers, *The Question of German Guilt* (1946), trans. Ellis B. Ashton (New York: Fordham University Press, 2000), 55–75.

[13] Wenda Focke, "Niederland, William G.," *Neue Deutsche Biographie* 19, 1 (1999): 223–4.

[14] Peter Longerich, *Holocaust: The Nazi Persecution and Murder of the Jews* (Oxford: Oxford University Press, 2010), 38–40.

[15] Wolfgang Saxon, "Dr. William G. Niederland, 88; Formulated 'Survivor Syndrome'," *The New York Times* (5 August 1993), D22.

anti-Semitic state laws.[16] In assuming that Italy would be a good country to live in until the political tide in Germany had turned, Niederland shared the views of many Jewish Germans who simply could not anticipate what was to happen when the paths of history went beyond human imagination.[17] Accordingly, Niederland settled in Milan, realizing that the only niche in medicine left available to him was psychiatry. He took postgraduate training in neurology and psychiatry in order to become relicensed as a consultant physician and eventually opened his own private practice in the northern Italian city. The way in which Niederland interacted with his patients —investing much time in personal interactions, taking histories, and following up on treatments — soon won him huge recognition. The number of patients grew steadily, until he could barely handle the caseload.[18] For Niederland, these five years in Italy proved to be a happy time — even if this was to be only a transitional period, as he later realized. As an expression of his gratitude for this happy sojourn, Niederland even changed his second name from "Wilhelm" to "Guglielmo," thinking that he was to stay in Italy forever.

In 1938, with the *Anschluss* (annexation) of Austria, not only did the borders of the Third Reich begin to stretch further south, but rumours emerged that Nazi officials were pressuring Italy to extradite Jewish refugees. Accordingly, Niederland decided to emigrate to England in May 1938, with the help of a Jewish refugee aid group.[19] He was, however, interned there in 1939 as an "enemy alien" along with other German Jewish refugees when the Second World War broke out, serving as camp doctor for four months. Upon his release, Niederland tried to migrate onward to the United States, which proved to be a traumatic event: the refugee ship on which he sailed for Miami, Florida, did not receive permission from American immigration authorities to dock. While refugees could literally see their safe haven in front of them, the ocean liner *St. Louis* returned to Europe — of course with uncertain prospects.

On his return to the eastern coast of the Atlantic, Niederland arrived in British Malta, where he signed up as ship doctor on the British freight vessel Dardanus for a voyage to the Philippines. Here the course of world history once again crossed the path of his personal life. He was again regarded as an "enemy alien," this time by the foreign legation operating according to the mandate of the Japanese control agencies, and was stranded in Shanghai for one year before he was able to prove his refugee background and allowed to travel onward to San Francisco during the summer of 1940.[20]

For a long while Niederland deemed his complex emigration story of no interest, as he noted in his personal memoir. He was motivated to record his experiences only after witnessing new waves of political refugees arriving in the United States during the Cold War:

> This is a true story, funny in some ways and not so funny in others. I have never written it down. Now that thousands of refugees from so many countries, Vietnam and others, have come to our shores and are struggling to find a new home for themselves in this country, I am now [sic] writing it down, so that some of them and, perhaps, my sons too — all of them at college — will be able to read it.[21]

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[16] Joshua D. Zimmerman, *Jews in Italy under Fascist and Nazi Rule, 1922–1945* (Cambridge, UK: Cambridge University Press, 2005), 28–30.

[17] William G. Niederland, "Holocaust Survivors and Their Children," in *American Academy of Psychoanalysis Convention*, ed., American Academy of Psychoanalysis (Atlanta: American Academy of Psychoanalysis, 1978). Leo Baeck Institute, New York, William G. Niederland Collection, AR 7165, box 1, folder 6, n. pag.

[18] William G. Niederland, "A Refugee's Life — The First Year." Typescript with annotations in handwriting, ca. 1968. HCNC, San Francisco, manuscript box (William G. Niederland), 88 1111. 3000. H10, 5.

[19] Ibid, 7f.

[20] Christian Pross, *Paying for the Past: The Struggle over Reparations for Surviving Victims of the Nazi Terror*, trans. Belinda Cooper (Baltimore: Johns Hopkins University Press, 1998), 76

[21] Niederland, "A Refugee's Life," 1.

In 1940, more than two years after his unsuccessful attempt to reach the United States, Niederland landed in California and soon continued on to New York City, where he married his wife Jacqueline Niederland (*née* Rosenberg, 1918–1992), with who he had three sons, Alan, Daniel, and James born in the United States.[22] Yet, sharing the fate of many émigré physicians, at first he was not allowed to work as a doctor in a city hospital, so he opened a private practice in New York the following year.[23]

Figure 1: The freight vessel *S.S. Dardanus* (before 1949) – Glen Line Ltd. Courtesy of the City of Vancouver Archives, Vancouver, British Columbia, Canada.[24]

After the war, he assumed a research position at the University of Tampa, Florida, where he founded an experimental unit on social psychology and from where he combatted racial-hate groups like the Ku Klux Klan.[25] In 1952, Niederland returned to New York City and continued to work in private practice as a psychoanalyst for more than two decades, before moving to Englewood, New Jersey, in 1974. Although he had been treating some Holocaust survivors and Nazi refugees since the late 1940s,[26] Dr. Niederland's involvement with them as a group began only in the late 1950s, reaching its peak after the Frankfurt Auschwitz Trial of 1963–1965.[27] The psychological constitution of the individuals he examined during the

[22] Focke, *William G. Niederland*, 218f.

[23] Cf. Lawrence A. Zeidman, Anna von Villiez, Jan-Patrick Stellmann, and Hendrik van den Bussche: "'History Had Taken Such a Large Piece out of My Life' — Neuroscientist Refugees from Hamburg during National Socialism," *Journal of the History of the Neurosciences* 25, 2 (2016): 275–98.

[24] Figure 1, Photograph of the freight vessel *Dardanus* at dock, before 1949. Photograph by Walter E. Frost, CVA, AM1506-S3-2-: CVA 447-2150 accessed 18 June 2019, https://searcharchives.vancouver.ca/s-s-dardanus-at-dock.

[25] For example, see William G. Niederland, "Denkerinnerungen," *Monatsschrift Psychiatrie — Neurologie* 1, 1 (1899): 163–4.

[26] Focke, *William G. Niederland*, 53–6.

[27] Devin O. Pendas, *The Frankfurt Auschwitz Trial, 1963–1965: Genocide, History, and the Limits of the Law* (Cambridge, UK: Cambridge University Press, 2006), 288–306.

Auschwitz Trial had been vividly shattered, and their general symptoms were similar to those of survivors of natural disasters. Yet Niederland also understood that despite unimaginable atrocities and crimes conducted during the Nazi period, the only option for surviving victims was to live on and get past their experiences of the Holocaust. The memories of the survivors, according to Niederland's observations, represented the whole mental and physical atmosphere of the concentration camps and suffering they had endured.[28]

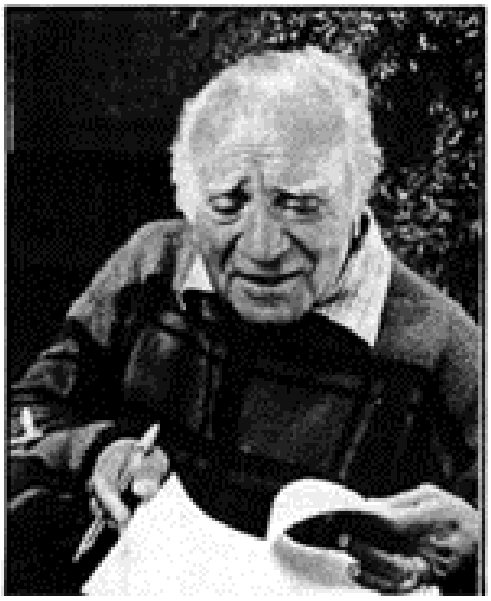

Figure 2: William G. Niederland (ca. 1965). Courtesy of the Englewood Historical Society (EHS), Englewood, NJ.[29]

In his second New York period, Niederland assumed psychiatric teaching affiliations at the Mount Sinai Medical Center in Manhattan for three years, before accepting a professorship at the New York Downstate Medical Center in Brooklyn in 1953. That same year, Niederland began to work as an examining psychiatrist for the West German consulate in New York City. In this capacity, while evaluating indemnification claims from the many Holocaust survivors in the United States, he became central to the political debate over the compensability of post-traumatic sequels.[30] According to the post-war West German Federal Restitution Law (*Bundesentschaedigungsgesetz*), Niederland reported on the extent to which claimants had diminished capacity to work. He was thereby in a unique position: as a German-trained Jewish émigré with personal experience in a refugee camp, Niederland was familiar with the German reparations evaluation system, but had not inherited the psychiatric culture of many of his Gentile medical

[28] William G. Niederland, "The Survivor Syndrome: Further Observations and Dimensions," *Journal of the American Psychoanalytical Association* 29, 2 (1981): 413–25; esp. 416.

[29] Figure 2, Photograph of William G. Niederland, ca. 1965, from: EHS, accessed 9 August 2018, http://wikienglewood.net/images/c/cf/Niederland_William_pig.jpg/.

[30] For the impact of the Auschwitz Trial and Niederland's knowledge about the Shoah and its bearing on the social context of Central European refugees in their exiles, see also Claudia Moisel, "William G. Niederland (1904–1993) und die Urspruenge des "Ueberlebenden-Syndroms," *Jahrbuch Exilforschung* 34, 1 (2016): 103–19.

peers of the time.[31] Since he was a fellow Jew, his patients did not have the same reservations approaching him that they might have had with a Gentile physician from the German war generation.[32] Clinging to the close relationship of body and soul in the face of popular biological reductionism at the time, Niederland became an important advocate for traumatized Holocaust survivors.[33] Throughout his career, he used his experience with hundreds of trauma patients to develop a unique diagnosis: survivor syndrome. While working as a clinical instructor and training psychoanalyst at the New York Institute of Psychoanalysis, he also served as an adjunct professor of psychiatry at the State University of New York's Health Science Center in Brooklyn until he reached emeritus status in 1974.[34]

Although Dr. Niederland continued to practise medicine privately in his new hometown in Englewood, NJ, the last twenty years of his life were mostly filled with psychoanalytic publications and frequent lecture tours to Germany and Austria. An ever-larger part of his life was devoted to writing reports as an expert reviewer for compensation claims from the German courts, a consultant for health insurance companies, and an adviser to numerous commissions of psychiatric, psychoanalytic, and neurological societies on both sides of the Atlantic.[35] Dr. Niederland died at the age of eighty-eight from sudden heart failure.

The Notion of Empathy as a Working Concept and *Conditio Sine Qua Non* for Psychiatric Care in Holocaust Survivors

The focus now turns to Dr. Niederland's views about his patients and their physical and mental health. In his interactions with them, the notion of empathy had assumed a central place.[36] It is argued here that his own refugee status crucially played into his practical work and that his experiences of being ousted from his German homeland permeated his theoretical reflections,[37] regardless of whether they concerned his psychoanalytic culture theory, patient case reports, or psychiatric methodologies.[38] The underlying influence of his refugee background may become visible only when the focus is more closely directed at his autographical writings, published speeches, and review reports. In the psychiatric-historical literature and in Holocaust research, William G. Niederland is not unknown. However, until recently, upon the publication of Wenda Focke's extensive biography, his own experiences and varying encounters with medical communities had been scantly understood. Yet even Focke's dedicated account falls rather short of relating Niederland's autographical narrative to his work with patients as a psychoanalyst.[39] These occurrences, as is here contended, strongly shaped Niederland's psychosomatic research interests on

[31] Klaus Doerner, *Der Krieg gegen die psychisch Kranken. Nach "Holocaust" – Erkennen, Trauern, Begegnen* (Frankfurt am Main: Mabuse Verlag, 1989), 15–20.

[32] Paul Weindling, "Medical Refugees in Britain and the Wider World, 1930–1960: Introduction," *Social History of Medicine* 22, 4 (2009): 451–9.

[33] Also see Viktor E. Frankl, *Was nicht in meinen Buechern steht. Lebenserinnerungen*, eds. Claus Koch and Sabrine Andresen (Weinheim: Beltz, 2015), 14–20.

[34] Saxon, "Dr. William G. Niederland," D22.

[35] William G. Niederland, "Clinical Observations on the Survivor Syndrome," *International Journal of Psychoanalysis* 49, 3 (1968): 313–15.

[36] Stefan Frisch, "How Cognitive Neuroscience Could Become More Biological — And What It Might Learn From Clinical Neuropsychology," *Frontiers in Human Neuroscience* 8, 7 (2014): 1–13.

[37] For example, see William G. Niederland, "Denkerinnerungen," *Monatsschrift Psychiatrie — Neurologie* 1, 1 (1988): 163–4.

[38] Frank W. Stahnisch, "'Abwehr,' 'Widerstand' und 'kulturelle Neuorientierung' — Zu Re- Konfigurationen der Traumaforschung bei zwangsemigrierten deutschsprachigen Neurologen und Psychiatern," in *Trauma und Wissenschaft*, ed. André Karger (Goettingen: Vandenhoeck & Ruprecht, 2009), 29–60; esp. 48–52.

[39] Focke, *William G. Niederland*, 259–307.

empathy and eliciting survivor syndrome, serving him quite productively in his diagnostic endeavours when reshaping this clinical concept into a methodological tool.[40]

Niederland first described the semantic scope of survivor syndrome in 1961. His conclusions were distilled in about two hundred articles and books based on the observations of two thousand former death-camp inmates. He discussed the concept in numerous papers, lectures, and interviews during the 1950s and 1960s. The proto-idea[41] itself — as a forerunner to post-traumatic stress disorder (PTSD) — was mainly derived from his contact with Holocaust survivors, yet it applied as well to Nazi refugees and victims of natural disasters and automobile accidents. For Niederland these groups of victims suffered from survivor syndrome similarly to the Holocaust survivors. As a frequent psychiatric indemnity counsellor for health and accident insurance, these other patient groups played a significant role in Niederland's research and practice as well, revealing phenomena such as the intrusion of trauma, general physiological irritability, numbing, and psychological survivor guilt among the clinical signs and symptoms.[42]

The cardinal symptoms in all these patient groups seemed similar and included insomnia, nightmares, personality changes, depressive states, disorientation as to personal identity, memory disturbances, anxiety, and psychosomatic ailments: "The very fact of survival always causes severe guilt," Niederland said about this self-reproach, "always."[43] And indeed, he wrote in his memoir not only about the guilt that he had personally experienced since his Italian exile, having escaped Germany in time, but also his self-doubts as to whether he should beg for food and his unease with being referred to as a refugee — having been a respected physician before. During exile he frequently found himself in the dire situation of "low spirits."[44] In the first draft of his autobiography, he quite scolded himself — despite encountering terrible difficulties in fleeing from Europe and experiencing the painful rejection by the Florida Immigration Office — for having successfully escaped from Nazi-occupied Europe:

> I had come to Milan from Genoa, the port city, where I had tried to get on board one of those fast steamships that made the transatlantic run from Europe to the United States in ten days or so. But I had remained stranded in Genoa, since I had no entry visa to the United States, nor any affidavit from an American citizen who would have attested to my not becoming a "public burden" after arriving in the Promised Land. In fact, I did not know anyone in either Italy or America.[45]

Central European refugees, of course, knew very well that physicians generally had easier access to the United States, due not only to quotas for that profession, but also to the work of aid foundations such as the Emergency Committee for Displaced Physicians and the Psychoanalyst's Emergency Committee in giving affidavits and facilitating refugees' emigration and new beginnings in North America.[46] As a learned

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[40] William G. Niederland, *Die Psychologie des 20. Jahrhunderts. Sonderdruck aus dem fuenfzehnbaendigen Informationswerk: Die Psychologie des 20. Jahrhunderts* (Zurich: Typescript, 1988). HCNC, San Francisco, manuscript box (William G. Niederland), 88 1111. 3000. H10, 1055–67.

[41] For the notion of a "proto-idea" in the history of science, see Frank W. Stahnisch, "Disharmonien der Taeuschung: Warum blieb Ludwik Flecks dynamische Erkenntnistheorie selbst so lange statisch?" in *Von der wissenschaftlichen Tatsache zur Wissensproduktion. Ludwik Fleck und seine Bedeutung fuer die Wissenschaft und Praxis*, eds. Bożena Chołuj and Jan C. Joerden (Frankfurt am Main: Peter Lang, 2007), 111–32.

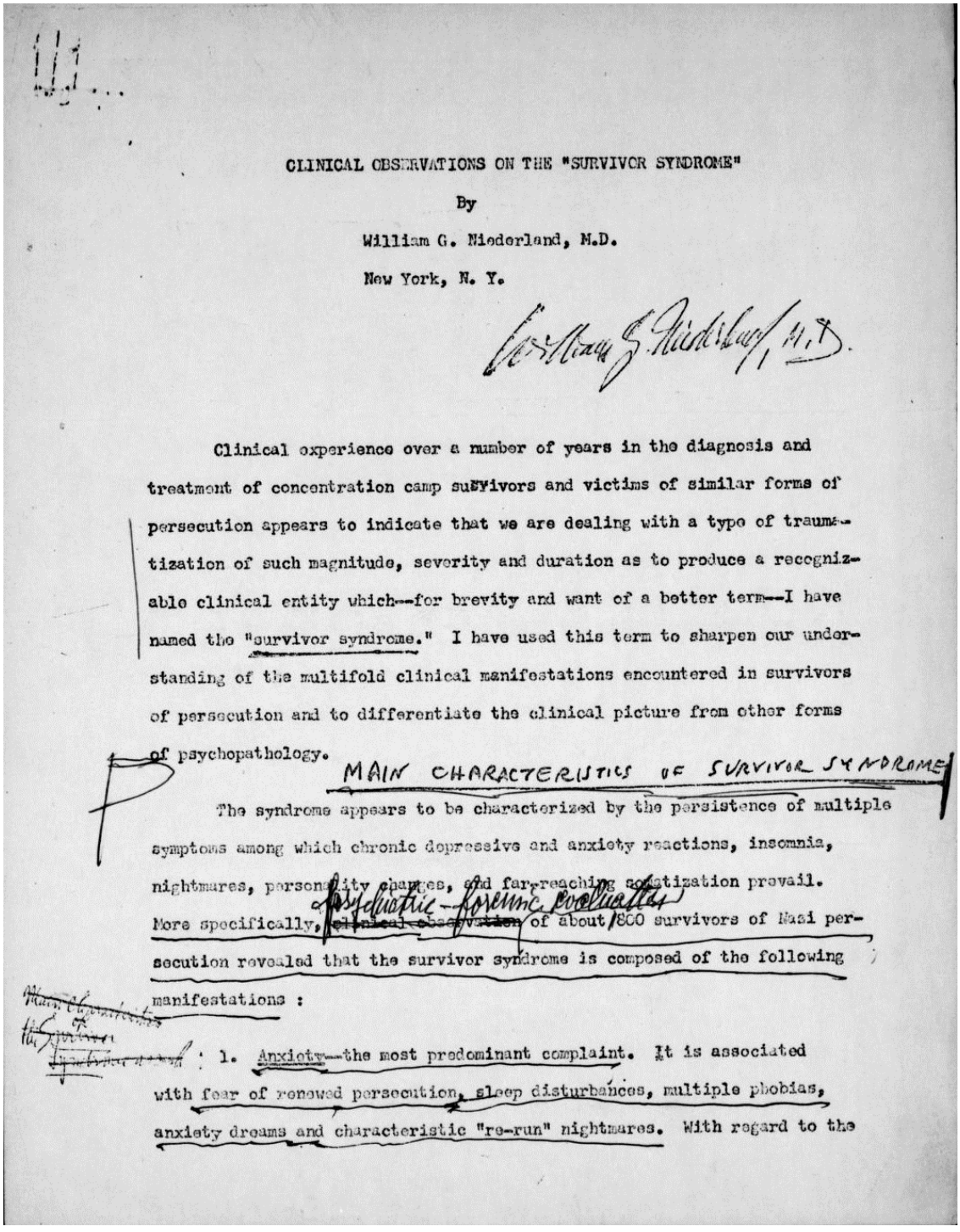
[42] Niederland, "Clinical Observations on the Survivor Syndrome," 313.

[43] Ibid., 313.

[44] Niederland, "A Refugee's Life," 7–11.

[45] Niederland, "A Refugee's Life," 1.

[46] Kathleen M. Pearle: "Aerzteemigration nach 1933 in die USA: Der Fall New York," *Medizinhistorisches Journal* 19, 1 (1984): 112–37.



CLINICAL OBSERVATIONS ON THE "SURVIVOR SYNDROME"

By

William G. Niederland, M.D.

New York, N. Y.

Clinical experience over a number of years in the diagnosis and treatment of concentration camp survivors and victims of similar forms of persecution appears to indicate that we are dealing with a type of traumatization of such magnitude, severity and duration as to produce a recognizable clinical entity which—for brevity and want of a better term—I have named the "survivor syndrome." I have used this term to sharpen our understanding of the multifold clinical manifestations encountered in survivors of persecution and to differentiate the clinical picture from other forms of psychopathology.

MAIN CHARACTERISTICS OF SURVIVOR SYNDROME

The syndrome appears to be characterized by the persistence of multiple symptoms among which chronic depressive and anxiety reactions, insomnia, nightmares, personality changes, and far-reaching constitution prevail. More specifically, psychiatric-forensic evaluation of about 800 survivors of Nazi persecution revealed that the survivor syndrome is composed of the following manifestations :

1. Anxiety—the most predominant complaint. It is associated with fear of renewed persecution, sleep disturbances, multiple phobias, anxiety dreams and characteristic "re-run" nightmares. With regard to the

Figure 3: First page of William G. Niederland's manuscript with handwritten marginalia, "Clinical Observations on the Survivor Syndrome," 1.[47]

[47] Figure 3, Niederland, "Clinical Observations on the Survivor Syndrome," 1 (the full manuscript is made digitally available and in the public domain through the William G. Niederland Collection, 1903–1989, of the Leo Baeck Institute, New York), accessed 9 August 2018, http://www.archive.org/stream/williamniederland01reel01#page/n147/mode/1up/.

and experienced psychiatrist, this was self-evident to Niederland, who — in a way — had become the subject of his own psychiatric research study.

And here the concept of empathy (*Sich-Einfuehlen*) — the core concept dominating German *Lebensphilosophie*, psychiatry, and phenomenology since the nineteenth century — was not alien to most émigrés, who themselves experienced the far-reaching consequences of persecution and survival.[48] In his German book *Folgen der Verfolgung: Das Ueberlebenden-Syndrom — Seelenmord* (Effects of Persecution: The Survivor Syndrome — Murder of the Soul), Niederland prefers to use the notion of survivor syndrome, while, interestingly, no major English translation of Niederland's work uses the more dramatic term "murder of the soul":

> [A psychic trauma is a] flooding of the mental frame of the "I" through a continuous onslaught of public and personal insults, suspicions, defamations, and accusations — all of these without any possibility to seek refuge in police and justice.[49]

In *Folgen der Verfolgung*, Niederland also described the stories of twelve Jewish survivors. The consequences of the persecution of these highly traumatized individuals had been hidden before Niederland's breakthroughs made survivor syndrome public and give it scientific credibility. For example, he described a concentration camp inmate toward the end of the Second World War who was diagnosed as being "depressed" and "elderly," while the patient's medical record mentioned "involutional depression" without any more detailed diagnosis of the traumatic experiences and possible traumatic reactions. As Niederland pointed out, all too often the survivors' justified claims for indemnification were rejected through the courts based on inadequate diagnoses and lack of psychiatric expertise in the consulting physicians.[50] In fact, in Niederland's own unpublished memoir, written forty years after his arrival in the United States, he still referred to himself as a refugee physician, when writing under the heading of "A Refugee's Life — The First Year":

> Obviously, as far as the aftermath of the holocaust [sic] is concerned, the impact on the offspring is of great importance. The survivors unconsciously view their children, born after liberation and in areas far removed from the places of their ordeals, as resurrected members of their lost families, in particular as the living replacement . . . of the younger siblings who perished during the Nazi persecution. In this sense, the holocaust-family [sic] children are replacement children and often are treated as such. In view of the persecution history of the parents and the offspring's replacement position in the parents' inner world, it becomes clear that the after-effects of the holocaust [sic], in one way or another, are bound to affect the children.[51]

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[48] Many American psychologists, philosophers, and physiologists who trained in Germany during the nineteenth century were very well acquainted with the contemporary concept of *Einfuehlung*; see for example, Susan Lanzoni, "Imagining and Imaging the Social Brain: The Case of Mirror Neurons," *Canadian Bulletin of Medical History* 33, 2 (2016): 447–64.

[49] William G. Niederland, *Folgen der Verfolgung: Das Ueberlebenden-Syndrom*, *Seelenmord* (Frankfurt am Main: Suhrkamp, 1980), trans. Frank W. Stahnisch (FWS), 10.

[50] Niederland, *Folgen der Verfolgung*, 21–5.

[51] Niederland, *Die Psychologie des 20. Jahrhunderts*, trans. FWS, 423.

Niederland had already pursued some research into the conditions of emigration, new beginnings, and the separation from family and friends during the first steps of his own exile.[52] Yet in his later publications, he introduced experiences from his long flight from Italy to the Philippines to Shanghai and eventual arrival in San Francisco to illustrate the difficulties and suffering of his psychiatric patients. He described survivor syndrome from a psychiatric perspective as a traumatic experience, representing a "chronic engram that is associated with death" and resulting in a whole array of symptoms through war and trauma neuroses, characterized by anxiety and agitation, mistrust, and tensions in social interactions. It seemed to him to be a chronic condition, integrating conflicting interests in a process of "de-humanization" (*Entmenschlichung*):[53]

> Who, as a researcher, clinician or psychologically interested observer, enters the terrain of psychiatric illnesses, which often ensue after massive racist and political persecution, will unprovidedly [sic] enter a dark region entailing many tragic occurrences. This is a region, in which the psychological effects of the lived-through experiences and the interlinking with terror, hatred, guilt, horror and dehumanization are surfacing in such a crass way, that it is even hard for the medical researcher — accustomed to strict discipline and bound to objectivity, to keep an unprejudiced analytical habitus, which needs to be presupposed given the strong intertwinement of the psycho-historical events and deep psychological reactions. As a clinician, who works in the area of psychiatry and psychoanalysis, in the following, I [Niederland] will characterize clinical research results on persecution psychiatry and persecution pathology. However, some remarks on the problem of dehumanization shall first be made. How do we understand this term?
>
> I define dehumanization and the behavior leading to it, as the systematical [sic] attempt to strip a human being of all his psychophysical functions and abilities so that — as a final result from this process, if it can be survived at all — "something remains" that still lives in a human form, way or Gestalt, or — probably more adequately put — it vegetates, because all of man's psychological properties have changed to a great degree, if not in toto.[54]

Many of Niederland's primary arguments thus emphasized diagnostically necessary empathy in the psychiatrist, in order to understand the traumatic psychopathology of refugee patients and Holocaust victims from Nazi death camps. Death camps were seen by Niederland as "massive destruction machine[s]," systematically breaking down the integrity and functioning of their victims.[55] At a lecture to the Regional Council of Psychoanalysis in New York in 1969, he outlined the main characteristics of the traumatic experience in an appendix, reproduced below:

1. Protracted life-endangering situation in a state of total helplessness
2. Chronic starvation (1200–1400 calories; later 600 calories)
3. Physical maltreatment
4. Total degradation to the point of dehumanization
5. Recurrent terror episodes (Selections)

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[52] Cf. William G. Niederland, *Studies on Incidence of Tuberculosis* (Manila: Department of the Commonwealth of the Philippines, 1941/42).

[53] Niederland, "A Refugee's Life," 313.

[54] Niederland, *Die Psychologie des 20. Jahrhunderts*, trans. FWS, 1055.

[55] Niederland, "The Concentration Camp Psychopathology," in *The Late Sequalae of Massive Psychic Trauma: A Workshop*, ed. Henry Krystal (Detroit: Wayne State University, 1963), 1–25, 10.

6. Total or almost total family loss
7. Abrogation of causality
8. Impairment of identity with changes of self-image; self-estrangement
9. Prolonged "living-dead" existence with no way out

"Muselmann" Stage (Stupor, Marasmus) → Death[56]

These experiences formed the background of Niederland's medical and legal arguments. Weaving together the physical and emotional damage inflicted by the camps, he reminded his audience that refugee experiences and Holocaust traumas were both somatogenic and psychogenic: one could not consider the role of constant starvation without considering that of horrific and persistent terror. Describing the systematic obstruction of the individual self via the commodification and objectification of the persecution process, he argued that survivors had to become "automatons" in their daily functions, living only for survival so as to avoid the deadly, apathetic "Muselmann" stage.[57] Frequent exposure to the selection process, which put inmates' lives at the mercy of a Security Service (SS) officer's random split-second judgement of their health, left survivors immensely concerned with their body image. Inevitably, some made it through the selections while their loved ones did not, creating an "insoluble intrapsychic conflict . . . observable as survivor guilt."[58]

By referencing the structure of the death camp experience when outlining the aftereffects of Holocaust trauma, Niederland ensured that it would be impossible to separate survivors' post-traumatic syndrome from their experiences of persecution.[59] Thus he aimed at strengthening indemnification claims by erasing the role played by individual predispositions.[60] Indeed, he often referred to the fact that pre-persecution depression or inclination to endogenous depression was rarely observed among Nazi refugees and Holocaust survivors.[61] Arguing against the prevalent notion that "all psychic traumata, of whatever degree or duration, lose their effects when the psychologically traumatizing event could re-traumatize the victim,"[62] he later called this phenomenon *Seelenmord*, murder of the soul.[63]

On Some Implications of "Inter-Nationality" in William G. Niederland's Work

In 1969, Dr. Niederland inaugurated the Wayne State University workshop in Detroit, Michigan, on massive psychological and mental health trauma, by narrating a patient story from his own clinical experience: Patient B., as Niederland referred to him, had seen a friend hanged in a Nazi concentration camp the day before Yom Kippur. After he had moved to New York City at the end of the war, this patient, a tailor who worked at a local Holocaust survivors' rehabilitation centre, came to see his physician about a strange phenomenon: Niederland described the patient as infirm but calm, save for one week each year. Come Yom Kippur, B. experienced the *déjà vu* of "being back" in the concentration camp, re-experiencing

[56] William G. Niederland: "Clinical, Social, and Rehabilitation Programs in Concentration Camp Survivors," in *Symposium on the Holocaust; New York: Regional Council of Psychoanalysis, 1969.* Leo Baeck Institute, New York, William G. Niederland Collection, AR 7165, box 1, folder 6, n. pag.
[57] Niederland, "The Concentration Camp Psychopathology," 11.
[58] Ibid, 12.
[59] William G. Niederland, *Psychiatric Disorders of Persecution Victims, with Special Reference to Concentration Camp Services, ca. 1964.* Leo Baeck Institute, New York, William G. Niederland Collection, AR 7165, box 1, folder 5, n. pag.
[60] Detlev von Zerssen, "Ein halbes Jahrhundert erlebter Psychiatriegeschichte," *Sudhoffs Archiv* 91, 2 (2007): 174–89.
[61] Niederland, "The Concentration Camp Psychopathology," 14.
[62] Niederland, *Psychiatric Disorders among Persecution Victims*.
[63] Niederland, *Folgen der Verfolgung*, 12–5.

his friend's execution as if it were happening physically again.[64] Over the course of his career, Niederland used many such narrative stories to promote the cause of the Holocaust survivors on both sides of the Atlantic. Moreover, he introduced such stories in his psychiatric writings and used them to convince court lawyers to accept and acknowledge the psychological "afterlife" of the experiences and burden of concentration camp inmates, harms that could no longer be seen physically, but that had imprinted various psychological realities — even forty years after the event.[65] Niederland played an important role in a movement toward the use of empathy, mediated through patient stories and cultural acceptance of traumatic experiences, as a permanent psychosomatic phenomenon. In particular, he argued for the existence of a traumatic genesis of mental illness, while advocating for the reparation of instances of violent persecution.[66]

The framework of the complex West German Federal Restitution Law (*Bundesentschaedigungsgesetz*), under which psychiatric examiners like Dr. Niederland would be operating,[67] was developed in a context fraught with conflicting interests between socialist and Nazi political groups and the restoration of the German functionaries and elites in the rebuilding of German post-war society[68] The American military government had first adopted a reparations law (Allied Restitution Law) in 1947. It is striking to see that this law focused solely on somatic health problems, yet did not make provision for psychological forms of loss as potentially more damaging effects of war and instances of persecution. Most of these property claims were resolved within a decade.[69] Soon after, the Council of States in the American Occupied Zone drafted the first state restitution law, which defined concepts like persecution and was an open door for claims by displaced persons from Eastern Europe.[70] On 21 March 1952 representatives from West Germany, Israel, and the Conference on Jewish Material Claims Against Germany (also known as the Claims Conference) met in the Netherlands to negotiate Jewish claims for the damages of Nazi persecution.[71] This was an unprecedented occasion. West German Chancellor Konrad Adenauer (1876–1967) had spent six months since his governmental Bundestag speech of 27 September 1951 ("On the Stance of the Federal Republic of Germany towards the Jews") avoiding promises of reparation that Israel and the Claims Conference demanded. Adenauer's advisers were more concerned with Germany's debt to the previous enemy powers, and they refused separate payments to Israel and the Jewish Claims Conference.[72]

Finally, on 10 September 1952 the delegates met in Luxemburg and signed agreements for the payment of three billion Deutsche Mark to Israel and another five hundred million to the Claims Conference. First and foremost, the resulting protocols required federal legislation for the payment of individual restitution and indemnification claims.[73] The German Bundestag ratified the Luxemburg agreements on 18 March 1953, establishing the legal right of individual victims of Nazi persecution to reparations.[74] Yet only after

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[64] William G. Niederland, *The Problem of the Survivor, Part II: Concentration Camp Pathology and Its Psychiatric After-Effects*. Leo Baeck Institute, New York, William G. Niederland Collection.

[65] Niederland, *Die Psychologie des 20. Jahrhunderts*, 1055.

[66] William G. Niederland, *Lecture in Washington, D.C. Washington D.C., 1966.* Leo Baeck Institute, New York, William G. Niederland Collection, AR 7165, box 1, folder 6, n. pag.

[67] Pross, *Paying for the Past*, 19.

[68] Till van Rahden, "Clumsy Democrats: Moral Passions in the Federal Republic," *German History* 29, 3 (2011): 485–504.

[69] August W. Fehling, *Die Forschungsfoerderung der amerikanischen Bundesregierung und ihre Rueckwirkungen auf die Hochschulforschung* (Kiel: F. Hirt, 1954), 56–60.

[70] Ibid, 20.

[71] Marilyn Henry, *Confronting the Perpetrators: A History of the Claims Conference* (London: Valentine Mitchell, 2007), 2–5.

[72] Pross, *Paying for the Past*, 23.

[73] Ibid, 26–8.

[74] Ernst Féaux de la Croix and Helmut Rumpf, eds., *Der Werdegang des Entschaedigungsrechts unter national- und voelkerrechtlichem und politologischem Aspekt* (Munich: Bundesministerium der Finanzen, 1985), 119–200.

another nine years and a number of different agreements was a proper Federal Restitution Law adopted.[75] Deadlines were extended to include all forced migrants from Germany who had lived within the Reich's borders of 1937.[76] This new law presented for the first time eight kinds of harm that could be grounds for reparations claims: harm to life; harm to body and health; harm to freedom; harm to possessions; harm to property; harm through payment of special taxes, fines, and costs; harm to career advancement; and harm to economic advancement were now included among the material harms mentioned in this law. A threshold of 25 percent damage had to be met before compensation could be paid — a percentage, as strange as it may be, that was in line with earlier compensation laws established for war victims since the Weimar Republic.

Berlin neurologist Hermann Oppenheim (1858–1919) was perhaps one of the last German proponents of the somatic aetiology of traumatic neuroses.[77] As a Jewish neurologist and psychiatrist before the First World War, he treated waves of traumatized soldiers returning to Berlin. While at first subscribing to the notion that war neurotics suffered some kind of male hysteria whose origins were purely psychological, he quickly changed his mind.[78] He began to advocate for a diagnosis of traumatic neurosis, whose aetiology was partly somatic and thus inseparable form battlefield events. Traumatic neurosis was potentially compensable and considered largely incurable.[79] In 1926, the Reich Insurance Office ruled that traumatic neuroses would no longer be recognized as compensable illnesses. Lawyers and medical practitioners alike had concluded that the healthy, constitutionally sound human psyche was resilient enough to recover from almost any form of trauma.[80] The devaluing of traumatic neurosis was the product of years of intense debate, involving prominent military and academic psychiatrists, government officials, and administrators of social pensions.[81]

The *Bundesentschaedigungsgesetz* formed the astounding framework within which psychiatric and medical examiners had to operate in the post-war period while they debated with the West German government the legitimacy of Holocaust survivors' claims. Full of loopholes, the procedure for claiming harm to body and health was hard to complete, as American historian Jason Crouthamel has determined for the German situation post-1918.[82] And now doctors and judges were in the unusual situation of evaluating the claims of many who had lived through the Third Reich. Section 28.1 of the *Bundesentschaedigungsgesetz* stated that claims could be based on "not insignificant harm to body and health" that could be connected to persecution and that compensation for the ensuing reduced earning ca-

[75] This timeframe was used in trying to convince the German psychiatric profession, which remained rather impervious to the reparation of mental trauma. Cf. Steven J. Brady, *Eisenhower and Adenauer: Alliance Maintenance under Pressure, 1953–1960* (Lanham, MD: Lexington Books, 2010), 151–96; Konrad Adenauer: "165th Session," in *2nd German Bundestag* (Bonn, Germany: Federal Republic of Germany, 1951), 6697–8.

[76] *Bundesgesetzblatt* 31, 1 (29 June 1956): 559–60.

[77] Cf. Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca, NY: Cornell University Press, 2003), 223–48.

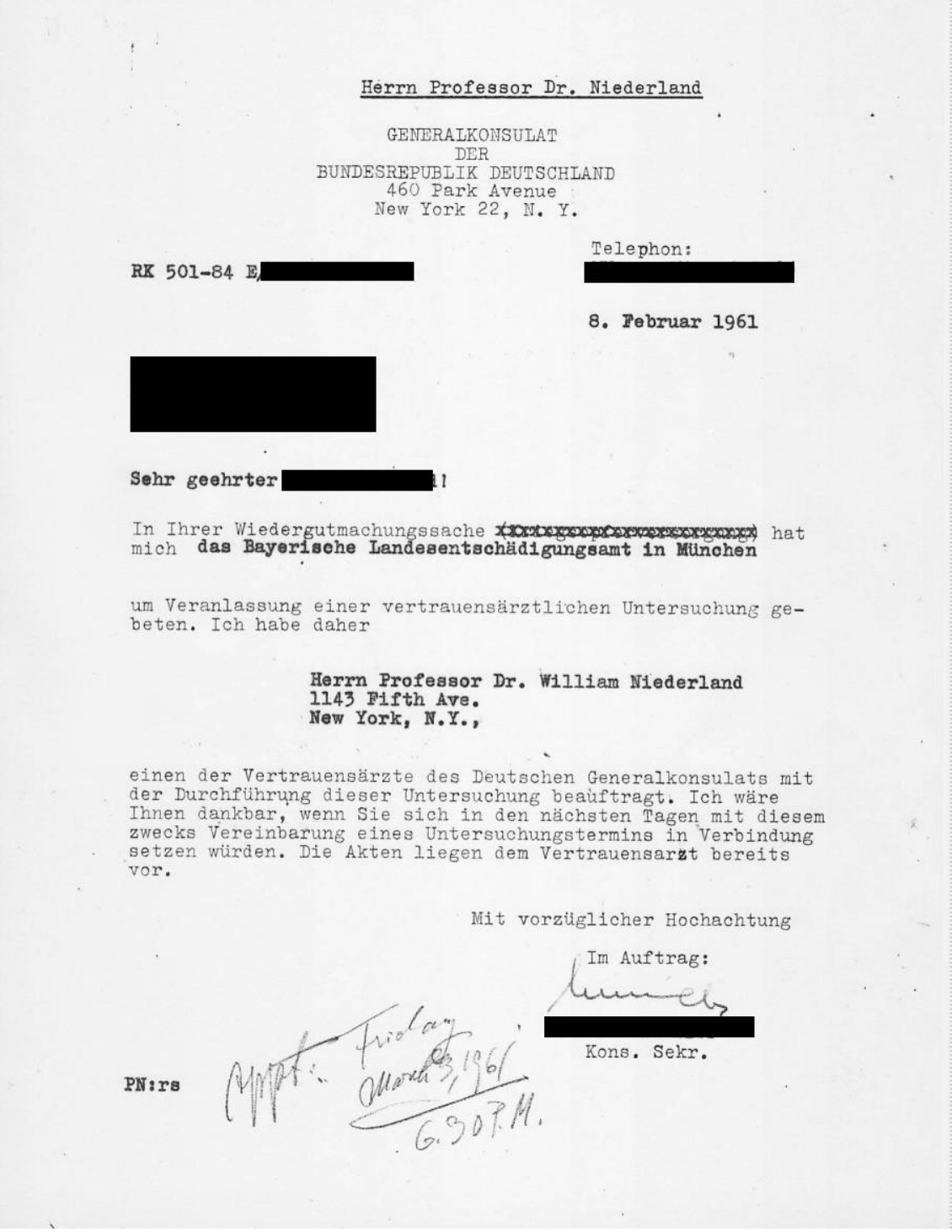
[78] Bernd Holdorff, "The Fight for 'Traumatic Neurosis,' 1889–1916: Hermann Oppenheim and his Opponents in Berlin," *History of Psychiatry* 88, 4 (2011): 465–76.

[79] Lerner, *Hysterical Men*, 62–5.

[80] Jason Crouthamel, *Invisible Traumas: Psychological Wounds, World War I and German Society, 1914–1945* (PhD diss., Indiana University, 2001), 161–70.

[81] Volker Roelcke, "Continuities or Ruptures? Concepts, Institutions and Context of Twentieth-Century German Psychiatry and Mental Health Care," in *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, eds. Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vijselaar, and Hugh Freeman (Amsterdam: Amsterdam University Press, 2005), 162–82.

[82] Jason Crouthamel, "War Neurosis Versus Savings Psychosis: Working-Class Politics and Psychological Trauma in Weimar Germany," *Journal of Contemporary History* 37, 1 (2002): 163–82.



Herrn Professor Dr. Niederland

GENERALKONSULAT
DER
BUNDESREPUBLIK DEUTSCHLAND
460 Park Avenue
New York 22, N. Y.

RK 501-84 E/[redacted] Telephon: [redacted]

8. Februar 1961

[redacted]

Sehr geehrter [redacted]!

In Ihrer Wiedergutmachungssache [redacted] hat mich **das Bayerische Landesentschädigungsamt in München**

um Veranlassung einer vertrauensärztlichen Untersuchung gebeten. Ich habe daher

Herrn Professor Dr. William Niederland
1143 Fifth Ave.
New York, N.Y.,

einen der Vertrauensärzte des Deutschen Generalkonsulats mit der Durchführung dieser Untersuchung beauftragt. Ich wäre Ihnen dankbar, wenn Sie sich in den nächsten Tagen mit diesem zwecks Vereinbarung eines Untersuchungstermins in Verbindung setzen würden. Die Akten liegen dem Vertrauensarzt bereits vor.

Mit vorzüglicher Hochachtung

Im Auftrag:

[redacted]
Kons. Sekr.

PN:rs

Appt: Friday March 3, 1961 6.30 P.M.

Figure 4: The General Consul of the Federal Republic of Germany in New York City, Letter (8 February 1961), instructing a claimant to schedule a medical examination with the main consultant of the German General consulate. Courtesy of the Holocaust Center of Northern California, San Francisco.[83]

[83] Figure 4, The General Consul of the Federal Republic of Germany in New York, Letter (8 February 1961) to a patient from Brooklyn, New York. HCNC, San Francisco, manuscript box (William G. Niederland), 88 1111. 3000. H10, 5.

pacity could be granted.[84]

Most physicians and judges responsible for the evaluation of cases in West Germany had also lived through the Third Reich themselves.[85] This situation was problematic, given these professionals' extensive membership in the Nazi party (NDASP) and affiliated organizations.[86] However, most claimants lived abroad and were assigned official consultants by the local German consulates in their respective countries. Unfamiliar with the German insurance system, however, these doctor-consultants often submitted reports that failed to meet the required standards. Their patients would then find that their personal claims were officially rejected.[87] For example, as seen in Figure 4, on 8 February 1961, Dr. Niederland was designated as the main consultant (*vertrauensaerztlicher Untersucher*) to the General Consul of the Federal Republic of Germany, Paul Neumueller (1930–2011) on Park Avenue in New York. Niederland was asked to diagnose claimants who were subsequently expected to contact William G. Niederland, MD, in his practice on Fifth Avenue to initiate the examination process.

Thus, while German indemnification legislation gave political refugees and Holocaust survivors the right to claim pensions and compensation payments, the system tended to maximize frustration, hostility, delay, and confusion. At the same time, it tended to minimize the payments.[88] The examinations for those claiming harm to body and health were especially stern. For example, causality between persecution and permanent bodily harm was often next to impossible to prove. However, those whose earning capacities were reduced by obvious physical harm could at least make claims regarding their disability. Those suffering the mental consequences of flight, incarceration, and the Holocaust, however, were to experience an irritating strain of new discrimination — partially politically motivated, yet also partially personal, racist, and anti-Semitic.[89] The medical profession, whose leaders had remained in Nazi Germany, inherited a long-standing distrust of the traumatic neuroses when evaluating the claims.[90] At the same time, most representatives of the former holist school of neurology, psychoanalytical psychiatrists, and representatives of the German psychosomatics movement had been driven out of Central Europe, finding refuge in, for example, Britain, North and South America, and Russia.[91]

Historians studying post-Nazi reparations have often noted the evaluators' reluctance to attribute disabling mental illness to previous persecution.[92] Post-war German psychiatrists, in particular, were quick to cite survivors' predispositions or weak constitutions as the causes of their psychological problems. In their case history of a German Holocaust survivor, who had to wait forty years for reparations approval, psychologists Werner E. Platz and Franklin A. Oberlander noted that examiners explicitly stressed the importance of endogenous mental factors, as opposed to exogenous (i.e., Nazi-inflicted) traumas and

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[84] German Bundestag, *Bundesentschaedigungsgesetz* (zuletzt geaendert durch Art. 81 G. v. 29.3.2017 BGBl. I p. 626) (Berlin: Bundesministerium der Justiz, 1956), accessed 16 June 2018, http://www.gesetze-im-internet.de/beg/BEG.pdf.

[85] Cf. Ronen Steinke, *Fritz Bauer: Oder Auschwitz vor Gericht* (Munich: Piper, 2013), 170–5.

[86] Michael H. Kater, *Doctors under Hitler* (London: The University of North Carolina Press, 1989), 54–88.

[87] Pross, *Paying for the Past*, 72.

[88] Paul Weindling, *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust* (London: Bloomsbury, 2014), 89–107.

[89] Steinke, *Fritz Bauer*, 123–34.

[90] Ernst Klee, *Das Personenlexikon zum Dritten Reich. Wer war was vor und nach 1945?* (Frankfurt am Main: S. Fischer, 2003), 5–7.

[91] Cf. Frank W. Stahnisch, "German-Speaking Émigré-Neuroscientists in North America after 1933: Critical Reflections on Emigration-Induced Scientific Change," *Oesterreichische Zeitschrift fuer Geschichtswissenschaften (Vienna)* 21, 3 (2010): 36–68.

[92] Alf Luedtke: "'Coming to Terms with the Past' — Illusions of Remembering, Ways of Forgetting Nazism in West Germany," *The Journal of Modern History* 65, 3 (1993): 542–72; Aleida Assmann, "Trauma des Krieges und Literatur," in *Trauma zwischen Psychoanalyse und kulturellem Deutungsmuster*, eds. Elisabeth Bronfen, Birgid R. Erdle, and Sigrid Weigel (Cologne: Boehlau, 1999), 95–116.

wounds.[93] Analysing the psychological state of these examiners, Platz and Oberlander argued that examiners' decisions were motivated by the rationale that acknowledging persecution-related forms of impairment would have been tantamount to "incriminating their own fathers and grandfathers."[94] Post-war German evaluators had numerous reasons to resist mental traumas as a compensable category. Informed by a psychiatric tradition that had jettisoned the notion of traumatic neuroses as early as 1916,[95] they began to link traumatic sequels to predisposing weaknesses and denied the role played by persecution. These experts were quick to point to the extraordinary costs involved in the restitution of trauma, and would have had to look only as far as the failure of the Weimar National Pension Law, which despite best intentions did not account sufficiently for the enormous economic costs of war-related and veterans' indemnifications.[96] This, then, was the environment in which Niederland needed to intervene — with West Germany just emerging from the severe economic crisis that had followed the country's collapse after the Second World War — when he commenced working as a reparations evaluator for the West German consulate in New York City in 1956.[97] Contrary to common practice, then, Niederland advocated for the existence of objective mental illnesses, arguing that Holocaust trauma was of long duration and warranted financial and social compensation.[98]

Niederland took part in a broader movement toward the acceptance of psychological trauma as a health-damaging phenomenon, while his involvement as an external expert in compensation claim cases was a mere coincidence;[99] yet here again the relation between the two metropolises, Berlin and New York, came into play. The West German consulate in New York had sought a physician for other medical cases it had to deal with, such as the medical experiments in the concentration camps during the war.[100] With the establishment of the 1956 Federal Restitution Law, Niederland was asked whether, as a German-speaking psychiatrist, he could report on the post-traumatic sequels in individual cases of the reparation claims.[101]

At a lecture in New York in 1969, Niederland outlined the characteristics of the traumatic experiences he had seen. Weaving together the physical and emotional damages inflicted by the camps, as well as by flight and emigration, he reminded his audience that Holocaust traumas were both somatogenic and psychogenic. Physicians taking this view could not consider the role of starvation in an individual's health without also taking the persistent terror also into account:

> I therefore wish to state from the outset that the clinical experience over the past thirty years in the diagnosis, treatment, and forensic-psychiatric analytic evaluation of concentration camp victims has taught me that the psychological and physical traumas of persons brutally persecuted, incarcerated, and tortured rarely heal.[102]

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[93] Werner E. Platz and Franklin A. Oberlander, "On the Problem of Expert Opinion on Holocaust Survivors Submitted to the Compensation Authorities in Germany," *International Journal of Law and Psychiatry* 19, 3 (1995): 309–19.
[94] Ibid, 319.
[95] Holdorff, "The Fight for 'Traumatic Neurosis,'" 465–76.
[96] Heather R. Perry, *Recycling the Disabled: Army, Medicine, and Society in World War I Germany* (Manchester: Manchester University Press, 2014), 4–5.
[97] William G. Niederland, "Caring for the Survivors," in *Hitler's Exiles: Personal Stories of the Flight from Nazi Germany to America*, ed. Mark M. Anderson (New York: The News Press, 1998), 317–35.
[98] Niederland, "The Survivor Syndrome."
[99] Niederland, "Caring for the Survivors," 317–20.
[100] For example, see Paul Weindling, Anna von Villiez, Aleksandra Loewenau, and Nichola Farron, "The Victims of Unethical Human Experiments and Coerced Research under National Socialism," *Endeavour* 40, 1 (2016): 1–6.
[101] Ronald W. Zweig, *German Reparations and the Jewish World: A History of the Claims Conference*, 2nd ed. (London: Routledge, 2001), 188–90.
[102] Niederland, "The Survivor Syndrome," 414.

The effect of the traumatic influences experienced in their "inter-national" dimension (i.e., the actual events had taken place in another country), persisted, and individual suffering could occur in different contexts on the other side of the Atlantic. Describing the systematic obstruction of the ego (Niederland had obviously become a psychoanalytical psychiatrist),[103] he argued that survivors had morphed into automatons in their daily functions ("*Maschinen im taeglichen Leben*").[104] Through his continual travel, while giving lectures to both lay and professional groups regarding the recognition of survivor syndrome, Niederland prolifically bridged the gap between North America and Germany. This was informed by the observation that most of the extended population of Holocaust survivors and Nazi refugees had not become psychiatric patients, yet were to be found in non-clinical and clinical survivor groups, which offered valuable shielding, mediating, protective, and resilient forms of support in times of stress and suffering. Niederland thereby noticed the protective roles of social support networks in promoting good psychological, family, and social behaviours; these networks could also prevent or moderate the long-term results of psychic trauma in lay groups and in clinical populations with significant survivor syndrome following concentration camp, persecution, or flight experiences.[105]

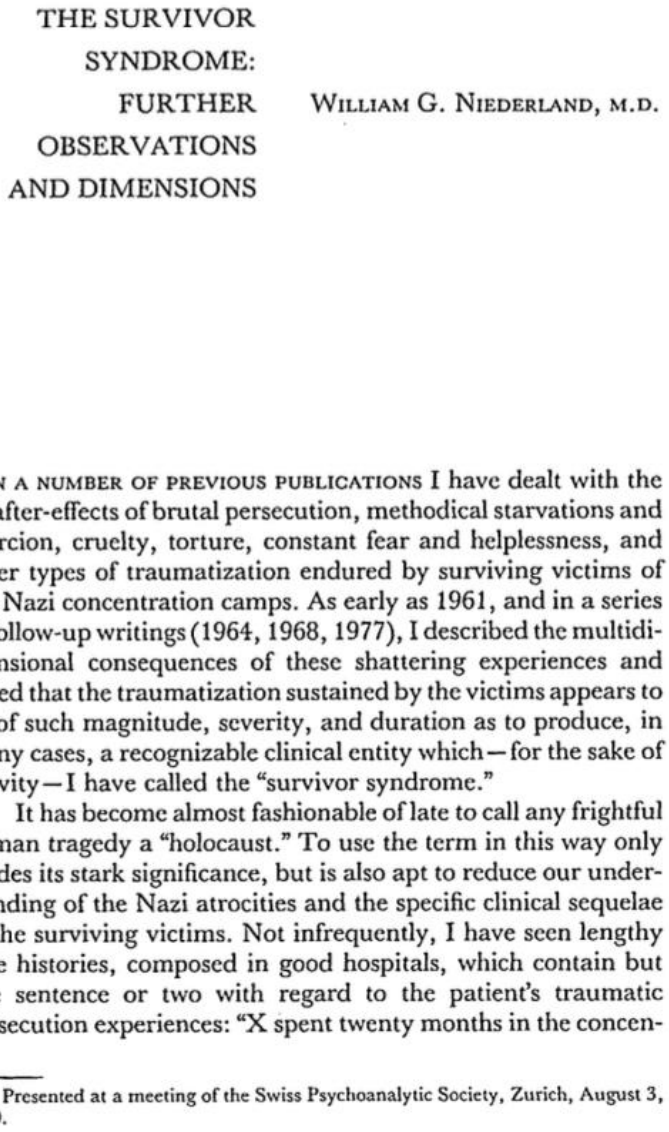
Niederland reconciled the psychiatric and psychoanalytic communities and was able to reach out to lay audiences and emphasize the main focus of his professional life, that "no one could survive Hitler's concentration camps and emerge unchanged."[106] As a result of his long professional career, since the mid-seventies Niederland's diagnosis of survivor syndrome played a role in mainstream psychiatry's recognition of post-traumatic stress disorder in the publication of the *Diagnostic and Statistical Manual of Mental Disorders* III (DSM III) in 1980.[107]

Crucial characteristics of survivor syndrome, like a latency period that could extend over long periods of time and over wide distances, were also recognized in the treatment of Vietnam War veterans.[108] And in 1975, Niederland joined the Canadian psychiatrist Chaim F. Shatan (1924–2001) in the Vietnam Veterans Working Group, which focused on "perceptual dissonance in Vietnam Combat Veterans." And here the history of Holocaust survival mingled with another traumatic history of the twentieth century, *viz*. the abominable history of the Vietnam War and its long-term after-effects, re-establishing both psychological trauma as a viable aetiology and empathy as the condition lying at the roots of compassionate psychiatric practice and compensation legitimacy.[109]

Conclusion

Although historians often assume that Niederland developed his empathy model strictly from clinical work and detailed diagnostic reports, his own experiences and varying encounters with medical commun-

[103] Matt Ffytche and Daniel Pick, eds., *Psychoanalysis in the Age of Totalitarianism* (New York: Routledge, 2016), 43–5.
[104] For the contemporary psychiatric context, see Emil Kraepelin, "Psychiatric Observations on Contemporary Issues" (1919), trans. Eric J. Engstrom, *History of Psychiatry* 3, 2 (1992): 256–69.
[105] William G. Niederland, "The Problem of the Survivor," *Journal of the Hillside Hospital* 10, 1 (1961): 233–47; esp. 233.
[106] Niederland, "Holocaust Survivors and Their Children," 3.
[107] Wilbur Scott, "PTSD in DSM III: A Case in the Politics of Diagnosis and Disease," *Social Problems* 37, 3 (1990): 294–310.
[108] Volker Roelcke, "Continuities or Ruptures? Concepts, Institutions and Context of Twentieth–Century German Psychiatry and Mental Health Care," in *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, eds. Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vijselaar, and Hugh Freeman (Amsterdam: Amsterdam University Press, 2005), 162–82.
[109] Allan Young, *The Harmony of Illusions: Inventing Posttraumatic Stress Disorder* (Princeton, NJ: Princeton University Press, 1995), 15–20.



THE SURVIVOR SYNDROME: FURTHER OBSERVATIONS AND DIMENSIONS

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IN A NUMBER OF PREVIOUS PUBLICATIONS I have dealt with the after-effects of brutal persecution, methodical starvations and coercion, cruelty, torture, constant fear and helplessness, and other types of traumatization endured by surviving victims of the Nazi concentration camps. As early as 1961, and in a series of follow-up writings (1964, 1968, 1977), I described the multidimensional consequences of these shattering experiences and noted that the traumatization sustained by the victims appears to be of such magnitude, severity, and duration as to produce, in many cases, a recognizable clinical entity which—for the sake of brevity—I have called the "survivor syndrome."

It has become almost fashionable of late to call any frightful human tragedy a "holocaust." To use the term in this way only erodes its stark significance, but is also apt to reduce our understanding of the Nazi atrocities and the specific clinical sequelae in the surviving victims. Not infrequently, I have seen lengthy case histories, composed in good hospitals, which contain but one sentence or two with regard to the patient's traumatic persecution experiences: "X spent twenty months in the concen-

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Figure 5: Front page of William G. Niederland, "The Survivor Syndrome: Further Observations and Dimensions," *Journal of the American Psychoanalytical Association* 29, 2 (1981): 413–25; here 413 (public domain).

ities have been scantily understood. These occurrences, however, shaped his research interests both in empathy and the definition of survivor syndrome, and they were crucial to his diagnostic endeavours regarding the long-term afflictions and illnesses of the mind. While appropriating the concept of empathy as a methodological tool and carving out the contours of survivor syndrome, Niederland emerged as an important "inter-national" advocate for the suffering and the rights of the persecuted.

With a career spanning over thirty years, Niederland had ample opportunity to spread his views among the psychiatric community. He wrote some two hundred articles and books largely relating to his observations of post-traumatic sequels.[110] He travelled extensively, giving lectures to both professional

[110] Niederland, "The Concentration Camp Psychopathology."

societies and lay groups on the importance of Holocaust trauma.[111] Thus, his work spread far beyond the reparations claims of his patients to the wider international psychiatric community. Characteristics of Niederland's description of survivor syndrome, like the presence of a latency period, were recognized in the treatment of Vietnam veterans.[112] These contributions and exchanges were reflected in Niederland's continuing exchanges since the mid-1960s with other North American psychiatrists and scholars of the Holocaust, such as the German psychiatrist Ulrich Venzlaff (1921–2013) or the émigré psychiatrist Henry Krystal (1925–2015) at Michigan State University, who had himself been a slave labourer under the Nazis, along with the American psychiatrist and author Robert J. Lifton (b. 1926), who specifically compared survivors of the Hiroshima atomic bomb with survivors of Nazi extermination camps. These academics frequently met and discussed their related research interests as an intricate form of teamwork, such as in the Wayne State University workshops mentioned above, leading to joint reports on the psychological state of comparable survivor groups.[113] Further, Niederland's own displacement and his experiences as a physician in the British Marine Corps left marked traces in a continuing personal interest with empathy and the manifestations of conscious life in psychiatric practice. Beyond such subjective experiences, Niederland can also be seen as one of many émigré psychiatrists and clinical neurologists who were obliged to change their careers — he originally intended to work as an internist, but then became a psychiatrist as a direct outcome of his own exile. Moreover, he brought Central European concepts in medicine to his new host country,[114] while adapting them to the receiving milieu, as can be seen in the merger of his concept with post-traumatic stress disorder in the DSM III in 1980.[115]

Reparations officials inevitably argued that the costs were too great, even after West Germany regained its economic viability. By developing and promoting a class of post-traumatic syndromes that he inextricably linked to the Holocaust and refugee experiences, Niederland worked toward an acknowledgement of trauma as an aetiology of mental illness.[116] By censoring himself and assigning his patients the near-minimum compensable earning disability, he quietly pushed his claimants through the system of the *Bundesentschaedigungsgesetz*, while years of intricate casework strengthened his resolve and made him an incredibly powerful psychiatric advocate for the rights of the persecuted.

[111] Niederland, "Holocaust Survivors and their Children," 3.

[112] Chaim Shatan, "Through the Membrane of Reality: 'Impacted Grief' and Perceptual Dissonance in Vietnam Combat Veterans," *Psychiatric Opinion* 11, 6 (1974): 6–15.

[113] Since the focus of this article was, however, Niederland's own experiences as an émigré psychiatrist and neurologist, the concentration was laid on the period from the 1930s to the 1950s. For the continuing networking relationships among Holocaust scholars between the 1960s and the 1980s, interested readers may consult the intriguing autobiography by Robert J. Lifton, *Witness to an Extreme Century: A Memoir* (New York: Free Press), esp. 240–65.

[114] Erwin H. Ackerknecht, "The History of Psychosomatic Medicine," *Psychological Medicine* 12, 1 (1982): 17–24.

[115] Scott, "PTSD in DSM III," 294–310.

[116] Niederland, *Folgen der Verfolgung*, 13–20.