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From Speechlessness to Narrative: The Cases of Holocaust Historians and of Psychiatrically Hospitalized Survivors

Dori Laub*

For generations, chroniclers of genocide and in particular of the Holocaust, recoiling from the enormity of the events, have attempted to restrict their source material to the primary, the documentary. Numbers, dates, locations—gleaned from documents, official correspondences, registries, and newspaper articles—were of paramount importance, but no attempt was made to obtain the personal eyewitness experiences (from multiple perspectives) that would tie them together. The work of historians writing on the Holocaust in the early decades after World War II (e.g., Raul Hilberg and Lucy Davidowitz) illustrates this selective approach. No assertion was considered substantiated unless documentation existed, even though questions were not always rigorously pursued regarding the slant, the distortion, or the motives of those who produced the documents. This documentary emphasis created a constricted field of knowledge composed of barren facts that did not merge into patterns or stimulate reflection and self-reflection or open questions of meaning. Testimony that could have given texture to the facts was treated as an unreliable source for the pursuit of historical truth. Omer Bartov's comments in his review of Christopher

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R. Browning's book *Nazi Policy, Jewish Workers, German Killers* are quite informative regarding the difficulties, bordering on speechlessness, that historians experience when exposing "all the sordid and pitiful details" of genocide while trying to work with testimonial sources.¹

The wars and genocides of the twentieth century put historians in the unprecedented situation of having to report and reflect on events of an unfamiliar, overpowering nature. The problems of postwar historiography were multiplied when it came to the mass killing of unarmed civilians in genocides—in particular, the Holocaust. Scholars found themselves confronting events that had no precedent and could not be articulated in the customary categories of traditional historiography. They were rendered speechless. I do not mean to say that they fell silent; this was only occasionally the case. On the contrary, they increasingly assumed the roles of chroniclers of and commentators on contemporaneous events. Yet in doing so, they also increasingly began to experience the constraints and the limits of their methodology.

Contemporary historiography indeed faced a crisis. It was confronted with past events that continued to repeat themselves in the present but did not yield to traditional historiographic approaches, like new computer files that cannot be read by outdated software. New tools had to be developed and employed in order to give form, structure, and intelligibility to *the incomprehensible past that does not have an ending*. Literary genres and formats by which to tell the full truth had to be found or invented. The long-established shaping of historical narratives around political processes and military campaigns simply did not suffice. The definition of "source" had to be reopened, in that official documents covered a mere fraction of what had happened. Traditional historiographic approaches did not account for the continuation of the past into the present, of its impression on present and future events. Nor could the public echoes of such a past be properly heard and thereby contribute to its comprehension when traditional methodology was the only one employed.

Ultimately, in order to evade a crisis, an approach to comprehending present events emerged that literally breaks with the past and, more importantly, totally discounts its impact. Historian Carl E. Schorske, from the University of California at Berkeley, explains the matter quite succinctly:

In the last one hundred years . . . "modern" has come to distinguish our perception of our lives and times from all that has gone before, from history as a whole, as such. Modern architecture, modern music,

modern philosophy, modern science—all these define themselves not *out* of the past, indeed scarcely *against* the past, but in independence of the past. The modern mind has been growing indifferent to history because history, conceived as a continuous nourishing tradition, has become useless to it.

This development is, of course, of serious concern to the historian, for the premises of his professional existence are at stake in it. But an understanding of the death of history must also engage the attention of the psychoanalyst.²

From the perspective of the historian, such a breach with the past as the admission of one's speechlessness in the face of trauma or the acceptance of the limits of rational thought in attempting to comprehend or explain events beyond one's grasp and imagination represents a surrender to mystification and sacralization. It is tantamount to self-betrayal, or rather betrayal of the self-ideal, for scholars and scientists with this mindset.

There is an alternative, however, and that is to acknowledge the presence of the irrational and the unconscious and the roles they play in the control of the rational mind. This alternative calls for the involvement of the psychoanalytic approach to the registration of massive traumatic events. Once familiar with such an approach, one can understand the phenomena of speechlessness and incomprehension as "countertransference," that is, the historian's own vicarious traumatization through witnessing to an instance of genocide. Loss of coherent speech constitutes the ultimate step in an unconscious empathic identification with the victim or the bystander, for whom the perpetrated atrocities make no sense whatsoever and cannot even be experienced as real. It is thus through their very speechlessness and inability to comprehend that historians register and begin to know and to transmit historical traumata in their utmost authenticity. The historian thus gives voice to *history as trauma*. Yet historians are not alone in testifying to history as trauma; the very subjects of the history, those who experienced it, are rendered speechless too.

Walter Benjamin, in his essay "The Storyteller," describes the resultant untransmissibility, the demise of both storytelling and sharing of experience:

With the [First] World War, a process began to become apparent, which has not halted since then. Was it not noticeable at the end of the war that men returned from the battlefield grown silent—not

richer, but poorer in communicable experience: What ten years later was poured out in the flood of war books was anything but experience that goes from mouth to mouth. And there was nothing remarkable about that. For never has experience been contradicted more thoroughly than strategic experience by tactical warfare, economic experience by inflation, bodily experience by mechanical warfare, moral experience by those in power. A generation that had gone to school on a horse-drawn streetcar now stood under the open sky in a countryside in which nothing remained unchanged but the clouds, and beneath these clouds, in a field of force of destructive torrents and explosions, was the tiny, fragile human body.³

It is noteworthy that such thinking is indeed not new. As Peter Loewenberg puts it, “[W]hether they acknowledge it or not historians use their empathic functions to understand the past.”⁴ Loewenberg draws attention to the German philosopher Wilhelm Dilthey (1833–1911), who more than a century ago “espoused the idea that the historian is himself the primary instrument of research, that he uses himself as the preceptor and interpreter of data. Dilthey understood that the historian relives the past in his own mind”; Dilthey’s emphasis was on “historical knowledge as an inner experience of the historian.”⁵ The work of the historian consists of the reexperiencing (*nacherleben*) of a transmitted event into which he or she has projected him- or herself (*hineinversetzen*) and that he or she has re-created (*nachbilden*) and thus consciously relived. Through such placing of oneself into the transmitted situation, the highest level, at which the totality of mental life is effective in the processes of understanding, is achieved. The historian’s completed narrative, which is captured in his or her work, “brings about a reexperiencing in us.”⁶ This narrative will inevitably include the historian’s own response, i.e., his or her own countertransference to the re-created and reexperienced event; and if trauma, as I have proposed earlier, produces speechlessness in those affected, historians, too, will experience it.

The above considerations reopen the question of the role of survivors’ testimony in the historiography of the Holocaust, or, rather, in articulating a historical narrative of the Holocaust. Not only what survivors could say but also what they could not say about their traumatic experiences constitute most valuable sources of information.

Except for a brief period after the Second World War, survivors kept silent for decades. This happened not only because they spent every ounce of energy in rebuilding their lives and not only because “no

one wanted to listen and to hear." It happened because of their inner speechlessness. They had no tellable story inside themselves. The traumatic event they had lived through persisted as a mere registration—a split-off, walled-off perception that lacked its concomitant cognitive and emotional conscious experience. The traumatic event became an "absent" experience because at the core of the executioner-victim interaction all human relatedness is undone. The internal other, the "Thou" to whom one can address one's plea, tell one's story, no longer exists. Therefore the "story" is never known, told, or remembered. The frozen image, recorded in a different part of the brain, is all that remains and is retained for life (like so many filmstrips taken by perpetrators and by liberators, which have no soundtrack). No perception of the traumatic event is translated into symbolizing words; no narrative is formed. In a very important sense, the event has not yet been experienced. What the giving and receiving of testimony does is to set in motion a dyadic-dialogic process. The listener-companion, in his or her total presence, offers the possibility and the protected holding space, within which the internal other, or Thou, can be reestablished, necessary to face the traumatic event. The story is told both to the listener and to oneself, and the process of narrativization unfolds.

To begin with, the survivor does not fully know what he or she knows. It is only as the testimony emerges that the survivor comes to know his or her full story and the impact it has had on his or her life. Even then, parts that are beyond the imaginable will remain left out or retained as frozen, encapsulated, and split-off foreign images. These are the parts of the story that are not to be told. Off-limits, abysmally cold and empty, while at the same time also threateningly violent, tumultuous, and dangerous, they have no form. These parts of the survivor's story, and thus a piece of human history, are lost to silence. I have earlier searched for words for this muting or loss—and have come to call it an *erasure*.

I began to ask myself the question: What is the ultimate in the absence of narrative; where could that ultimate absence be found?

Through a series of newspaper articles that appeared in the Israeli press in the 1990s, I learned that there were a large number of Holocaust survivors who had no recorded histories in various Israeli hospitals. The rumor was that there had been a ship with 1500 passengers who were psychiatric patients—the last inmates in Displaced Persons camps in Germany, which the German government wanted to close—that arrived in Israel about a decade after the war. Through a special agreement, the German government compensated Israel for the

treatment these patients needed. They were said to have been dispersed among various hospitals. When asked whether this story was true, Jehuda Bauer, the renowned historian and Holocaust scholar at the Hebrew University, confirmed that such a ship had indeed arrived. I decided to take the testimonies of these patient-survivors, asking myself if their psychological impairment, leading to long-term hospitalization, was related to the phenomenon of having no history—the erasure of narrative that I have described.

In 1979 I had cofounded the Holocaust Film Project, which eventually became the Fortunoff Video Archive for Holocaust Testimonies at Yale University. It has since sprouted thirty-two affiliates all over the world that have gathered more than 4,000 testimonies. I was impressed by the power of testimony to bring into relief the internal landscapes of the survivors—their experiences of themselves, of history, and of the world they lived in. I was also impressed by the possibilities that capturing the testimonies on videotape opened. These video testimonies, however, did not include psychotic survivors like those mentioned earlier, and so I proposed a project to find such Holocaust survivors and interview them. I thought that they had something unique to tell.

In 1996, the commissioner of mental health for the state of Israel, Dr. Moti Mark, expressed strong support for this endeavor. He helped organize an international conference at the Maaleh Hachamisha Convention Center for the purpose of planning a video testimony-based study of these survivors. It took six years to raise the funding, to find the institutions that housed these survivors, and to secure their agreement to participate in the project. The Institute for Social and Political Studies at Yale covered half the cost of the study, and the other half was covered by the “Conference on Jewish Material Claims against Germany.” In October–November of 2002, and again in April–May 2003, I was part of a team that recorded the testimonies of these hospitalized survivors. Each interview included myself, one other mental-health professional, and a videographer. After the interviews were completed, the hospital staff began to work with the videotapes.

The sample for this study was drawn from a much larger population of chronically hospitalized Holocaust survivors. Among the approximately 5,000 long-term psychiatric inpatients in Israel in 1999 about 725 (a disproportionately high number given their percentage of the general population) were identified as Holocaust survivors.⁷ 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. Most of them had been diagnosed as

having chronic schizophrenia, with no special attention given to the historical circumstances potentially related to their psychiatric symptoms and disabilities. Their charts often included place and date of birth (e.g., Poland, 1924) followed by the year the patient immigrated to Israel, as if nothing had happened in between. Many of their treating psychiatrists continue to insist today that they do not respond to traditional treatment such as antipsychotic medication.⁸ We hypothesized that many of these patients could have avoided lengthy, if not lifelong, psychiatric hospitalizations had they been able, or enabled by their caregivers and by society at large, to more openly share their severe persecution history. Instead, those gruesome and traumatic experiences remained encapsulated, split off, causing the survivor to lead a double life. These patients may physically inhabit the world as geriatrics, but emotionally they remain in adolescence.

The findings I write of here are the outcome of video-testimony study of twenty-six chronically hospitalized Holocaust survivors in Israeli psychiatric institutions. They represent the “extreme” on the spectrum of speechlessness and silence. About 20–30 percent of them have been hospitalized since World War II. The clinical staff considered about one-fifth of them to be completely silent; they just did not speak to anyone. They walked around briskly, smoking nervously, watched intently, and then unexpectedly walked away. Watching their facial expressions, one could see their ongoing struggle. They attempted to say something—but it came out as a barely audible scream or a moan. And yet, these patients, too, were very willing to give testimony.

We were attempting to probe the limits of testimony in those who are believed to have given up on communicating with others and have withdrawn into their private psychotic world. In my opinion their psychotic silence is *not* schizophrenia, the diagnosis most of them carry, but an extreme case of the *speechlessness of trauma* that afflicts victims, witnesses, and those who attempt to be its chroniclers, like the historians I discussed earlier in this essay.

I would like to describe an encounter with such a patient, one who did not participate in the study because the hospital he was in withdrew from it at an early stage. It was dark when I entered the ward, hoping to speak with a patient. The nurse in charge was extraordinarily helpful and directed me to somebody who was “clear minded.” I waited for a long time until he got dressed, only to find out that he had fled the Warsaw Ghetto when the bombing started and spent the war years in Siberia. I returned to the nurse and asked for another person. She pointed out a little man with stubby grey hair who had

been circling around me, and who I had the feeling wanted to speak. I asked him if he would be willing to go to a separate room with me and he was ready to do so. The first thing he said to me was, "Could you help me? I'm alone in the world except maybe for a cousin who lives in Brooklyn by the name of Sarah L. This was her maiden name and she has probably married. Perhaps, though, she could be traced through the registers of the local synagogue. She may not be alive any longer, because she is my age, and I was born in 1926."

I asked him how come he was alone in the world, and he said it was because he was in Auschwitz with his parents and they did not come out. He, himself, somehow survived. He did not go into details, and I did not pursue it. When he arrived in Israel, he was already a mental patient because while in the British detention camp in Cyprus, he stopped eating. Upon reaching Israel, he was given insulin shock and electroshock treatments that improved his clinical condition, and so he was discharged from the hospital. He learned to do stone flooring, worked for a number of years, and made some friends. But when a new war started, the conflict over the Suez Canal, he became symptomatic again and stopped eating, was rehospitalized, and received more shock treatment. There was another clinical improvement and he was discharged and resumed his work. Only this time, he could not form any social attachments. When the next war erupted, the Six-Day War in 1967, he once again became symptomatic and was rehospitalized. This time, however, treatment did not help. He was not discharged and has been in various hospitals since.

"Do you ever hallucinate, see things or hear things?" I asked him.

He said, "No."

"Do you have memories?" I asked.

"Yes," he said, "I do, but the medication I take slowly dulls them."

"Do you feel pain?" I asked.

He said, "I do, but also the medication takes the edge off, begins to dull it."

When I asked, "Did anyone ever ask you about your life?" his response was "Never."

I felt quite spellbound by this man. Emotionally, he was able to make a connection with me and in no way resembled a chronic, deteriorating schizophrenic who had spent thirty-five years in a psychiatric facility. He made so much sense and had such a capacity for emotional bonding, yet, clearly enough, there had been no one to bond with. I

told him I hoped that we would meet again when I returned and we would be able to talk some more. I never saw him again.

When I reviewed the videotaped interviews completed in Israel, I was impressed by certain features they have in common regarding the memory of the Holocaust experience. There is an underlying common thread to all of them, which is the earlier mentioned *erasure*. Strategies widely adopted by these survivors included claiming to have forgotten it all, doubting that it ever happened or what precisely happened, and claiming that their traumatic experiences were neither extraordinary nor unique, and therefore did not matter and did not merit being spoken of. I am increasingly convinced that, indeed, the experience of trauma never took place consciously in their minds. As I mentioned before, it was as though it was registered and kept frozen in a different area of the brain.

The way in which testimonies of psychotic survivors differ from those who have not been hospitalized is captured by the nature of the phenomenon of testimony itself. Testimony in nonpsychotic, "normal" survivors, when appropriate conditions of listening are created, begins to have a life of its own. The survivor begins to remember, and memories, both cognitive and affective, exponentially increase. With survivors who have been chronically hospitalized for psychotic illness, this process does not take place. The testimony does not come to life; it is more like the work of dislodging something from stone. The interviewer has to be much more active and lead the way, through offering him- or herself as an authentic new object—totally present and engaged for the moment in the mutual endeavor to come to know. We found ourselves asking many more questions and suggesting possible answers. In many instances survivors gave us not a coherent story but only fragments, often very affect-laden, and we, the interviewers, had to serve as a holding container that allowed such fragments to come together. We were the ones who constructed the narrative, or at least part of it, and told it back to them. They listened very attentively, vehemently agreed or disagreed with what we said, thus correcting it and participating in the construction of the narrative as it was taking place.

With other survivors, we could see their horror without words, an affective state completely void of memory and of experience. Occasionally, the substitute of an experience, of a screen memory, such as having "fled in time" deep into Russia and having been saved, filled the void. For one survivor, who claimed to never have seen a German soldier because she spent all of World War II in Kazakhstan—thousands of kilometers from the front line—the memory of one single

day unexpectedly emerged: a Sunday, which, it turned out, was also the day the Germans entered her town and executed her bedridden father and many other Jews. Her mother and two brothers who tried to flee were apprehended by a German patrol and shot. When I asked whether that had happened the same day that the Germans entered the town and began carrying out the executions, she responded, "No, it was a few days later." She claimed that her Lithuanian neighbors had told her about it when she came back in 1953, after the war. The details that she did know, however, made me suspect that she might have been an eyewitness to the executions rather than only hearing of them long after the war, from neighbors, in a country notorious for having collaborated in the execution of Jews.

When the interviews started, we were stunned by the motivation, commitment, and persistence of these witnesses. For many it was an intense, difficult, perhaps even hazardous internal struggle to speak, yet most interviews lasted between one and a half to two and a half hours. Extensive psychological testing that included symptom scales for psychosis and post-traumatic stress disorder (PTSD) and the Rorschach was carried out before and five months after the video testimony was given by the patient. What is noteworthy is that on the testing conducted after the interview, the scores of trauma-induced symptoms (in particular the withdrawal cluster of PTSD) had been reduced by close to 50 percent. A control group of survivors who had not given testimony showed no decrease of such post-traumatic symptoms after a five-month interval. After this group also gave testimony, we saw the same results.

It is yet to be determined whether the giving of testimony alone or shifts in the attitude and treatment approach of the staff who had viewed the testimonies, or a combination of both, brought about such symptom reduction. A clue as to how to deal with this question emerges from the following vignette.

In December 2003, I returned to Israel to participate in an in-service training for the purpose of summarizing what we had learned from the project. I arrived at 4 a.m. the morning of the meeting, my excitement protecting me from experiencing any fatigue. The first person I met was the videographer. Our few moments together were precious. There was a sense of relief, not pressure, at the conference, a remarkable absence of tension. The comfort everyone experienced may well have been one of the accomplishments of the project—it was as if we all knew that we were part of something and had our place in it. Many of the staff members from both hospitals, Beer Yaakov and Lev

Hasharon—close to one hundred people—were present. Most were, I think, members of the nursing staff. After the commissioner of mental health for the state of Israel opened the proceedings, the director of one of the hostels for Holocaust survivors spoke. His comments were simply stunning to me. He immediately began on a personal note. He was the third child in his family and the first one to be born in Israel after his survivor parents immigrated with their two older children. He was the child of their new life, and therefore it was decided not to involve him in the past, not to tell him anything. I knew of his long and distinguished military career; he was known as a courageous officer in the Israel Defense Forces. He was what his parents, I think, expected of him—the new Jew, without fear and without the shadow of Jewish persecution. He proceeded to say that in 2002 his daughter, who was on a trip to Poland to visit Auschwitz, called and asked him to immediately join her, and he did. Since then, everything has changed. Almost against his will, he was introduced to his family history. Then he began to ask questions, insisting that his older siblings tell him everything. It is interesting to wonder whether he ever asked himself why he became the director of a hostel for Holocaust survivors. This sparse and parsimonious story, in itself, sent a shock wave through the audience. They never expected their director, the authority figure, the army officer who was so self-disciplined, to be part of the same world that they inhabited in their daily work.

The person that followed him was the deputy director, who had been the most supportive person to the project throughout. He spoke about his parents, who never stopped telling stories of the Holocaust. During breakfast every morning, his mother told him her Holocaust nightmares. He was simply bombarded by her stories, but even so, he chose to become a part of it. Later in the evening, I overheard a staff member saying that she never knew that the director of the hospital, this heroic figure, was part of the same world as she. She had never met him on this level. This staff member was a senior social worker who had done a lot of work with survivors and actively interviewed with me on the project. Something shifted in her view of who the people in charge were.

I think that this opening up, this quite self-disciplined form of self-revelation, is probably part of what the project set in motion. Without melodrama and without sentimentality, people became more profound, more deeply connected, and more human. Perhaps years of working with this highly traumatized survivor population necessitated the establishment of overly rigid boundaries, or even attempts at trivialization.

One did not give oneself permission to feel and to cry, and often fled into lightness and superficiality. The project restored the authenticity and the dignity of what the work was all about. It was not about custodial care for hopeless invalids whose spirits you have to lift with vocational activities or light entertainment. It was a communal bearing of a destiny that affected some—the patients—far more harshly than it had affected the others, the treaters. Yet, as we discovered, everyone was affected, and the project provided a medium through which to express it, to experience it, and to begin to share it.

Throughout the day, I was impressed by the absence of competitive challenges. We all knew we were performing our task, part of a cooperative endeavor. We also knew that we were at the very beginning of a journey and much more had to be accomplished.

I visited the hospital the next day and saw several of the patients, and it was like meeting old friends again, or at least old acquaintances. None of them were psychotically absent. Those I spoke to immediately recognized me and were ready to pick up where we had left off. Though I now wish I had spent more time there, and feel that my brief visit may have been insufficient, perhaps even a tease, what I realized was that the breaking of the silence, the lifting of muteness, that had begun with the arrival of a fully present and committed listener had, in fact, allowed memory, and with it, narrative, to flow again.

What is needed for healing is the creation of a testimonial community. In this instance, the treatment staff—after having lifted their own inner obstacles to speaking about the Holocaust—allowed for a homecoming for the patients. They were now in a community that was no longer denying its shared history through ideological overcompensation—the creation of the new Jew—or through displacement of the horror of annihilation of the old war (World War II) onto the newer ones of present-day Israel. Through the advent of testimony, *all* participants, treatment staff at all levels, patients, and researchers, came to be *part of a much larger historical narrative* that would be inaccurate and incomplete without the particular individual stories. So crucial are the tiniest details of each narrative, that to miss even one—like the contradiction between the woman's claim to have been thousands of miles away on the day her parents and siblings were murdered and her ability to narrate other events of the same day so that you could "hear" the unspoken truth through her screen memory—can abort the whole narrative. It may well be only through testimony that we can really write the history of such a cataclysm.

NOTES

1. Bartov, "Inside, Outside," 41.
2. Schorske, *Fin-de-Siècle Vienna*, xvii (Schorske's italics).
3. Benjamin, "The Storyteller," 84.
4. Loewenberg, "Time and History in Psychoanalysis."
5. *Ibid.*
6. Dilthey, "Das Verstehen anderer Personen und ihrer Lebensauserrungen," 213–15, *passim* (my translation).
7. See Bazak, "Principles of the General Guardian (Apotropos) Regarding Care in the Community for Mentally Ill Survivors of the Holocaust." The committee was composed of parliamentary members, government ministers, and experts in the field.
8. See Cahn, "Holocaust Survivors Mistreated"; and Rees, "Surviving the Past."

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