

# Psychiatry, Testimony, and Shoah: Reconstructing the Narratives of the Muted

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**SUMMARY.** A 1999 examination of approximately 5000 long-term psychiatric patients in Israel identified 725 as Holocaust (Shoah) survivors. Review of these cases has shown that these patients had not been treated as a unique group, and that their trauma-related illnesses had been neglected in their decades long treatment. We discovered that many of these patients had never openly shared their severe persecution history. We postulated that many of them could have avoided lengthy if not life-long psychiatric hospitalization had they been able to openly share that history. Instead, those gruesome and traumatic experiences remained encapsulated, split-off, causing the survivor to lead a double-life. These patients

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may physically inhabit the world as psychogeriatric patients, though emotionally they may remain in adolescence or childhood due to early traumatic experiences. Some twenty-six patients at two institutions gave consent to be interviewed by a professional team and have their testimonies recorded on videotape. The aim of this study was to investigate the role of video testimony as a potential useful psychotherapeutic clinical intervention. By videotaping testimonies of these patients' experiences before, during, and after World War II, we had created highly condensed texts that could be interpreted on a multiplicity of levels going far beyond the mere narrative content of clinical medical history. Joint observation, reiteration, and discussion of these testimonies with staff members and the patients themselves has been not only an interesting experience, but also one of therapeutic value yet to be fully appreciated. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Psychiatric, Israel, Holocaust (Shoah) survivors, testimonies

### ***INTRODUCTION***

Out of a group of about 5,000 long-term psychiatric patients hospitalized in Israel since 1999, a disproportionate number of about 725 were identified as Holocaust survivors (Bazak Commission, 1999). A review of these cases showed that these patients had not been treated as a unique group, and that their trauma-related illnesses had been neglected in their decades-long treatment. Most of these patients had been diagnosed as having chronic schizophrenia, with no special attention given to the historical circumstances related to their psychiatric symptoms and disabilities. Many of the psychiatrists that treated them insist today that these patients do not respond to traditional treatment such as anti-psychotic medication (Cahn, 1995; Riess, 2002). We postulated that many of them could have avoided lengthy if not life-long psychiatric hospitalization, had they been able or had an opportunity in their careers, or by society at large to more openly share their severe history of persecution. Instead, those gruesome and traumatic experiences remain encapsulated and split-off, causing the survivor to lead a double life. These patients may physically inhabit the world as geriatrics, though

emotionally, they may remain fixed in adolescence. Thus, the aim of this study was to investigate the role of video testimony as a potential useful clinical intervention many years after the acute traumatic event and to analyze the content of the video testimony for clinical material which may be useful in the psychotherapeutic process with the patient.

## **METHOD**

### ***Study Population***

The study population consisted of chronic in-patients at two large state referral institutions in Israel. The subjects were drawn from the approximately 100 residents (age range of 59-97 years) housed in the hostel section for Holocaust survivors established in 2000, all of whom have severe, chronic mental illness. For study inclusion, subjects met criteria as victims of Nazi persecution as defined by the Conference on Jewish Claims Against Germany, Inc. (in hiding, ghettos, concentration labor and death camps, etc.), who were at least 3 years old during the time of persecution, and who were willing and capable of telling a story. Survivors were excluded if they exhibited features of major cognitive impairment or severe psychotic disorganization that would preclude video testimony participation. The study was approved by the local Helsinki Committee Ethical Review Committee and the Yale Human Investigation Committee. Subjects and their legal guardians provided signed informed consent once the nature of the study and its potential risks and benefits were fully explained. Consent was also obtained from the subject's designated clinician. In addition to the right to terminate participation at any time during the study, subjects were informed they had the right to prohibit the sharing of video testimony and to withdraw it at any time from the Video Archive or the locked collections for future medical training and research.

### ***Video Testimony***

For the purposes of documenting and studying these experiences, 26 patients were recruited and interviewed by mental health professionals. Their testimonies were recorded on videotape. In addition to the video testimony, they also participated in a psychiatric evaluation and psychological testing. By videotaping testimonies of these patients' experiences before, during, and after World War II, we created highly condensed

texts that could be interpreted on multiple levels going far beyond the mere narrative content of clinical medical history. We believed that severe psychological trauma could be better addressed through the medium of video testimony. Joint observation, reiteration, and discussion of these testimonies with staff members and the patients, themselves, have proven to be an interesting and important experience. This has been accomplished by means of an individual one by one careful and precise analysis of form and content of the clinical interview. We have addressed the issue of whether or not massive psychic trauma is related to severe chronic mental illness with a psychotic disability that leads to chronic or multiple psychiatric hospitalizations. For example, patients that had been diagnosed for years as suffering from schizophrenia might have been more correctly diagnosed as having Post Traumatic Stress Disorder, which was related to their World War II experiences, and had this been the case, the entire course of treatment might have been altered. Although we know that this diagnostic entity (PTSD) was not in existence as such in the 1950s and 1960s, know-how about PTSD symptoms was already commencing at this time and the diagnostic entity itself has been in the DSM for over 20 years. Likewise, we questioned whether a therapeutic intervention such as a video testimony, which helps build a narrative for the traumatic experience and gives it coherent expression, might help in alleviating the symptoms of the disorder and thus change its course. Whether these changes may be attributed to direct intervention through the patient's testimony or are a result of an indirect intervention through planning treatment, involvement with family members or the survivor community, or the knowledge that the videotaped testimony will be made available to others, is an open question.

During the course of each of the 26 testimony interviews, emphasis was placed on a cooperative reconstruction of a continuous life history containing pre-Holocaust experiences entrapped sometimes in a vague, ambiguous past, a description of the patients' own subjective Holocaust experience, post-World War II experiences until the present, and an attempt to understand what significant role the patients' tragic past plays in their life today. Through this reconstruction, the mourning process is able to take place and hopefully be alleviated. In the years of turmoil and upheaval following World War II, there was often no opportunity to be involved in such a mourning process. The patients were involved in immigrating to a new country (often illegally), fighting for survival, trying to rebuild families, and learning vocations. If one desired to share with others details of their misfortunate past and degrading experiences,

neither the layperson nor professional would legitimize then what we would view today as a therapeutic as well as a humane necessity. Their experiences were too horrendous for members of today's society to absorb. During the testimony interview, steps had to be taken to aid the subjects in restoring that very sense of self that had been dealt such a devastating blow in both the Holocaust and the upheaval thereafter. In the testimony interviews, we attempt to create a narrative that is both detailed and organized, by utilizing cognitive, affective, and sensory elements. The cognitive channel emphasizes a detailed reconstruction of historical facts related to the traumatic events, the affective channel reconstructs feelings then and now, and the sensory channel reconstructs bodily sensations, sights, smells, and sounds. The testimonial experience is a collaborative venture, since the interviewer assumes the position of a companion or compassionate chronicler of a journey into the self and into the past, a journey without any complete pre-existing conscious map of the territory to be uncovered. The document created is intended to be a permanent one for posterity, preserved as a virtual or real record in a safe place. It also serves to affirm facts that the victims either were unable to relate to, or the facts were known but the victims were prevented from telling, or simply did not dare express before the testimonial event.

The video testimony process began with a preliminary impression of the subject's persecution history, gained from either his personal file or a pre-interview, after acquiring permission from the patient and guardian, and responding to any questions and concerns about the subject. A team of two interviewers and a video technician took each testimony. These three individuals were usually outsiders, not previously acquainted with the subjects. Past experience with testimonies have indicated that the victims' pre-existing transference feelings toward people in the interview may impede them in testifying freely and in an unencumbered fashion. The average video session lasted about 60 to 90 minutes. The processed films, which were not edited and contained the contents of the entire sessions, became available to us about six weeks after the initial interviews. After the staff director had viewed the films, individual staff members were invited to sit with the patient and view the testimony together (with the patient's permission). In two cases, the patients objected at first, but agreed later after other patients had finished joint video sessions. The viewing event lasted for one or two sessions, depending on the length of the particular testimony. After the joint viewing, staff members discussed the content with the patient. As a result of these meetings, the staff felt enriched by learning about and vi-

curiously experiencing the patient's life experiences. Consequently, a new and deeper bond was created between the staff and the patients, based on a mutual understanding of the tragic events that played such a major role in the patient's life and pathology. During the joint viewings, we were surprised that a number of the patients could not recognize themselves as the image giving the testimony on the screen. For example, patients said: 'Who is that?' or 'How does she know about that? Who told her?' What possible explanations might there be for this phenomenon? Perhaps viewing the images of themselves as encapsulated adolescents conflicted with their present views of themselves and they were unable to understand what had happened to themselves in the intervening years.

### ***TESTIMONIES***

While all of the 26 clinical interviews yielded important and fascinating clinical material, the examples of Sarah, David, and Chana (aliases) have been chosen in particular here to illustrate the principal and impact of the testimonial experience. David's silent nature, as well as Sarah's and Chana's general anxiety and fear of leaving the premises of the Holocaust survivor unit could now be viewed in light of severely traumatic events that took place in their early adolescence.

Sarah was born in Greece in 1927, the second of three daughters. A year later, the family was uprooted to Belgium, where her father took a position as Rabbi of a Sephardic community. She had to leave school at the age of twelve and was hidden by others for almost two years in her own home in Nazi-controlled Belgium with her mother and two sisters, who bribed and bartered for survival, only to be eventually turned over to the Nazis by members of the local population and shipped to Auschwitz, where they were separated from their mother, whom they never saw again. The three surviving sisters returned to Belgium after the war, and while attempting to immigrate to Palestine in 1947, they were arrested by the British and held in a camp in Cyprus until they were allowed to immigrate a year later. Arriving in the newborn State of Israel, all three sisters settled on a kibbutz. Sarah describes the death of her older sister from pneumonia, as a result of the severe winter of 1950 (that winter, snow accumulated in most of Israel, the only time in the 20th century). Both of the two remaining sisters married and left the kibbutz for city life. We know of Sarah's subsequent divorce, described by her as a result of her unwillingness to become pregnant and bear chil-

dren, due to her anxiety. She first began to receive care in a psychiatric outpatient clinic at the age of 34. After her divorce, she lived with her younger sister and her husband and helped care for their three children, until her first hospitalization at age 41 (1968). The reason for her hospitalization was anxiety; the diagnosis was “schizophrenic reaction.” Sarah was in and out of several psychiatric hospitals for about three years, after which she was permanently hospitalized. In 1974, at the age of 47, she was sent by the Ministry of Health to a privately run institution. The Ministry opted to close this particular institute toward the end of 1999, after a parliamentary commission investigating the plight of the mentally afflicted Holocaust survivors in Israel found the conditions in this and several other institutions to be appalling (Bazak, 1999). Sarah was then moved to a new Holocaust Survivor Home, not a hospital itself, though located next to the campus of a psychiatric center. The filming of the testimonies took place at the survivor unit. Here are excerpts from Sarah’s testimony:

*Excerpt 1*

Interviewer: Where did they (the Nazis) find you?

Sarah: At home.

I: In your home?

S: Yes, in our home where we hid.

I: Where did you hide in your home?

S: In our own home. They forgot us. They forgot us for two years. Then someone informed them that there were still some Jews in some of the homes. They came to our house, and the first time they let us alone was under the condition that we would never tell anyone they had been there. Two weeks later other Nazis came and took us.

I: Who were the members of your family who hid there?

S: Me, my mother, and my two sisters. I told you, my father had already died of a heart attack. He took all our troubles “to heart” literally. He died on a Friday.

I: Was that after the war began?

S: Yes. You see my father was a Zaddik (righteous man). He got the (heart) attack on Friday (Sabbath eve) and the funeral was on Saturday.

I: Sarah, how were you able to get food while you were hiding in your house?

S: There was a black market. (This) man had a grocery store. It wasn't kosher, but he brought us food we could eat, good stuff. We paid him a lot of money. Thank God my mother had two heavy gold bracelets. She sold them for a lot of money. We were lucky, we bought eggs, yellow cheese, white cheese, jam, and white bread.

I: You paid him and he brought it to your home?

S: Yes, he brought (food) every night.

I: He wasn't a Jew?

S: Of course not, he was a Christian. He brought us food and got paid well for his services. He did it for the money. We were lucky. We had money because my mother sold her jewelry.

I: Where was your hiding place? What did it look like?

S: It was our own home. They forgot us. So we lived.

I: You mean they forgot you because there had already been searches and most of the Jews had been deported?

S: Yes, of course. They forgot us!

I: How was it that they forgot you, wasn't your home near (the other Jewish homes)?

S: No! They had a list of homes, our home was not on the list. They forgot us! That was our luck. If not, we would have been taken with all the others.



I: How did you live your lives in hiding for those two years? What was it like together? How was life during the day, during the night?

S: We lived in constant fear.

I: You were always scared?

S: Yes, we were always scared that they would come and take us. In the end, they were informed and they really did come and get us.

I: Did you ever leave the house (during the two years)?

S: No, never. Can you imagine it? For two years we never left the house. There was always fear that at any second they would come and take us. (sighs) I've been through so much in my life. I was also (imprisoned) in Cyprus.

***Excerpt 2***

I: How did they find you at home?

S: They were informed. Some children told them in Flemish "There are still some Jews in that house." Can you imagine how we felt? They betrayed us. But still, the first time they came to our house they let us stay, on the condition that we would never tell anyone we had been there. Some of the Belgians were good.

I: Those who came, were they Nazis or Belgians?

S: One was a Nazi, one was a Belgian policeman.

I: Those who came and took you in the end, were they Nazis or Belgians?

S: Nazis, of course.

I: What did they look like?

S: Like Nazis, *Oy Veh* (oh my goodness!). They looked like demons!

I: Were they in uniform?

S: Yes, with swastikas. I saw the same ones at Auschwitz. They came with dogs.

I: Where did they take you?

S: They took us to a police station near Antwerp. There we joined the other groups who were transported to Auschwitz.

I: In trucks?

S: First we were in a jail. Before the trip to Auschwitz (when they came to our house) they took my mother and sister first. We remained in the house. They told us they would return soon to take us. I asked them if they would let us have coffee. They said, "Coffee will be waiting for you downstairs." I believed them. "Coffee" was the trip to Auschwitz.

I: The Nazi said. "Coffee will be waiting for you." This is important. They cheated you.

S: Yes, and now I will be getting reprimands from Germany. My sister already received them.

I: A truck was there for you downstairs?

S: Yes, they took us (to the station). There we were put on a train. They took us all, standing, in a cattle car. Three days. Three nights. Poor mother. Can you imagine? It was an open cattle car. Three days and three nights till we arrived (at Auschwitz). There they separated us from Mother. We never saw her again.

Many of the staff had not been aware of Sarah's hiding during the war, and even those of us who knew her history were not always aware of the intensity of her experiences during the entire war and thereafter. All we know about Sarah's psychiatric history supports a consistent picture of anxiety related to traumatic experience. Psychiatric testing before her testimony indicated PTSD symptoms. Sarah rarely ventures outside the premises of the Home, and on rare occasions when the staff had succeeded in convincing her to participate in outings, she was tense all the time, even screaming, for example, when the bus hit a bump, or if there were sudden noises. The night staff reported that Sarah still has

nightmares about her experiences at Auschwitz. On the premises of the Home, Sarah is an active participant in all activities; she has a tendency to criticize staff members who may not meet all her immediate requests and has developed a dependent, sometimes symbiotic relationship with her roommate. The roommate, a younger woman who was a small child at the end of the Holocaust, grew up as an orphan, and some of her current psychotic content is the delusion that Sarah is really her mother. However, Sarah is not delusional or psychotic today. We think that her 1968 diagnosis of having a “schizophrenic reaction” is dubious and wonder how her life might have changed had she been given more appropriate treatment in the community, with behavioral therapy for anxiety, instead of being hospitalized all her life.

David, born in Czechoslovakia in 1934, was the younger of two siblings. We know that David began elementary school around 1940, already a time of turmoil. It was reported that he was an excellent pupil, very pedantic in his studies. The “normal” life of the family was soon interrupted by the war and the Holocaust, since they were able to survive only by hiding in bunkers for four, perhaps five years. Four years after the war (1949), the family immigrated to Israel, where David completed his high-school matriculation as well as army duty. In the army he had disciplinary problems and was discharged before serving his full term of duty. His first psychiatric hospitalization was in 1957, two years after his discharge from the army. His complaints then included anxiety and somatic symptoms. Like Sarah, he was hospitalized “on and off” in government-run hospitals for several years until he was permanently hospitalized in 1965 at the age of 31 in the same privately run institution that was closed in 1999, when David also moved to the new Holocaust Survivor’s Home.

David was a very quiet man who never said more than two or three words. All that we knew about him was from his file or his elderly aunt. At first he refused to participate in the interview. However, soon after he suddenly said: “okay, lets do it!” He said little and most of the interview consisted of the interviewer speaking, to which he agreed or disagreed. David had no real memories of those years spent in the bunkers, only of asking his mother: “Why are we here?” He can’t remember what she answered. When asked whether he felt terror all the time, his answer was “Probably.” His facial and body expressions did speak of terror and sadness, yet he refused to acknowledge that he felt something. David was one of the only patients in the survivor’s unit almost constantly silent but prone to violent outbursts if and when he felt his private space had been violated. This silent nature, which perhaps characterizes as many

as 20% of the hospitalized psychiatric survivors, has its own uniqueness. These patients seem to walk around, intently observe, smoke, and then unexpectedly walk away. Some seem to be in a conflict or in a struggle when trying to pronounce a word. Even in interviews with many of the survivors that did talk, many deny memories of the Holocaust or simply use code words like “It was awful, you know” or “What is there to talk about?” David also viewed his testimony video together with staff members but had no verbal reactions to the film. Apparently, David had been suffering, and he died unexpectedly four months after his testimony, of massive, undiagnosed lung cancer.

Chana’s videotaped testimony was shown at the Fourth International Conference on Social work in Health and Mental Health in Quebec in May, 2004. Chana had agreed to our showing of her film to an overseas audience, yet we have abided by her request not to show it to her son. Interestingly, a day after giving her permission, she appeared in the director’s office urgently requesting that a copy of the film remain in Israel should her son wish to view it in the future. We calmed her, explaining that that we have two copies of the film: one intended for the researchers and a second one, her copy, which has also remained in our hands at her request. Usually the second copy is given to a guardian or family member after permission from the patient.

Chana was born in a village in eastern Romania in 1927, the youngest child in a family of five siblings. Shortly after the war began, the family was forcibly uprooted and moved to the primarily Jewish town of Yasi. Chana remained in Yasi after the war, wed, bore a child, and divorced, all before immigrating to Israel in 1948. In Israel she lived with her sister and son, wed again, and divorced again after a second son. She was already showing signs of so-called mental illness, and did not raise her second son, with whom she has been separated ever since. From information we have in her file, self-neglect and behavior described as unusual or bizarre preceded psychiatric hospitalizations. Diagnosed as having paranoid schizophrenia, she was in and out of hospitals until the Health Ministry authorized her permanent hospitalization in the same previously mentioned privately run institution in 1980. She also moved to the Holocaust Survivor’s Home when the private institution was closed.

### *Excerpt 1*

Interviewer: Can you remember the massacre of Jews that took place in Yasi?

Chana: It was. It was. My father buried maybe a thousand victims. He dug a huge pit.

I: Your father?

C: (My) father. Dug a huge pit and dropped the bodies. They were naked. They came from the Death Train. Daddy had to take the corpses. I think, I remember I helped him; we put them on a wagon. We carried them to the pit.

I: In Yasi 30,000 Jews were killed at the beginning (of the war).

C: It was. I forgot how you call it. A massacre.

I: A massacre of the Jews. A huge pogrom. And they called your father to come and help bury (the dead).

C: Yes.

I: They took children (to help bury)?

C: Yes, they took. The Germans came and forced us. They said, "schneller! *schneller!*"(Faster, faster).

I: Can you remember how the Germans looked?

C: I remember how they looked.

I: How did they look?

C: They had green forest uniforms.

I: As a child . . .

C: 12 years old

I: Yes, 12 years old, you yourself already had to bury corpses. How did that affect you?

C: It instilled in me fear. A deep fear. A fear of death. (sighs)

***Excerpt 2***

C: Suddenly there was an alarm. Airplanes came to bomb us. We did not know whether or not to run to the bunker. I stayed in the house. They all ran to the bunker. We had an old grandmother, mother's mother. My sister took her. I stayed alone in the house. Then the bombing began. I did not know whether or not I should run to the bunker. I was afraid if I stayed in the house it would collapse on me. I did not know what to do. Then I decided to run to the bunker. Shrapnel fell near my leg. I did not know whether to continue running or stay where I was in the middle of the street.

I: So you ran to the bunker?

C: Yes, I ran to the bunker. I did not know what to do, to run or stay where I was. Afterwards a bomb fell (directly) on the second bunker next to us. Everyone was buried; we dug ourselves out with our hands.

I: Everyone was buried?

C: Yes.

I: You were in the bunker when this happened?

C: Yes, I was there.

I: During the bombing?

C: We all sought refuge.

I: The bunker collapsed, but you all got out.

C: (agrees)

***Excerpt 3***

C: (sighs) It's hard to remember all of this.

I: It's hard to remember. Do these pictures come back even when you don't want (to think about it)?

C: I have dreams about it. But then I realize that, thank God, we are here now, free. It's a great miracle. But they shouldn't throw us out of here as well. I think about it. Maybe they will close down this place and throw us out, who knows where! (pause, then looking straight at the interviewer) Will they close this place?

I: No, never.

After viewing Chana's testimony in its entirety, the staff members can now more easily recognize the connection between Chana's traumatic childhood, her suspicious behavior, lack of trust, self-neglect, and inability to make independent decisions or even be critical. However, this does not seem to be due to a lack of affect as a negative symptom of schizophrenia. She currently has no delusional behavior. Her psychiatric testing before the testimony indicates both PTSD and some symptoms of psychosis, with a slight decrease in the post-test. What we observe on a daily basis is a sad, older lady, who, in the course of her lifetime has experienced uprooting from place to place, mostly unwilling, village-to-village, country-to-country, until she reached the Survivor Home. Even at the Survivor Home, she tends to define for herself what she considers as a "safe" territory, often standing at the entrance to her room and leaving only to go to the dining room at meal times or when a staff member calls her for a specific activity. Before the taping of the testimonies, it was known that Chana never attended outings organized by the staff, including concerts, movies, or one-day trips. During 2004, a student, under our close supervision, worked intensely with Chana, making every effort to gain her trust and to get her to join her in attending both inside and outside activities, with only partial success. Unfortunately, the tense security and terror situation in Israel has added to Chana's insecurity. The staff members found her last remarks in the testimony both genuine and sad: "Will they throw us out of here and throw us who knows where?"

### ***CONCLUSIONS***

Since we are dealing with patients who have been institutionalized for 20-30 years and more, we need to properly characterize them today not only as Holocaust survivors, but also as survivors of psychiatric hospitalization. As a result, many of these patients have undergone a process of institutionalization and lost interest in life outside the hospi-

tal surroundings. Impressions that we have collected, from both those patients videotaped and those not, support changing the sole diagnosis of schizophrenia, which was assigned for years to many of the mentally afflicted survivors. We may be dealing with a long-term PTSD with psychotic features, in some cases. We are well aware of the fact that survivors previously unable to discuss their traumatic past are now forming new bonds with staff members, who, as a result of the survivors' testimonies, are much more aware of the patients' history. A therapeutic group, using both the contents of the testimonies and other reminiscing techniques, has provided new venues for self-expression, and even the social outings of the patients have now taken on a new significance, since staff members have been able to convince some of the previously immobile residents to participate. Knowing and understanding their past has made its impact. Realizing that as a result of the Holocaust trauma, the individual's very sense of self was very often erased, we are attempting to take steps to restore that self, by enabling more self-expression and encouraging empowerment.

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