



Dissociative Phenomena in Former Concentration Camp Inmates¹

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Certain patients who had been imprisoned in concentration camps show a traumatically acquired personality change² in which, together with frequent pseudo-neurasthenic symptoms, there is a severe impairment of psychological integration. In some such patients we find, as part of this impairment, a tendency to dissociative phenomena which did not exist previously, and which has, therefore, to be considered as a subsequently acquired disposition. These phenomena are distinguished by states of altered consciousness in which highly traumatic, dissociated material emerges, this being elaborated generally in a repetitive and sadomasochistic way. The material consists of real experiences of the traumatic past, of traumatic experiences of other persons with whom the patients identify, of pure fantasies, and mostly of a combination of all these. The real experiences had frequently been undergone while the patients were in a semi-stuporous condition; the fantasies, however, originate in daydreams. Consequently, the ideational content of these phenomena, never having reached full consciousness, could not acquire ego-integration.

These dissociated states occur in short attacks, often lasting from seconds to minutes only. Contact with the outer world is disturbed. Frequently a detail of current reality which associatively triggers off an attack, merges with the dissociated ideas, and thereby becomes interpreted delusionally. In other attacks the dissociated ideas impinge on reality, thus creating a double consciousness. In yet other cases, normal consciousness alternates with the pathologically altered one. After the attack, insight into it, together with some memory of it, prevails.

The consciousness of these patients is habitually hazy, their attention is inexact, easily exhausted and fluctuating, and their concentration is severely impaired. This general lowering of mental functioning probably facilitates their tendency to dissociation. Daydreams eventuate, which, through lack of regulation and control on the part of the ego, may deepen into hypnoid dissociative states, in which preconscious material emerges. With intensification of daydreaming, the images become more and more vivid and may take on a reality character. In marked cases the clinical picture is quasi-psychotic, the attack being characterized by clouding of consciousness, accompanied by delusions and hallucinations. Some patients engage in daydreaming all day long, succumbing to it for as long as they are left to themselves. The ego-defences are apparently too weak for their task, as in the following cases:

Case 1. Katy was 24 years old when war broke out. During the psychiatric examination she suddenly turned her head, rose, bowed, made searching movements with her head, covered her eye with her hand, as if to see better into the distance, listened, talked to herself, and burst into laughter which resembled crying. The impression she made on the observer was that of a psychotic patient. After some minutes she regained composure and related that she had heard her sister's voice. Exploration in narcoanalysis revealed that this pantomimic scene is an almost exact repetition of a traumatic situation which she had gone through on her arrival at the railway station of the Auschwitz concentration camp. She had arrived there with her 8-year-old son and her younger sister who was the boy's maid. After the journey of several days in a closed cattle-van, she had got out exhausted and dazed. When recovering after the first minutes of perplexity and confusion, she saw two columns of people leaving the station in different directions, one consisting of the old and of mothers with children, and the other one

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² Karl Jaspers stated as early as 1920 that the close connection between personality and traumatic experience eventually produces an outcome which leads through repetition and summation of the experiences to an abnormal development of the personality.

of young men and women. She understood from previous experiences that this was a "selection" and that the first column was destined for death. Suddenly she realized that already at a distance her son and her sister walked in this column. Before she could run after them and take her sister's place in order to save her, she was kicked into the second column of those selected for work. She could hear her sister calling "Katy where are you? Why do you leave me?"

In the attacks she repeats this scene of her confusion, of searching and listening to her sister's voice. She is obsessed by guilt at having sacrificed her sister in order to stay alive and vainly tries to convince herself that she was not capable in her confusion of orienting herself more quickly. The clinical picture is one of recurring hysteri-form twilight states in which she re-experiences this unabsorbable traumatic situation of the past in a hallucinatory way.

Case 2. David was 12 years old, when war broke out. When he returned home in the evening, he was overcome by headache, giddiness, and the hearing of bells tolling. He then lay down with closed eyes and saw fire and faces and figures moving in front of it.

In these hypnagogic dissociative states a life period of three months was given expression. These he had spent in a Polish prison camp under false identity. At night he had had to help bring the dead and dying to a pyre. Sometimes the bells of the nearby village had been tolling at the same time. The dead had been his working and sleeping comrades till the day before, and the dying had sometimes revealed feeble signs of life, seeming to move in the fire. One of them, a father-figure, had implored him up to the end to save him.

The details of this account gave the impression of his mixing fantasy and reality. But the profound guilt-feeling of having helped to throw those not yet dead into the fire, seems authentic, and darkness stirs up this part of the past into pseudo-hallucinatory dissociative states.

Case 3. Chava was 9 years old when war broke out. Following the birth of her first child, she became weak and dazed for several days. In this condition as she was once reaching for food, she perceived with hallucinatory distinctness that strange thin, bony arms were reaching for the food alongside hers. She also, though less distinctly, perceived faces and bodies, which seemed to belong to these arms, emaciated like those of "Muselmans".³ During her stay in a concentration camp she had witnessed the arrival of Muselmans, begging for food. She now associated these "skeletons" with her mother in the grave. The mother had died at the patient's birth, a fact about which the patient felt vaguely guilty. She said that this hallucination had occurred during the day, while she was in a dream-like state. Since then, she suffers from various dissociative phenomena.

Case 4. Lea was 13 years old when war broke out. Every morning when giving food to her dog, her first impulse was to withdraw her hand, holding the bowl in order to eat the food herself, thinking: "Why should the dog eat, and we people go hungry?" This thought which had been rational while starving as a prisoner in a concentration camp and having to feed the watch dog had never left her since. Although she is well off, this impulse is triggered anew by the identical situation and takes on a reality character, if only for seconds, as a form of alternating consciousness.

She used to pass her days in a kind of hazy condition of daydreaming in which old traumatic experiences, sadomasochistic fantasies and present actuality combined in a kaleidoscopic fashion. For example, she saw Israeli soldiers pass her window, and she supposed, rightly, that they were bound for an Arab frontier. But at the same time she "knew" the frontier to be closed by an electrically-charged barbed wire into which they were to be driven by their Nazi commander. Here a double consciousness is at work, the wakeful state co-existing and interlocking with a dreamy hypnoid state.

These cases are characterized by quasi-psychotic attacks, their common denominator being the disturbance of consciousness. They are characterized as dissociative reactions, during which traumatic experiences emerge. These latter had been undergone during concentration camp imprisonment for which certain adaptive processes were called into being. They consisted mainly of a general lowering of the person's normal level of consciousness in combination with an instinctual over-alertness and perceptual hypercathexis, which was, however, confined to the immediacies of self-preservation. Apart from this selective over-alertness, many of the people were hazy, dulled, indifferent, shut in, and prone to daydreaming. They describe

³ In concentration camps Muselman was the designation for an extremely emaciated person who had given up the will to live, and let himself die, a kind of passive suicide.

themselves as having been like semi-stuporous robots. This condition could be effected, among other defence-mechanisms, by de-cathexis of the outer world in the presence of somatically induced apathy. Events undergone during this particular state of consciousness, although registered, were not emotionally felt. Only after liberation did a kind of delayed emotional reaction ensue from which many of them cannot free themselves.

Whereas in the ordinary traumatic neuroses, the trauma occurs unexpectedly and during full consciousness, and so disrupts the patients' stimulus-barrier, the blunting of consciousness in the patients discussed here seems to insulate them from the traumatic impact.

The pathological attacks are imbued with preconscious imagery, consisting of real and/or fantasied situations. Of course such traumata can become linked associatively with infantile material and thereby receive an affective reinforcement. Such connections could be demonstrated in some of our cases where guilt-feelings were clearly related to infantile conflicts. But infantile conflicts are ubiquitous, and it is presumed here that no psychic illness need have occurred without the subsequent massive traumatization. Freud's concept of the "complementary series" should be remembered in this context according to which subsequent traumata are capable of heavily outweighing adverse constitutional and infantile factors.

My conclusion is that the clinical picture here described is not of hysteria or of traumatic neurosis, but of a dissociative state, the precursors of which had already appeared during imprisonment. In this abnormal state of consciousness, formerly suppressed and or hazily experienced events, although emergent and invested with their traumatic charge of affect, still cannot attain to the integrative faculty of the ego. Indeed, even when these memories are rendered conscious through therapy, the curative outcome remains limited. This seems to be so because of the irreversible nature of these patients' psychic disintegration which fosters the tendency to dissociation, and because of their pathologically altered drive economy with predominance of sadomasochistic components. I should like to add that the dissociative phenomena described here turn out not to be rare, once one is on the look out for them.

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