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Michael Dorland, *Cadaverland: Inventing a Pathology of Catastrophe for Holocaust Survival (The Limits of Medical Knowledge & Historical Memory)*. Waltham, Mass: Brandeis University Press, 2009. xi + 208 pp. Notes, bibliography, and index. U.S. (cl). ISBN 978-1-58465-784-2.

Review by Carolyn J. Dean, Brown University.

This is a fascinating and readable book that addresses a topic up until now only approached in a fragmentary manner: the French medical response to Holocaust survivors from 1945 until the present, with a particular focus on responses to the survivors of Allied-liberated Maidanek and Mauthausen from July 1944 to May 1945 (Mauthausen was liberated three days before the German surrender). The book is not a mainstream historical narrative. Dorland frames his work not by reference primarily to the work of historians, but organizes it conceptually in accord with how different medical discourses manifested forms of displacement, from denial of victims' pain to an aversion to them expressed in the apparently neutral language of science. These "displacements," "condensations," and other modes of avoiding some of the difficult and uncomfortable questions posed by Holocaust victims prevented medical professionals in France from addressing the somatic and psychic state of the Holocaust survivor either at all or only in the most objectifying terms, at least until very recently.

The most important argument of the book is that in France the medical profession focused on political *deportés* and was silent about the particular challenges facing Jewish *deportés* who had been transported to camps for "racial" rather than for political reasons. It aims to demonstrate how this silence has intensified, paradoxically, even as Jewish survivors finally received recognition in France and elsewhere. From this point of view, the book argues that for various reasons, the Jewish experience of the camps, initially neglected by the French medical profession, has been so dehistoricized and universalized that over time even the term "survivor" is now used generally to mean anyone who has suffered some sort of traumatic injury.

Dorland does provide a great deal of historical context in the form of various resistance groups, international networks of medical professionals, and a great deal of biography of mostly little-known men. But because he does not reference the arguments historians are mostly familiar with, one might draw the conclusion that while the details are interesting, the general argument has been made before, a judgment that would be superficial. True, its general contours are well-known. The discourse on victim's culture to which Dorland alludes has long made the claim that everyone is a survivor or wants to be one because we live in a culture in which the proclamation of wounds has replaced the grievance structure of rational contestation once prevalent in modern democracies. Nonetheless, Dorland is not content with this very problematic argument for reasons I will elaborate. Barbie Zelizer's important *Remembering to Forget*, which Dorland does not cite, was the first history of how the camps were remembered. She demonstrates in particular how Auschwitz rather than Buchenwald and Bergen-Belsen, the camps first discovered by the Americans and British in the West, became an icon of universal human suffering and eventually erased the specificity of Jewish suffering. In the West, Auschwitz became a symbol of man's inhumanity to man as well as the primary location for the extermination of European Jewry.^[1] The notion that silence prevailed in France and elsewhere about the fate of European Jewry, in spite of a number of memoirs published in the immediate postwar period, is also well known. Moreover, historians

will look for and not find familiar references to the post-war collective concept of all citizens as victims of fascism. Though they emphasized the patriotic mourning of war heroes, political leaders, and De Gaulle in particular, mobilized the idea that all victims of Nazism were equal in the interest of national reintegration and recovery, and in the process erased the particularity of Jewish experience.[2] Some readers will be surprised by the reference to Benjamin Mendelsohn, the founder of victimology and a Romanian-born Israeli lawyer, as a “French psychoanalyst” (p.141), if only because Mendelsohn’s own work is so crucial to understanding the phenomena Dorland discusses. And others have drawn our attention to the complicated treatment of Jewish survivors in the medical profession in the United States—though doctors were more sympathetic to them there than in France. Ruth Leys emphasizes not the effacement of the Jewish experience, but of human will, arguing that recent discourses on trauma have diminished all the messy emotions associated with the “survivor guilt” generated by an internalized response—conscious and not—to the perpetrators that was often necessary to survival. She claims that psychiatrists have more recently argued that survivors’ trauma is best represented not by unconscious, unbearable guilt, which emphasizes the opacity of consciousness to itself, but by “shame,” in which a conscious subject is assaulted externally and thus retains spectatorial distance from his or her own humiliation. In this scenario, the camp survivor was diminished and stripped of his or her dignity, and carries the shame of that memory. At the same time, survivors also retain their ability to observe the inhumanity of their tormentors, to resist, and to carry on full lives afterward affected but not necessarily damaged by what they have undergone.[3] Dorland agrees with and discusses Leys’ argument in the context of the repudiation of Freudian ideas and their replacement with optimistic American ones, but does not engage in a sustained way with its substance (does he agree with her focus on the increasing loss of agency in psychiatric discussions of survivors? Would her argument benefit from a fuller engagement with the Jewish question?).

While one might wish for deeper engagement with historical questions, that is ultimately not Dorland’s goal, which is multidisciplinary and aimed not at making an argument about whether survivors’ memoirs are true, what they tell us, how they write or speak, how we should interpret them, or how there are too many such stories. He makes the important argument that Jewish victims, for all the sacralization of survivors against which there is now a backlash, have rarely been the subject of extensive analysis and have nonetheless made the recognition of other forms of suffering—other genocides, but also other lesser but very traumatic abuses—possible.[4] This is thus an important book about the consequences of unrecognized suffering and the ironies of history—the most ostensibly recognized suffering of all, the pain of Jewish Holocaust victims, is not really what it seems. Dorland begins with the first generation of liberation doctors, who simply could not see what they saw—or felt compelled to integrate the traumatized bodies and minds of Jewish survivors and others into definable medical categories unable really to accommodate their symptoms. Dorland stresses that doctors could not apprehend the psychic or physical state of liberated prisoners because they had never, like the soldiers who first liberated them, encountered such people before. According to Dorland, immediately after the war, French medical professionals including Charles Richet (he calls them “somatists”) rejected psychic explanations of war trauma and focused on its biological origins, so that even deferred trauma could be explained by a prior biological condition.

In response to their near total negligence of Jewish victims, Dorland also resurrects the cosmopolitan circle of Jewish scholars in medical disciplines from all over Europe he labels “halakhists” (p.107) after the term for Jewish law (*halakha*). They formed the Société de l’histoire de médecine hébraïque in 1936 and founded a journal published first in 1948. In contrast to their gentile counterparts, they sought to redefine the meaning of medical ethics in relationship to the Holocaust and sought at least to recognize Jewish suffering, sometimes ambivalently. Among them, the Lithuanian-born survivor and doctor in the Vilna ghetto Marc Dworzecki was one of the most prominent: he moved to Israel and ran for the Knesset in the 1950s. He sought tirelessly to urge Hebrew University to establish a research institute to investigate the impact of the Holocaust on the Jewish people. But these men, whether French or not, were for the most part at the margins of the medical profession, and thus had little influence on it: it is

nonetheless noteworthy that they published journals and established international networks--making connections in particular with the newly born state of Israel even though Israeli society too treated survivors as if they were pathological symptoms of a life lived in diaspora and urged Holocaust victims to recover as citizens of a Jewish State.[5]

After the liberation period, the vast majority of medical professionals in France and elsewhere developed various diagnostic categories--survivor syndrome, KZ (after *Konzentrationslager*, or concentration camp) syndrome, and so on--to describe the survivor's psychic and somatic disabilities. Though in France some attention was paid to the psychic state of those concerned, especially in the work of René Targowla and a few others, the marginality of French psychoanalysis, its lack of interest in the "Jewish question" during the 1930s and '40s (indeed, one of its most important proponents and an important mentor of Jacques Lacan, Edouard Pichon, was close to the anti-Semitic Action Française), its fractiousness and disputes over whether analysts had to be medical doctors, and Lacan's own split from mainstream analysis, sidelined the particular challenges posed by camp survivors and diminished the influence of psycho-dynamic models of analysis. Moreover, Dorland argues persuasively that French psychoanalysis was also most concerned with the psychic state of the French nation and its post-war trauma rather than with the particular fate of Jewish victims and was thus hampered ideologically by French universalism and its particular blindness. Most doctors continued well after the war to prioritize the biological origins of illness, partly because reparations payments and disability insurance provided by the State demanded such explanations. Dorland does not discuss the infamous "blood for money" debate about German reparations to camp survivors in Israel, but clearly doctors shaped their diagnoses to ensure that survivors would conform to the criteria necessary to prove that they were disabled and thus guaranteed state support. In the process, they--in France especially--fashioned a "pathology of deportation" (p.110) in which the survivor was envisioned as pathologically scarred by his or her neurological and hence (in the presumed chain of causality) psychic disorders. By the early 1960s the Jewish and naturalized French psychiatrist Eugene Minkowski sought finally to understand survivors from survivors' point of view by introducing the importance both of environment and affect in psychiatry. His was still a minority view without much traction until the 1960s.

At that time, some French doctors sought at least to account for the impact of camp life on both the mind and body, though references to somatic origins of symptoms remained powerful. The increasing interest in trauma led even French medical professionals to shift eventually from a medical to a socio-historical context within which to understand the experience of survivors, and Jewish survivors were finally fully recognized as having had a different experience from those deported for political reasons (though the divide between so-called racial and political victims of the Nazis remains highly contested in France, as demonstrated most dramatically by the 1987 trial of Klaus Barbie, in which *résistants* claimed that their suffering should be prosecuted on the same terms as that of Jews, diverting yet again the specificity of Jewish suffering in favor of a view of universal national suffering). As the Barbie trial indicates, and as Dorland argues forcefully, the shift away from the purely biological dimensions of diagnostics did not really facilitate the recognition of Jewish suffering, though those familiar with French history may find this surprising. Instead, he argues, again very persuasively that the specific problems characteristic of survivors--including integration into society, deferred trauma with its attendant symptoms of depression, withdrawal, and thus decreased social contact--became symptomatic of "massive trauma," to use the phrase coined by Henry Krystal in 1964 and reprinted in a book edited by Krystal and Niederland by the same name in 1968: "Niederland's and Krystal's non-dogmatic approach paradoxically opened the door to a growing deprecation and inversion of psychoanalytically based thinking that eventually gave rise to a range of alternative therapies that no longer had anything to do with concentration camp survival" (p.162).

Dorland's argument is an important corrective to all the discussion about the anesthetic affects of "too much memory" in the wake of Auschwitz, including empty commemorations and the reduction of trauma to a buzzword applicable to every sort of injury. This is not to say that he repudiates such

arguments, which he repeats in some respects. Rather, he is still most concerned with how the lack of historical specificity regarding Holocaust survivors and their ills ends up avoiding a real confrontation with their pain. He appreciates Terence des Pres' influential efforts to de-pathologize the survivor in his influential 1977 work *The Survivor*.^[6] At the same time, he believes that Des Pres' argument, in which survivors are heroes "commensurate with the sweep of ruin in our time" (Des Pres quoted p.168), was consistent with a recent tendency to stress the survivors' resilience and likely ability to move on and lead a happy life. In short, Dorland's main point is that the French medical profession was and is still in many ways unable to come to terms with the symptoms of survival, and cultural discourses about survivors are often ideologically-laden investments in remembering the camps and their meaning in ways suited to those who did not experience them. To the extent that these discourses tend to be intertwined, they generalize from traumatized Holocaust survivors to all traumatized peoples, at the risk of failing to understand the lived experience of the survivor or shaping it according to a particular cultural vision of how to remember the Holocaust, whether informed by American optimism or French universalism.

NOTES

[1] Barbie Zelizer, *Remembering to Forget: Holocaust Memory through the Camera's Eye* (Chicago: University of Chicago Press, 1998).

[2] Pieter Lagrou, *The Legacy of Nazi Occupation: Patriotic Memory and National Recovery in Western Europe, 1945-1965* (Cambridge, UK: Cambridge University Press, 2000).

[3] Ruth Leys, *From Guilt to Shame to Shame: Auschwitz and After* (Princeton: Princeton University Press, 2007).

[4] When I refer to "backlash" I mean the now prominent criticism of this tendency, especially in the United States, to elevate the experience of survivors (and thus survivors themselves) to sacred experience and thus sacred beings possessing some sort of special knowledge. See the criticism by Michael A. Bernstein, "Homage to the Extreme: Homage to the Extreme: The Shoah and the Rhetoric of Catastrophe," *The Times Literary Supplement*, March 6, 1998, 6-8, and more recently Gary Weissman's *Fantasies of Witnessing: Postwar Efforts to Experience the Holocaust* (Ithaca: Cornell University Press, 2004).

[5] On the treatment of survivors in Israel after the war, in particular the contempt in which they were held by Israelis who believed they were not heroes but passive victims of Nazism, see Tom Segev, *The Seventh Million: The Israelis and the Holocaust* trans. Haim Watzman (New York: Henry Holt, 1991).

[6] Terrence Des Pres, *The Survivor: An Anatomy of Life in the Death Camps* (New York: Pocket Books, 1977).

Carolyn J. Dean
Brown University
Carolyn_Dean@brown.edu

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