Dutch Newspapers on War Victims and Their LSD-treatment by Jan Bastiaans

Dutch Newspapers on War Victims and Their LSD-treatment by Jan Bastiaans:

From KZ-syndrome to PTSD

By

Leo van Bergen

Cambridge
Scholars
Publishing

Dutch Newspapers on War Victims and Their LSD-treatment by Jan Bastiaans: From KZ-syndrome to PTSD

By Leo van Bergen

This book first published 2023

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-0120-5
ISBN (13): 978-1-5275-0120-1

For this publication a grant has been received from the Dutch foundations Historia Medicinae and Research Fund Medical Polemology.

“I’ve never felt really liberated.”
—Berthe Meijer, Bergen-Belsen survivor and author of *Life after Anne Frank.*[1]

“The people who continued to suffer their entire lives have never been liberated.”
—Eddie Jaku, Auschwitz survivor and author of *The Happiest Man in the* World.[2]

“A trauma victim can be liberated through treatment methods such as psychedelic drugs.”
—Bessel van der Kolk, psychiatrist and author of *The Body Keeps the Score.*[3]

“The KZ syndrome can be an expression of both external and internal lack of freedom.”
—Jan Bastiaans in ‘The KZ syndrome and human freedom’.[4]

TABLE OF CONTENTS

INTRODUCTION

> A tree lined road evokes memories of long rows of gallows with dangling bodies, and someone raising her arms evokes associations of fellow inmates who were hung by their arms. Children playing suddenly reminds her of other children in those days, starved, abused, murdered.[1]

That is how the newspaper article by the Jewish (or declared Jewish by the Nazis) physician Joseph Kater entitled "Concentration Camp syndrome" started on 30 May 1964. These were only a few of the distorted images – that could hardly be shared with third parties – the Norwegian Jewish doctor Leo Eitinger described at the annual meeting of the World Organisation for Mental Health in 1961. He was a camp survivor himself. Together with other symptoms, such as constant fatigue, persistent anxiety or difficulty to concentrate, they formed the concentration camp syndrome, the KZ syndrome (*KonZentrationslager* syndrome; KL was the official abbreviation, KZ the one used by the *Häftlinge*, the prisoners). It has been described as "the complex of mental and physical phenomena, that is characteristic of people who have experienced a long and severe psychological war trauma". In the *Nieuw Israëlietisch Weekblad NIW* (New Israelite Weekly*)*, it was defined more succinctly: "A collection of physical and mental illnesses as a result of staying in a camp."[2] Kater himself described it as "a series of disorders of a physical and mental nature which are observed in all countries where former camp inmates live".[3] The word syndrome here stands for the disease symptoms that are associated with a disease and are to be regarded as a unit.

Just like psychiatrist Jan Bastiaans, in an article entitled "The KZ syndrome and human freedom",[4] the Dutch historian Stephen Snelders rightly pointed out that the description 'syndrome' in KZ syndrome is somewhat misleading. It wasn't so much a series of disorders as a four-stage process: shock accompanied by powerlessness, alarm with intense emotions, adaptation with flight or fight reactions, and finally exhaustion.[5] Partly due to the lack of clarity about the KZ syndrome and the multiplicity of the definition,[6] combined with the failure to diagnose the problems arising from the concentration camps using known (war) neuroses like *soldier's heart*, *nostalgia* or *shell shock*, the door was opened to a focus on the symptoms rather than the cause. This shift was a worldwide phenomenon and in this

book it will be highlighted for the Netherlands, the country where 107,000 Jewish people were deported, 75 percent of the pre-war number of Jews, of whom only 5000 returned. As a result of that shift, as time progressed, more and more groups were pulled or withdrew into the concentration camp syndrome, who, in fact, only had mental problems attributed to past events in common. Furthermore, they differed from each other in many respects, such as in their experiences both during and after the war (was surviving family to be expected or not, for example), and in the reasons for persecution (if there was persecution at all). As a result, the meaning of the term concentration camp syndrome was diluted, and more general terms emerged. References to the war and the camps were omitted, so even more people could take shelter under the terms.[7]

Kater's article is a good example of how the Dutch were informed about the problems a stay in a concentration camp could still cause after the war, and the way in which the medical profession dealt with and looked at them. How, in other words, the Dutch population became familiar with terms like KZ syndrome, psychological trauma, and later PTSD (post-traumatic stress disorder), at a time when the newspaper was still generally seen as an honourable gentleman and not as a deeply untrustworthy disseminator of fake news. It isn't for nothing that the Letter to the editor column in the former resistance newspaper *Het Parool* (The Parole) was called "But sir".

According to Kater, who himself escaped death by going into hiding, the KZ syndrome made it difficult to function socially because "the family, the environment, and society" simply asked for "a whole, sane person". And all this while the war was already over for twenty years, even though the Auschwitz trials, such as the one against Adolf Eichmann in 1961, "revived the horrors of the concentration camps and even a layman will doubtlessly understand that even the most powerful personality couldn't have survived them undamaged".[8] At some point every one of us will collapse, as military psychiatrist Thomas Arthur Ross stated in his *Lectures on War Neuroses*, as early as 1941. It only happens sooner to the one person and a little later to the other.[9]

But therein lies the crux of the matter. Laymen, and not just them, but also and above all doctors, denied this for decades. And even if in their hearts they did know, the politico-military setting they had to work in made it impossible to get this out there and/or act according to this conviction. Many doctors – of course there were exceptions – believed a psychological trauma after experiencing a shocking event was due more to character weakness, inherited or not. At most, the event itself was the trigger that brought out the already present weakness. This, for example, was what

many of the troubled soldiers in the trenches of World War I came to hear. Traumatic neurosis, the psychological damage caused by experiencing serious events, was even declared dead by psychiatrists in Germany in 1916, and the German psychiatrists and neurologists were far from alone in this.[10]

This was also the story of the Netherlands after 1945: *pack up your troubles in your old kit bag and smile, smile, smile*, exactly what those same World War I soldiers were already told in a song written in 1915. Military psychiatrists, at the time of the decolonisation war (1946-1949), said that it didn't explain the neurotic problems of soldiers.[11] Indulgence had to be avoided. When they talked about mental war damage, they meant general moral decay, not individual psychological problems. The Netherlands had to reconnect with West Germany because of the communist danger. War criminals were pardoned. The need to celebrate Commemoration Day and Liberation Day, on respectively 4 and 5 May, was under discussion. The myth that in the Netherlands – a country in which every religion and ideology had its own 'pillar', its own political party, musical bands, and football clubs – the population resisted the Nazis on a large scale and had hidden the Jewish people en masse, prevented a reflection on matters that conflicted with this sunny view of the past. It wasn't helpful to focus on the war years too much, for instance by paying attention to the large number of Jewish people who had not survived the war and the problems the survivors experienced as a result. There was only limited interest in the concentration camps.[12]

This changed in the 1960s. The war became visible again. The related psychological problems were discussed and now the war was declared as their cause. The time to just move on and not look back was over. The social changes – depillarisation, secularisation, democratisation, emancipation – resulted in a diminishing stigma on psychological problems. The culture of silence changed into a culture of talking. The history of ordinary men and women became interesting, including their personal troubles. Victims began to organise. Emotions were emancipated. They were allowed to be shown, privately and publicly. The shame that was felt if an experience couldn't be mentally processed decreased. The *old kit bag* was unpacked. This had consequences in just about every area of society, and it translated into an explosion of war pension applications and complaints about physical and psychological problems associated with war experiences, especially in the 1970s.[13]

Therefore, that Kater, following Ross' lead, wrote in the mid-1960s that even a layman could understand that everyone had a breaking point – a statement, by the way, that can neither be proved nor invalidated –, and that shocking experiences could have a psychological and physical effect for a

long time, wasn't obvious at all. It was a relatively new insight that many patients wanted to know little about for a long time. If anything was wrong, then physically. "It's not me head, it's me heart."[14]

Jan Bastiaans

That this slowly but surely changed was, from a medical point of view, the result of preparatory movements such as pre-war phenomenology and post-war psychosomatics. Together with the increasing attention for the war itself from the late 1950s, this led in fits and starts, with intervals and flare-ups to a greater attention for mental war problems. A first sign of this was a 1957 thesis, *Psychosomatische Gevolgen van Onderdrukking en Verzet* (Psychosomatic Consequences of Oppression and Resistance), written by the already briefly mentioned Jan Bastiaans. However, it took a while before outside the narrow psychiatric circle it was recognised that the problems described in it could take off. In his dissertation, he briefly pointed out three factors that caused the trauma, in addition to the war experiences themselves of course. Those were a troubled childhood, the stress resulting from it and the lack of care immediately after the war, including the difficulties in determining disability percentages. The bigger the youth problem, the greater the chance of war trauma, even with mild experiences. The more pleasant childhood experiences were, the more one could handle. Due to lack or even absence of treatment, the trauma was often ingrained and that made it difficult to treat later in life.[15]

We will see that Bastiaans certainly wasn't the first to publish about the post-war problems of resistance fighters and camp survivors. According to Kater, however, Bastiaans did have the honour of demonstrating that the stress the resistance fighters, his research group, endured in the concentration camps "not only caused, but clearly promoted psychoneurotic disorders ten years after the liberation". Examples were asthma, high blood pressure and joint pain. According to Kater, following up on Bastiaans, diseases such as tuberculosis were also more common among camp survivors than among others.[16]

Bastiaans was appointed professor of psychiatry in Leiden at the end of 1963,[17] just at the beginning of a period that can be characterised by the words medical secularisation. A professor of medicine was a god in his own department, and to a lesser extent, so were practicing physicians in the 1950s and 1960s. They decided on their own what therapy and combined drugs were prescribed and administered to their patients. If a doctor wanted to use a certain drug in the 1950s and early 1960s, even if it was controversial, there was nothing and no one that could stop him. He – female

doctors were still a rarity, let alone female professors of medicine – weighed and decided. When Bastiaans left the university in the mid-eighties, there was little left of this supreme position.[18] Social democratisation put an end to it. Gradually doctors became less 'men who'll know best'. Physicians changed from infallible supreme beings to normal, and therefore, fallible human beings, and in the case of the professors among them, from sole rulers in their own department to one of many in a larger medical care and decision-making chain.

Bastiaans, who himself went into hiding at the end of the war, looked upon the treatment of traumatised camp survivors and resistance members as "a matter of honour for nations, governments and researchers, to be done out of respect for those who were denied the chance to witness the transition from fascism to democracy".[19] He did so in an article entitled 'Vom Menschen im KZ und vom KZ im Menschen' (About human beings in a concentration camp and the concentration camp in human beings), that was included in a collection of articles coedited by, dedicated to and intended to financially support the Jewish Austrian war crime investigator and Nazi hunter, Simon Wiesenthal.[20] He also treated soldiers who suffered from psychological problems caused, or thought to be caused, by the war, for example by taking them back to the place where they had fought.[21] That makes him the father of the nowadays popular return pilgrimage. To their satisfaction, it was a method he also used for concentration camp survivors.[22] Willem Wilbrink, for example, survivor of Dachau, who spent two years in therapy with Bastiaans to his great satisfaction, said: "At first I didn't want to hear anything about it, but I have profited from it greatly."[23]

Bastiaans stated several times that his past in the student resistance was of great importance for his efforts on behalf of war victims. It was also of great importance that this involvement in the Dutch resistance was nipped in the bud by (probably) a wrong injection in one of his legs after it was injured,[24] a medical mistake that plagued him throughout his life. As a result, he came out of the war relatively unscathed. At least: according to himself. Others say that because of this he too suffered from *survivor's guilt,* also called *survival syndrome.*[25] It was the result of feeling guilty for having survived, a syndrome that often tormented the camp survivors he treated (also because there could be a relationship between surviving and not surviving). It was articulated by the psychiatrist and Auschwitz survivor Eddy (Eliazar) de Wind. At the end of his *Eindstation… Auschwitz* (Final Destination… Auschwitz)*,* probably the only novel written in that camp, he wrote:

> More people were killed in this place than anywhere else in the world. Here a destruction system of perfection without comparison reigned. But still not completely perfect. Otherwise, he wouldn't be able to stand here, he wouldn't be alive either. Why was he alive? What gave him the right to live? In what way had he been better than all those millions who had perished? It seemed an unfathomable wickedness to him that he hadn't shared the fate of all those others.[26]

Bastiaans himself never linked his work to the survival syndrome. He stated that he could sense the misery of those who were badly damaged because of his initial resistance. By having to stop doing that early, he was able to keep the medically necessary distance during treatment.[27] A best of both worlds.

Bastiaans – mentally and physically an impressive figure in every way – was a man who didn't shy away from the media, to say the least. His face was frequently seen in the newspapers and, from the late 1960s, on television. It was through these newspaper reports and TV appearances that the Dutch identified him with the psychological war problems, although he was anything but the only psychiatrist treating people suffering from KZ syndrome. He became, so to speak, the superhero of the syndromes that were associated with war experiences and developed into a national and international celebrity. He became a man whose word was taken into account from top to bottom and who was appointed Commander in the Order of Orange-Nassau for his work on behalf of war victims in 1988. He held a position in the field of psychotraumatology in the 1970s that certainly transcended that of people like Anthony Fauci at the time of the COVID-19 pandemic. He was a source of information and oracle in one. It isn't for nothing that the Dutch history tv programme *Andere Tijden* (Other Times) devoted one of its first episodes to him and his – by that time highly controversial – methods of treatment, in 2000, just three years after his death.[28]

Bastiaans used his fame to have his say in all kinds of areas. He was regularly asked for an opinion, that he always had and was willing to give. This could concern related subjects, including his advice, widely shared in the media and adopted by the court in September 1962, to hospitalise and discharge a woman who had murdered her two children, because of childhood psychiatric problems.[29] Also related to the KZ problem is the point of view he gave in 1965 that in the upbringing of the older generation too much emphasis was placed on control. This led to a disturbed emotional life and hence to psychosomatic complaints.[30]

To a certain extent this also applied to the opinion Bastiaans made public in early 1974, that many physicians gave sedatives to patients with

suicidal tendencies instead of looking for the cause of their unrest and depression.[31] Or that asthma was a physical reaction to a psychosocial conflict situation, as he, for example, put forward at a conference on the psychosomatic aspects of that lung condition in 1978.[32] Or that victims of traffic accidents often become psychiatric patients because, on the one hand, settling financial claims took too long and, on the other hand, both the insurance and the treating physicians made mistake after mistake, as he stated in 1981 and 1983.[33]

And then there was his heavily criticised psychosomatic opinion in 1983 as well, that people who bottled up their emotions had a fair chance of developing cancer. He experienced that especially the *silent* war victims died of this disease.[34] This led to the controversial term 'cancer personality': according to Bastiaans they were usually people, "who hadn't learned to stand up for themselves in their childhood". Psychotherapy could therefore play an important role in treating cancer patients and in preventing cancer. In addition to a lot of television attention, this opinion received a variety of disapproving comments from people as diverse as a columnist, a psychologist, a cardiologist, and a professor of medical history.[35]

But he also didn't shy away from giving his opinion on matters that had little to do with psychological trauma, such as his view, noted in 1960, that the man played a subordinate role in birth control and how disastrous that was.[36] Or that modern society was rotten because of people's increasingly egocentric behaviour, also because they were given a lot more information on television than they could handle, as Bastiaans said at the end of 1969.[37] Or that, in 1970, the societal protests of the younger generation didn't make him happy.[38] These newspaper articles with opinions that weren't related to war trauma also contributed to his fame. And this is even more true of his frequent television appearances, that weren't always about the psychological effects of war and other forms of violence either.[39]

These frequent media appearances brought about a transformation. From a psychiatrist affiliated with the *Wilhelmina Gasthuis* (Wilhelmina Hospital) in Amsterdam, he simply became 'Bastiaans'.[40] There were more people called Bastiaans in the news from the sixties to the eighties: from a writer of books about the Netherlands East Indies via a frequent contributor of political left-wing letters to the papers, to a tennis champion and two brothers playing futsal. But after the discussion of the possible release of the Breda Three, three war criminals imprisoned in the town of Breda, in 1972, and certainly after the hostage-takings by Moluccan youth in the mid-seventies, that one word was enough to make it clear to everyone who was meant. There were a lot of people who were called Bastiaans, but there was

only one who *was* Bastiaans. And with the growing fame of the leading medical expert on the KZ syndrome, the general acceptance grew of what some call a timeless fact and others a social construct: that experiencing a shocking event (let alone multiple events) leads to psychological problems, not only immediately after the event(s), but many years later as well.

Narcoanalysis and LSD

Bastiaans was one of the few physicians who partially used the increasingly controversial hallucinogenic drug LSD (Lyserg-Säure-Diäthylamid), more specifically LSD-25. Now these treatments are in the spotlights once again, due to research into possible positive effects of using MDMA (Methylene-Dioxy-Meth-Amphetamine), the active ingredient of the drug XTC, when treating PTSD.[41] Psychiatrist Bessel van der Kolk, who worked for Bastiaans in 1966, discusses this as well in his worldwide bestseller *The Body Keeps the Score.* He explains the benefits and the positive, according to him even astonishing, results achieved so far, but nevertheless concludes with words of caution:

> Psychedelic substances are powerful agents with a troubled history. They can easily be misused through careless administration and poor maintenance of therapeutic boundaries. It's to be hoped that MDMA will not be another magic cure released from Pandora's box.[42]

LSD was synthesised in 1943, right on time for the post-war psychopharmacological revolution. It was very usable as an aid to psychoanalysis, the treatment that dominated the psychiatric field at that time. By using LSD and other narcotic drugs (a treatment called narcoanalysis or psycholysis) the psychiatrists believed they had their hands on a sharp and precise scalpel to mark out and heal abnormalities in the mind and brain.[43] Narcoanalysis was already in use at Leiden University before the arrival of Bastiaans,[44] who experimented with mind-altering drugs on his patients since 1946. He started to use them more specifically when treating war victims however, and he introduced LSD, which he started to use at the University of Amsterdam in 1961, in Leiden. According to him, LSD would release all the suppressed emotions and feelings like fear and anger far better than the previously used narcotics did, and furthermore preserve the memory of the reliving. This was problematic and led to rather disappointing results up to that moment. Reliving traumatic events became easier when using LSD and this led to a substantial reduction of complaints such as the frequency and severity of nightmares.[45]

The drug, though only used by a minority of his patients, became his double-edged sword. Historian Bram Enning noted in his dissertation *De Oorlog van Bastiaans* (Bastiaans' War) that its use confirmed the seriousness of the syndrome, and the healing process was proof of the power of the drug.[46] LSD, as newspaper *De Telegraaf* (The Telegraph) wrote in 1994, had turned Bastiaans, "this giant in person and thought", into the "liberator from the inner camp" of "desperate patients".[47]

However, LSD was anything but undisputed, neither socially nor scientifically.[48] The drug was viewed with suspicion by the government, by parts of the medical establishment and by large parts of society in general from the mid-1960s on. From a medical point of view, for example, there were suspicions of chromosome damage, doubts about the reported results, or the critique that by using LSD doctors intervened in and altered the essence of the individual human being.[49] There were also doubts whether it was indeed LSD that was responsible for any improvement in the patient's condition. In his thesis *LSD en Psychiatrie in Nederland* (LSD and Psychiatry in the Netherlands) Snelders pointed out the importance of drug, set and setting. In other words: for the success of the use of a psychopharmacon, not only the drug itself is of the utmost importance, but also the setting (the physical environment, the atmosphere, the attitude of other people present), and the set (the expectation of what the drug will do).[50]

Snelders also made it clear that the government and large parts of society also mistrusted the use of LSD by doctors, was mainly the result of the psychedelic revolution. This involved the increasing non-medical use of psychedelics, especially LSD, mainly focused on pleasure and self-liberation, by members of the so-called counterculture in the 1960s,[51] although it was certainly used outside of this as well. For example, actor Cary Grant who could certainly be called an anti-hippy in terms of appearance and image, used the drug on a weekly basis. It helped him fight the demons arising from his poor childhood and the contradiction between his real self and the characters he usually had to play.[52]

It was this personal use that led to the inclusion of the drug in the Opium Act in 1966, not entirely coincidentally after the provos, anarchist activists in the Netherlands, threatened to use it to disrupt the marriage between crown princess Beatrix and Claus von Amsberg. This ban also made medical use more problematic, although the psychiatrists used the drug in much lower doses than the flower children of this world consumed. In other words, it wasn't medical critique that stopped the LSD treatment. Social developments were the cause of this.[53] Although some of the internal medical criticism predated this, the often conservative, religiously inspired, aversion to the use of drugs just for pleasure reinforced the critique. That

can be seen clearly in an advisory report by the Dutch Health Council published in 1985, about a request from Bastiaans to be allowed to continue using LSD. Continuation of the drug's medical use, because of "seemingly therapeutic uses", detracted the "work to contain the massive drug problem".[54]

Method

Snelders' and Enning's theses prove that already quite some historical scientific material has been published about war trauma and the rise of psychotrauma in the Netherlands, and certainly about Bastiaans and his treatment methods.[55] The problem is that these works are often based on internal documents or articles from medical magazines that aren't intended for the general public, such as the *Maandblad Geestelijke Volksgezondheid* (Public Mental Health Monthly). The effect was that certainly *Bastiaans' War* was so critical that the unsuspecting reader would have wondered how the man could ever have become that popular and managed to achieve such status. Consequently, in addition to a lot of praise, Enning also received a lot of criticism. It was said that he had looked back with nowadays morals and insights to condemn the Bastiaans of that time and he would only have used information from interviews that strengthened his criticism.[56]

Enning wondered how it was possible that Bastiaans could continue to use a treatment method considered controversial by various doctors for so long. As an explanation, he pointed out the almost unconditional, and not always purely peacefully expressed, support of his patients, who for the most part were former resistance fighters.[57] However, this doesn't explain his popularity with the general public, that also played a role in the perseverance of his method. To explain this popularity, one has to look at information that was available to everyone, in other words the newspaper coverage. After all: people don't act and think and judge according to scientific truth, they do so according to what they think is the truth. And that is based on the information they take in. These public reports form the basis of the story presented here, a story that will largely follow the chronology in which it was released.

To outline this process, I collected about 1,100 articles from the period 1954, the year that the first reports on psychological problems linked to camp experiences appeared, until December 31, 1987. At that point Bastiaans took his leave from the hospital *Centrum '45* (Centre '45) in Oegstgeest near Leiden, where he treated his patients at the end of his university career. Because this more or less coincided with the adoption of the term PTSD,

this farewell also marks the end of the period that will be covered in this book. In this period many names of psychological traumas are mentioned, just like all kinds of events directly related to them, such as the opening of that same Centre '45 in 1973. Among these are Dutch national events (the already mentioned discussion about the Breda Three and the Moluccan hostage-takings, but also the broadcast of the Holocaust series*)*, as well as international events (the Vietnam War, the treatment of dissidents by psychiatrists in the Soviet Union, the hostage-taking of Americans in Tehran).

I have (almost) limited myself to newspaper articles. If weekly or monthly magazines are mentioned, for example *Panorama* or *Vrij Nederland* (Free Netherlands) this is because attention has been paid to them in general reporting or in sections such as 'Uit de Weekbladen' (From the Weekly's). The only exception I've made is the already mentioned *NIW*. This weekly can be characterised as the mouthpiece of the Jewish survivors during the period I examined, and given the theme of this book, that isn't a group to be neglected.

Of course, not all newspaper articles presented in this book have been read by everyone. Between 1950 and 1990, many Dutch people lived in a bubble as well. The chance that someone read both the reports in the protestant *Nederlands Dagblad* (Dutch Daily) and the communist former resistance newspaper *De Waarheid* (The Truth) is quite small and the number of inhabitants of Maastricht, in the far south, who read *Het Nieuwsblad van het Noorden* (The News of the North) at breakfast, will have been negligible. In addition, the content will often have been forgotten, immediately or over time. This doesn't alter that through these articles (and, as said, various broadcasts on the subjects on television, that quickly grew from almost non-existent to a mass medium during this period) knowledge about endured misery and its effects, delayed or not, trickled into the living rooms.

The first result of this search was tangible evidence of the transience of psychiatric terminology. While the term 'camp syndrome' yielded 70, 76, 95, and 150 articles from the 1960s up to and including the 1990s, the figures for the 'KZ syndrome', that was certainly more established in the 1970s, were: 11, 191, 97 and 10. No surprise there. The letters KZ are riveted to the German camps. Meanwhile, problems were also reported by survivors of the Japanese internment camps – in the Netherlands usually, and, intentionally or unintentionally, rather racist, called 'Jap camps'. That, in spite of their different experiences, both groups were brought together under the same heading is indicative of the story that will be told here.

The differences in war experience, their equalisation, and the expansion of the diagnosis

That in the years of the Third Reich about six million times a Jewish person was murdered, is the result of a system explicitly aimed at destroying the Jewish people. In other words, Jewish people were persecuted for what they *were.* As a result, the war experiences of Jewish survivors, not only in but also outside the camps, differed in principle from those of other people, such as former resistance fighters. They were imprisoned for what they *did.* According to some, this gave the latter group a psychological advantage that increased their chances of survival,[58] however small these chances were for them, as they paid for their resistance with a trip to one of the camps. Because of this difference between being and doing, part of the resistance, especially the communists, didn't want to be seen as victims for a long time. The dehumanising persecution that the Jewish people faced has been put forward as *the* cause of the KZ syndrome, but it obviously lost importance as the number of groups that also received this diagnosis expanded further and further.

Those who were persecuted purely because of birth and those who were persecuted purely because of resistance – with the further consequence that, unlike the resistance members, the surviving Jewish people hardly had any relatives left –[59] form the two extremes of a weave of different, interrelated cross-linked groups. For example, there were Jews who were persecuted both for who they were and for the resistance they put up.[60] Despite the fact that they lived through the same period, they all had different stories to tell, due to individual experiences before, during, and after the war. Consequently, their traumatising experiences differed from individual to individual as well. To name just a few examples. Even if we pass by the reasons for being brought to a camp, one camp wasn't the same as the other. Jewish children who survived the war by going into hiding were told to be grateful instead of mourning the loss of their parents. Upon their return and unlike former resistance fighters, Jewish people, to put it mildly, weren't always welcomed with open arms. After the war, communist resistance fighters quickly changed from acclaimed heroes to reviled enemies. A consequence of the latter was that, in their eyes, fascism and capitalism became even more linked than they already were, which in fact means that, according to them, the Jewish people had fallen victim, not so much to a racist ideology, but to an economic system.[61]

One of the things the many articles made clear is that all the problems arising from all those different experiences were placed more and more under one diagnostic heading. Gradually the word 'victim' became the

decisive factor. Whether someone had been in a camp, in the resistance or in hiding: "We are all victims after all". It was the psychological slogan with which previously politically exclusive and opposing groups gathered in 1972 to protest against the possible release of the three war criminals staying in the Breda prison: Franz Fischer, Joseph Kotalla and Ferdinand aus der Fünten.[62] The discussion of this can therefore be seen as a key moment in the paradigm shift, analysed by historians Jolande Withuis and Annet Mooij and which can be observed in the ways the war was remembered: from a fierce struggle against totalitarianism to a cause of trauma. This change is typical for the Netherlands. The general acceptance of the idea in the 1970s that psychological problems can arise many years after the traumatising event, caused an enormous growth in the number of traumatised people and a considerable growth of their financial rights.[63]

In the year following the Breda Three discussion, the *Maandblad Geestelijke Volksgezondheid,* which paid no attention whatsoever to war as a source of mental suffering in the 1950s and 1960s,[64] published a special issue about the KZ syndrome. In it one of the psychiatrists of Centre '45, A. Hustinx, criticised the explicit reference in both KZ syndrome and camp syndrome to concentration camp experiences. Firstly, according to him, the syndrome not only occurred after having been in a camp, but also after experiencing other traumatic events. In other words, the syndrome was seen more broadly, or at least had to be diagnosed more broadly, than only in former camp inmates. It therefore also had to be given a broader, more general name. The stress caused by an event was more important for the psychological problems experienced after the event, than the event itself. And secondly, he said many associated the letters KZ with '*K*rank-*Z*innig', the Dutch word for 'insane'. The alternative he proposed, the existential emotional stress syndrome (EESS), has never become established, although it did find some following.[65] The importance of stress itself as a cause of psychological problems, however, found massive following. A book by psychiatrist Mardi J. Horowitz, entitled *Stress Response Syndromes,* was published some years after Hustinx's article, and is seen as a trailblazer for the post-traumatic stress disorder of today.[66]

Like Bastiaans, Hustinx not only looked at traumatising events as a cause of psychological problems, but also at predisposing circumstances like the importance of personality and, in particular, a strict moralising, religious and/or political upbringing. That, according to him, such an upbringing would lead to all kinds of negative character traits and manners, sincerely shocked the psychiatrist André de Leeuw, who was also a Member of Parliament for the *Communistische Partij Nederland* CPN (Dutch Communist Party). He lashed out against Hustinx and in the same blow also

against the entire Dutch mental health system, West Germany and the Dutch Minister of Justice, the catholic Dries van Agt who, at the time, was busy preparing the release of the already mentioned Breda Three. Resistance fighters, like many members of the CPN had been, weren't neurotics and, in fact, the derogatory word 'war victim' shouldn't be used for any of them. And what about the troubled Jewish people who survived? Had all of them enjoyed a restrictive upbringing leading to anal tendencies, he asked rhetorically.

It's one of the reasons why Withuis, in her book on the road from war trauma to a culture of complaint, with the short but apt title *Erkenning* (Acknowledgement), wrote that until the 1970s, when it dawned upon them that war trauma could be used as a political weapon, the Dutch communists didn't want to know anything about psychological war traumas, also because they believed they themselves were immune to it. They benefited from having ended up in a camp because of their anti-fascist views and actions. In other words, the camp was the consequence of who they wanted to be, not what they were at birth. But for this their faith in the socialist utopia had to remain intact. When the safe haven the communist pillar provided vanished into thin air, the war demons still dived into the open wound many times, for if the faith was gone, all the trials, all the struggles, all the suffering endured in the name of their ideal was in vain.[68]

That EESS didn't become a psychiatric success story is certainly partly the result of the publication of the third *Diagnostic and Statistical Manual of Mental Disorders* (DSM) almost a decade later. It started the worldwide advance of the equally multi-usable and substantially comparable term PTSD that appeared for the first time in a Dutch newspaper in 1985, more specific in an article about a Vietnam nurse. It isn't surprising that, according to Hans Binneveld, the Dutch historian of psychiatry, it's a "little imaginative, colourless concept". The term was a compromise agreed upon after lengthy discussions.[69] It's inclusive instead of exclusive (as the KZ syndrome was), it makes clear that even the strongest among us can get psychological problems after an event that is experienced as traumatic (*post*-trauma) and it's seen as a real disease for which no one has to feel ashamed. After all, the final word 'disorder' stands for an abnormality in the body or the mind or in its functioning, for an absent or defective function or specific structure. It was the only disorder in the DSM-III in which not only symptoms, but also the cause, in casu a shocking event, was one of the criteria for diagnosis. The disorder follows the event and the event is seen as the cause of the disorder. It does make a difference to the seriousness and nature of the disorder whether it concerns one event (single trauma or type I) or multiple events (multiple trauma or type II). This wasn't the case with

other disorders mentioned in the manual that also (possibly) arose from traumatic events. This has contributed to the fact that, despite of or thanks to the far from clear or unambiguous definition criteria,[70] PTSD is the term that springs to everyone's mind nowadays when trauma is discussed, and that research into this surpassed other research into the possibility of trauma as a cause of other problems.[71]

Characteristic of both EESS and PTSD is that an external factor causing stress has to be at the root of the experienced problems. Because of their comprehensiveness, they can be seen as the psychiatric translation of the general broadening and generalisation, if not trivialisation, of words like disaster and trauma that has occurred since the 1950s, just as PTSD itself has been trivialised since the 1980s. The term trauma had an almost entirely physical meaning not so long ago, although the first time it was used in the psychological sense of the word dates back to 1878.[72] It got associated more and more with psychological suffering during the past half century up to the point that the word 'trauma' is mentioned when a favourite football club suffers a painful defeat (when the word 'disaster' is also never far away). In this way trauma has become a term that is already used when pointing out setbacks that happen in everyday life. All this has little to do with the suffering endured in concentration camps, and it's also far removed from definitions of traumatic events in the psychiatric literature, including phrases such as "actual or threatened death or serious injury" and "threat to physical integrity".[73]

This doesn't alter, but rather confirms, the fact that character and/or political-economic, cultural context, both before, during and after the event, no longer play a role in labelling an event as traumatic. And this also applies to pointing out the objective seriousness of the event itself, because this inevitably leads to what many consider to be a reprehensible hierarchy of suffering. It's sufficient if the person who experienced the event characterises it as traumatic and stressful, and if the problems felt, have arisen after it. Whether they also occurred *as a result* of the event simply has to be assumed, because this can hardly be proved.[74]

Without this process of inclusion, the emergence of the term PTSD in the 1980s can't be explained. It can be called the accumulation of the tendency, outlined more fully below, to draw the troubles life sometimes has in store for all of us into the world of war trauma.[75] Devoid of any reference to the cause of the symptoms other than that it must have been traumatising, this generic name reflects that, unlike words like shell shock, *combat fatigue*, Vietnam syndrome or KZ syndrome, trauma was no longer associated with war, let alone some specific facet of war.

This generalisation of terminology hasn't gone unchallenged. According to various critics, it's highly unjustified. They point out, for example, that it isn't correct to say, 'Shell shock, what we now call PTSD', or 'PTSD, what we used to call shell shock'. The symptoms differ, the diagnosis differs, the time of manifestation differs, and perhaps above all, the context in which the problems occurred differs. According to these critics the military medical saying: "Show me the wounds and I reveal to you the nature of the war", not only applies to the physical, but also to the mental damages done. In short: every war, every traumatic event, has its own madness.[76]

Generalisation of trauma has the opposite effect: not containment, but expansion of the number of people suffering from it. The vaguer the term, the sooner someone falls under it. On the other hand, however, it must be said that if a term did refer explicitly to war, for example with words like shell or concentration camp, this didn't guarantee that the number of people who were diagnosed to suffer from it, didn't increase. Even then this happened. Even soldiers who were never near any exploding shells were diagnosed with shell shock after a while. This resulted in an unsuccessful attempt by the military medics to see it replaced by the general *Not Yet Diagnosed (Nervous).* The abbreviation GOK was also used informally, expressing the desperation of the doctors: God only knows.[77]

PTSD became the generally accepted term for psychological problems after experiencing, undergoing, or even causing events seen or felt as traumatic, certainly in the public discourse. It may range from barely surviving genocide or other forms of mass murder, such as in the war of 1939-1945 or in former Yugoslavia or Rwanda in the 1990s, to witnessing a car accident, or from helplessly having to watch your family and friends being massacred to taking part in acts of violence oneself. We will come back to this again and again with regard to the KZ syndrome, but it can already be said that one of the greatest quantitative additions to the camp syndrome consisted of those who were imprisoned in the Japanese internment camps in the Netherlands East Indies in the years 1942 to 1945. According to many former residents of the Netherlands East Indies, these were just as bad as the German ones, which is indicative of the feelings of frustration arising from feeling disregarded that was prevalent within this group.

This equalisation was a stumbling block for someone like the writer Rudy Kousbroek, who himself was interned in a Japanese camp as a teenager. Without even in the slightest wishing to downplay the sufferings and horrors in these camps, he insisted that the major differences with the German concentration and extermination camps couldn't be denied. In a column, called 'The camp syndrome', he left little intact of the above view.

While, in his 1952 dissertation *Het Duitse Concentratiekamp* (The German Concentration Camp), the Jewish psychiatrist Elie Aron Cohen had just soberly pointed out the differences in death rates, both in absolute and relative terms,[78] Kousbroek practically cried out:

> For God's sake, we were *interned.* Those people have been *exterminated,* they have been reduced to nothing, to less than lice. The survivors (of the German camps) have been somewhere we have never been, they had to give up something that we have never lost. Anyone who wants to claim that for themselves has lost all sense of proportion.[79]

To his surprise, in the years that passed since then, the camp syndrome grew into something that affected the most diverse groups, including groups made up of people who hadn't been in any camp, be it German or Japanese, as he wrote in 1991. We'll see that it's less strange than it seems, and then it seemed to him, that among them even were women who had undergone an abortion. He also observed this automatism with regard to the Japanese camps. Not only the people who actually were there now suffered from it, nor even "people whose *parents* were interned". "Even children that were born more than thirty years after the war, with one or more *grandparents* who were in a Japanese camp, say they suffer from it." And then there were the veterans from the decolonisation war who, according to him, were hiding behind trauma so they didn't have to discuss the severe violence they themselves committed.[80]

Kousbroek thought that the psychological, social and material benefits the label 'victim' delivered in the meantime, were part of the explanation. The more victim one was, or said one was, the greater those benefits were. Though it was sympathetic that he himself belonged to the group that in his eyes had suffered *less,* by doing so he pointed out a hierarchy of suffering many didn't agree to. After all, such a hierarchy also implies a hierarchy of victimhood. Not to mention whether one person's suffering is indeed worse or can be called worse, than the sufferings of someone else, it's striking that on the one hand this hierarchy of victimhood was denied, while on the other hand it was an undeniable fact. Not only from a general social point of view, but also within the groups that labelled themselves as victims, one person was seen by the other as less of a victim than he or she him or herself was – or even not recognised at all.[81]

The psychiatrists weren't entirely blameless, at least according to Kousbroek. They were guilty of "a certain enthusiasm, a kind of proselytism". Their word as physicians, as psychiatrists, as experts in psychological distress could not be doubted or changed. Those who did, had no knowledge of the matter and, moreover, left the victims, their patients,

in the lurch with all the psychological consequences that entailed. Just like the well-known and feared Dutch columnist Gerrit Komrij in the 1980s, he argued that without them there probably wouldn't even have been a KZ syndrome. First you have the psychiatrists who name a syndrome they have identified, and then the people who suffer from it will follow. This certainly applied to someone like Bastiaans, of whom, according to Komrij, "half the Netherlands thought he even treated everyone who was locked in a public bathroom for some time".[82]

Komrij made his comments on the KZ syndrome in the secular and liberal *NRC Handelsblad* (NRC Trade Journal) in early 1983. Bastiaans was given ample opportunity in that newspaper to show his side of a conflict with the Leiden University (of which there have been many) shortly before. Komrij closed his comments by writing:

> Because of him, some war victims began to deeply immerse themselves in their suffering. Because of him, thirty years after the war, there even are war victims who had long forgotten that they had ever been war victims. A masterpiece of psychiatry.[83]

It must be said, however, that a psychotherapist such as Bastiaans aroused suspicion in advance in self-proclaimed rationalists such as Kousbroek and Komrij. And if people like Bastiaans were also members of the Advisory Board of an organisation such as IATROS (doctor), interested in psychic stuff, all warning signals jumped to red. Certainly Komrij would in such cases use his entire, not insignificant language virtuosity with sardonic pleasure to reduce his victim to an insignificant blob with his poisonous pen.[84]

The Age of War Trauma

The automatism with which differing groups were brought under one and the same diagnosis, the inkblot effect criticised by Kousbroek and Komrij, certainly contributed to the fact that *de Volkskrant* (the People's Paper) proclaimed the twentieth century to be the century of war trauma in 1999.[85] This effect can't be separated from what has been called the process of proto-professionalisation. Concerning this: laypersons and professionals alike have been permeated by complaints resulting from the war, and they then see them in others and start talking about them using the terminology previously only used by experts. This proto-professionalisation was part of the trap consisting of three chambers that Enning described: awareness of the war past, acceleration of the suspicion that complaints were related to that past, and finally going to the doctor who confirmed this suspicion. As

an example, he points out Eibert Meester, who will be discussed extensively later on. He wound up in hospital with heart complaints and was sent to a psychiatrist because he said he had experienced a thing or two during the war. This could well be related to his symptoms. Please note: Meester was 57 years old at the time and smoked two packs of cigarettes a day.[86]

Kousbroek spotted the inkblot effect during the 1980s, but actually it already occurred much earlier. It will certainly have been partly caused by the fact that even medics, in this case psychiatrists, can't always suppress the tendency to demonstrate their indispensability. Designating more and more people who depend on help is an effective means of achieving this. A, probably even more important, cause is that the same effect can be seen with diagnoses as with medication. While at first medication is often only intended for a small specific group, it gradually gets prescribed to more and more people. The less severely affected will also demand the use of a drug of which they have heard it has benefited others. In healthcare as well, supply isn't solely dictated by demand. Demand can't be separated from supply, although of course there has to be something that created the supply – as professor of sociology and psychotherapist, Abram de Swaan, once said: "The supply creates the demand, not the misery."[87]

Medical diagnoses are subject to the same effect, as Komrij already stated. If, for instance, a term has been found for the psychological suffering as a result of certain experiences, other groups will quickly want to be labelled as such. This is irrespective of whether the experience and the suffering that ensued from it or was ascribed to it have been similar or entirely different – to leave words like 'worse', 'just as bad', or 'less bad' for what they are, though objectively they could and should be used. This effect has been seen in this double aspect, for example, with Prozac, the drug that was given against depression, and with Ritalin for ADHD.[88]

With terms like KZ syndrome or PTSD something more is added. Withholding such psychiatric, diagnostic terms from groups other than those originally intended is seen as withholding acknowledgement. Acknowledgement of the presence of an external stressor. Acknowledgement of what was done to them, in the war or afterwards. Acknowledgement of the negligent care and shelter after the traumatic event. In short, even if an external circumstance is rarely the sole, exclusive cause of psychological problems,[89] withholding acknowledgement of that external circumstance as the cause, and therefore withholding the psychiatric term used in others, is equivalent to withholding the acknowledgement that the patient wasn't crazy from the start. Withholding acknowledgement, of which receiving benefits became a symbol, was often seen as the decisive step on the road to a disorder or syndrome, certainly from the 1970s on.[90] Until … Until

someone says: “Okay. I’ve been through something bad. Who hasn’t? Join the club. Shit happens. This doesn’t mean I’ve gone crazy. This doesn’t mean I got some DSM abbreviation in my head and have to go to a psychiatrist.” After this one can only hope that the denial will not be seen by psychiatrists as an obvious symptom of exactly the syndrome or disorder that was denied.

Leo van Bergen, October 2021

1. THE FIRST REPORTS ON THE KZ SYNDROME AND BASTIAANS' THESIS

For the Dutch, Kater's article certainly wasn't the first introduction to the concentration camp syndrome. This even goes for Bastiaans' dissertation. Without giving it a name, psychiatrist Jacques Tas, survivor of Bergen-Belsen, already indicated, in 1946, it had to be seriously taken into account that as time went by war victims could start suffering from psychological disturbances. These would manifest themselves only after a while because it could take some time before the emotions, suppressed in the camps, found a way out.[1]

In his research, Tas was able to build on publications that appeared in the years before. Merinus Vroom obtained his doctorate in Utrecht in 1942 for a thesis about psychological problems resulting from the war in Den Helder, the town in which he was a general practitioner. It was withdrawn from the market by the German occupier and re-released in 1946.[2] Psychoanalyst and general practitioner Joost Meerloo already "in one rage" conceived a book about "the psychology of war and peace in man" during the time of mobilisation, late in 1939 and the first months of 1940. After participating in resistance activities, he fled to England, became head of the psychology department of the War Office and secretary of the Inter-Allied Psychological Study Group. In that capacity, he wrote a number of articles about foreseeable and lasting problems occurring after war's end, which indeed occurred, for example in the form of psychoses.[3]

Cohen also survived the camps, more specifically: Auschwitz, and the so-called death marches following the Russian advance. His dissertation, *The German Concentration Camp*, was partly based on his own experiences. It dealt with the medical and psychological effects of Auschwitz during, not after the war. His supervisor was psychiatrist Henricus Cornelius Rümke, who a year earlier as well published on the effects of KZ-captivity. One of Cohen's conclusions was the camps had proved that "man's adaptability, both physically and mentally, was very great", much bigger than he thought possible.[4] However, that his dissertation didn't deal with post-war problems doesn't mean he kept silent on this altogether.

> In many former prisoners this black phase of their lives is repressed, which will have its consequences. This phase, in which they have been wounded, mortified, humiliated, and tortured, cannot be erased; it still lives in them. They feel misunderstood and on a daily basis experience that society doesn't want to take into account their enormous concentration camp sufferings. Although not calculated in advance, I would consider it a great gain if my publication results in a better understanding of my fellow sufferers.[5]

He would explain his ideas about the concentration camp syndrome in more detail in the *Nederlands Tijdschrift voor Geneeskunde NTvG* (Dutch Medical Journal) in 1969 and 1972.[6] And he hailed the arrival of Claude Lanzmann's film *Shoah* in 1986. "It must have been a liberation for a lot of people taking part in it to give witness about all they had been through."[7]

In addition to the already mentioned De Wind, psychiatrist Andries van Dantzig must be mentioned, as well as Andries Kaas, author of the chapter on the concentration camps in the four-part *Onderdrukking en Verzet* (Oppression and Resistance).[8] De Wind, Van Dantzig and Kaas had survived Auschwitz, Neuengamme, and Buchenwald respectively. In the first post-war years they too published about their experiences and the problems these already had caused or could cause. At the time publications about the camps enjoyed a great deal of interest, but this only lasted a couple of years.

Kaas was the son of a Jewish father and a non-Jewish mother. He was arrested for assisting Jews early in 1944 and was told that because of this henceforth he too would be treated as a Jew. Having first, in 1946, written a detached article about the problems of political prisoners in the camps, he published a more personal account of camp life in 1968: *Buchenwald. Conclusies na twintig jaar* (Conclusions twenty years later). He indicated that for him the change of personality and character occurring in and resulting from camp life was the major cause of post-war problems, for disappointments experienced after returning home could no longer be overcome.[9]

De Wind, who set up the Foundation for Research on Psychological War Consequences in 1984, continued to write about the camp until his death in 1987. In *Final Destination… Auschwitz* it becomes clear that he already intended to do so immediately after his liberation. "He thought of this girl's words in 'No pasaran': 'I have to live to tell, to tell everyone about this, to convince the people this actually has happened…'"[10]

In an article written in 1949, entitled 'Confrontatie met de dood' (Confronting death), De Wind wrote about the mental problems caused by the camp. Because of the chronicity of the threat, problems of camp inmates really were of a different order as compared to those of civilians who had