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Medicalized Killing in Auschwitz

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SINCE late 1977 I have been conducting a psychological study of medical behavior in Auschwitz, and of Nazi doctors in general. I have been especially interested in the relationship of doctors, SS doctors in particular, to the killing process—in the transformation from healer to killer. I am concerned with the importance of the medicalized pattern for the overall Nazi project of mass murder and have therefore tried to examine the interaction of biomedical ideology, political ideology, and individual behavior. Finally, the work raises questions of more general significance: for doctors and medicine elsewhere; for scientists, other professionals, and institutions of all kinds; for approaches to "triage" and control over life and death; and for our understanding of human nature and human values.

After describing how I did the study, I will discuss what I call the Nazi "biomedical vision" and its relationship to the killing of mental patients as well as to Auschwitz. Next I will suggest features of the Auschwitz atmosphere, particularly in regard to the psychological factors, or mechanisms, that enabled the Nazi doctors to do what they did. Finally, I will turn very briefly to the more general problems raised by the study.

I

Much of the study revolves around interviews I conducted in Germany and Austria with 28 former Nazi doctors and one pharmacist. Five of the doctors had at some time worked in concentration camps. Six others had been involved with the so-called "euthanasia" program, which was mainly the killing of mental patients, mostly from 1939 to 1941 but afterward as well. A third group consisted of eight high-level Nazis who were involved in linking medical principles with racial ideology, both as theoreticians and as administrators. Another group of six held responsible positions in the Nazi medical hierarchy; their work became tainted by the various projects in which they took part. The three remaining doctors were for the most part engaged in traditional military medicine on the Eastern front, but at the same time they were partly aware—and trying to avoid awareness—of the massive killing of Jews by *Einsatzgruppen* troops immediately behind the lines.

Introductions to the doctors were carefully arranged, largely by one person—a

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friend who as the director of a Max Planck Institute in Munich and a professor of psychiatry is a person of high standing in German medicine. He wrote an initial letter introducing me as a "prominent American researcher" who had worked on Hiroshima and Vietnam, which conveyed to those with whom I talked a sense of my concern with destructiveness in general.

About seventy percent of those approached in this way eventually agreed to see me, motivated in part by a sense of obligation to me as a "colleague" and in part by an inner inclination that included recognition of an opportunity to affirm their post-Nazi identity. They spoke with varying degrees of candor, indirection, and evasiveness, and I cross-checked much of the information against descriptions by others and various records, especially early ones. Still, I was surprised at how willing they were to see me and how relatively freely they talked. They had a need to explain themselves—to try to justify themselves. In the process they revealed a great deal, but none really confronted in a moral sense what he had done or been part of. In many cases, the doctor I interviewed would talk as if he were a third person, looking back at events as an observer.

I also interviewed a second group of former Nazis: twelve nonmedical professionals—lawyers, judges, teachers, architects, Party officials and organizers—who gave me valuable background on the general Nazi project and how professionals fit into it.

Finally, I interviewed a third and very different group, 80 Auschwitz survivors who had been associated with medical work of some kind, most of them former inmate doctors. These interviews were held throughout Western Europe (Germany, Austria, France, England, Norway, Denmark), and in the United States, Israel, Poland, and Australia. Survivor physicians provided me with invaluable descriptions of the behavior of Nazi doctors and of the entire pattern of pseudomedical behavior in Auschwitz.

Most of the interviews in the first two groups were conducted with the help of an interpreter-research assistant, specially trained to facilitate communication (see Lifton 1975, 1969). All of these interviews were tape-recorded, which has permitted me to work from the original German. The survivor group differed in that many spoke fluent English (including some living outside of English-speaking countries), while others required interpreting from Hebrew, Polish, French, and German. I spent a minimum of two to four hours with most people in all three groups but had much more time with many of them, sometimes thirty hours or more during six or seven interviews, each lasting from a few hours to an entire day.

The psychological paradigm that I use in this study, as in others, departs from the classic Freudian model of instinct and defense and instead stresses the symbolization of life and death (Lifton 1979, 1980). Briefly, this paradigm includes both an immediate and an ultimate dimension. The immediate dimension—our direct psychological involvements—are understood in terms of connection and separation, integrity and disintegration, and movement and stasis. The separation, disintegration and stasis are death equivalents, images that relate to concerns around death, while the experiences of connection, integrity and movement are associated with vitality and with symbolizations of life.

At the ultimate dimension I seek to account for larger historical experience. This concerns the struggle around symbolic forms of immortality: around a collective sense of being part of something larger than the self, which will—at least in one's imagery—continue indefinitely, beyond one's own limited life span. This can be a human group, a set of social, political, or spiritual principles, a movement, nation or an institution. Symbolization of immortality was of course central to Nazi concepts of the "thousand-year Reich."

The general paradigm applies, I believe, to the widespread individual experience of separation, disintegration and stasis among many Germans during the period following World War I. These feelings were described to me repeatedly in connection with general demoralization and confusion in association

with military defeat, economic duress, and the threat of revolution. For many the Nazi movement held out the promise of new human connection, general social integration, and a sense of development and progress—all in the service of a vast national and cultural revitalization.

II

Many students of the Holocaust have rightly stressed the idea of a barrier that has been removed, a boundary that has been crossed: the boundary between violent imagery and periodic killing of victims (as of Jews in pogroms) on the one hand, and the systematic genocide in Auschwitz on the other. My argument here is that the medicalization of killing—the imagery of killing in the name of healing—is one important way of understanding that terrible step. At the heart of the Nazi enterprise, then, is the loss of a boundary between healing and killing.

In the sequence of psychological impressions of the killing process at Auschwitz and other death camps, early reports stressed Nazi sadism and viciousness. But as those attempting to understand the process realized that sadism and viciousness could not in themselves account for the killing of millions of people, the stress shifted to the principle of faceless, bureaucratized killing (Hilberg 1973; Rubenstein 1978; Arendt 1963). This remains a significant and necessary emphasis. Yet my belief is that neither of these emphases is sufficient in itself. We need also to consider motivational principles around ideology, and the various psychological mechanisms that contribute to the killing.

What I am calling medicalized killing certainly includes expressions of sadism, and it depends upon the elaborate bureaucracy and routinization of killing that prevailed in Auschwitz and other camps. But it also focuses upon the psychological motivations of specific individuals involved in the killing.

Medicalized killing can be understood in two ways. One is the efficient or so-called "surgical" method of killing large numbers of people by a controlled technology using highly poisonous gas. This method becomes a way of protecting the killers from the psychological consequences of face-to-face killing. Nazi documents reveal considerable concern with precisely those psychological consequences among Einsatzgruppen troops, a large number of whom apparently experienced incapacitating symptoms in response to their "work." I was able to explore that matter with a former Wehrmacht neuropsychiatrist, assigned to treat members of the Einsatzgruppen, who estimated that as many as twenty percent of those who did the actual killing had significant psychological difficulties. In other words, there were impediments—human impediments—when applying ordinary military methods to mass murder on this extraordinary scale. What I am calling surgical killing provided a means to overcome these impediments by minimizing the psychological difficulties of the killers.

But there is another dimension of medicalized killing, one that I believe is insufficiently emphasized: killing as a therapeutic imperative. This kind of imagery was dramatically revealed in the words of an SS doctor in response to a question posed to him in Auschwitz by a distinguished survivor physician, Dr. Ella Lingens-Reiner. Pointing to the chimneys in the distance, she asked: "How can you reconcile that with your Hippocratic Oath?" His answer was: "When you find a gangrenous appendix you must remove it."[1] The image here is of the Jews as a gangrenous disease, which has to be removed from the social or racial body of the German people in order to bring about a cure. Most SS physicians would not have answered that question so absolutely, would not have held such an extreme ideological position. But they were not likely to be entirely free of such "therapeutic" imagery, which was psycho-

[1] Personal communication. Dr. Lingens-Reiner had reported the same incident in her book slightly differently: Her question to the SS doctor, Fritz Klein, was, "Have you, as a doctor, no respect for human life?" His answer was: "Out of respect for human life, I would remove a purulent appendix from a diseased body. The Jew is the purulent appendix in the body of Europe" (1948, pp. 1–2).

logically prevalent in the Auschwitz atmosphere and provided an important basis for the extermination camps in general.

Such imagery recalls the description of Turkey during the 19th century as the "sick man of Europe," and more specifically the similar attitude toward Germany at the end of World War I. Adolf Hitler, writing in *Mein Kampf* on the German state, said, italicizing for emphasis: "*anyone who wants to cure this era, which is inwardly sick and rotten, must first of all summon up the courage to make clear the causes of this disease*" (1969, p. 396). Certainly many Germans felt that way and one vision of cure involved the extermination of the Jewish people and the extermination or subjugation of Gypsies, Poles, Slavs, and others. That vision culminated in specific views of leading Nazi officials. For Hans Frank, jurist and *Generalgouverneur* of Poland, "the Jews were a lower species of life, a kind of vermin, which upon contact infected the German people with deadly diseases." Frank frequently referred to Jews as "lice," and when the Jews were killed in the area of Poland he ruled, he declared that "now a sick Europe would become healthy again" (quoted from Frank diary in Hilberg, p. 12). Himmler used similar language in cautioning his SS generals against tolerating the stealing of property which had belonged to dead Jews: "Just because we exterminate a bacterium we do not want, in the end, to be infected by that bacterium and die of it" (Hilberg, p. 12).

Part of this vision includes a religion of the will, in which the will becomes "an all-encompassing metaphysical principle" (Stern, p. 70).[2] What the Nazis "willed" was nothing less than total control over life and death, and, indeed, control of the evolutionary process. Making widespread use of the Darwinian term "selection," the Nazis sought to take over the functions of nature (natural selection) and God (the Lord giveth and the Lord taketh away) in orchestrating their own "selections," their own version of human evolution.[3]

The therapeutic imperative was a biological imperative. One could call the Nazi hierarchy a "biocracy"—in the sense of the model of a theorcracy but with a very important difference. In a theocracy the rulers are the high priests, empowered by their tie to the sacred. In the Nazi biocracy, the political and military leaders—Hitler and his circle—were the rulers, but they ruled in the name of what was held to be a higher biological principle. Among the biological authorities who gave credence to that principle—including physical anthropologists, geneticists, evolutionary and racial theorists of all kinds—it was mainly the doctors who became the activists, the practitioners. Doctors regularly function at the border of life and death. They, more than the other biological authorities, are associated with the awesome, death-defying, and sometimes deadly imagery of the primitive shaman, witch doctor, or medicine man.

Hence, manipulative political regimes or their clandestine agencies tend to call upon doctors to use their authority and skills—their shamanistic legacy—in support of the regimes' world views and against people perceived as threats to those world views. In the Soviet Union psychiatrists diagnose dissenters as mentally ill and incarcerate them in mental hospitals—a procedure that functions as political repression (Bloch and Reddaway 1977). In Chile, according to Amnesty International, doctors have been involved in torture for political purposes. In the United States physicians and psychologists have been employed by the CIA in unethical medical and psychological experiments involving drugs and mind-manipulation (Marks 1979). In the mass suicide and murder of more than 900 members of the religious cult known as the People's Temple in Guyana, in November 1978, the group's physician prepared the poison (Reston 1981; Lifton 1979).

To be sure, these examples differ fundamentally from the Nazi practices and are in no way to be equated with them. But their common principle is that of the physician as activist agent for some form of reality control or oppression.

The Nazis' unique intensity of focus on biological salvation gave special emphasis to this perverse use of the physician's power.

III

One may thus say that the doctor standing on the ramp at Birkenau—the division of Auschwitz where initial "selections" and most of the gassings were performed—represents a kind of omega point, a final common pathway of the Nazi vision of therapy via mass murder. In a sense the doctor takes on the mythical identity of a gatekeeper between two worlds—that of the dead and that of the living.

Doctors were not tried at Nuremberg for performing selections, partly because the full significance of this activity was not yet understood.[4] I believe, however, that the doctors' role in selections has even greater significance than their participation in medical experiments—for which doctors *were* tried at Nuremberg.

The SS doctors made the initial large-scale "selections" of arriving Jewish inmates at the Birkenau ramp.[5] (Only Jews were systematically subjected to selections.) The task was performed quickly, massively, and often according to formula, so that old people, children, and women with children were all automatically selected for gas, while relatively intact young adults were permitted to survive, at least temporarily. The great majority of arriving Jews—most estimates are of more than seventy percent—were quickly sent to the gas chamber. Since no medical examination was done and no medical skill was required for this function, the Nazis apparently sought to invest it with medical authority and to represent it as a medical procedure.

After the selection, the presiding doctor was driven in an SS vehicle usually marked with a red cross, with a medical technician (one of a special group of "disinfectors" [*Desinfektoren*] from within the *Sanitaetsdienstgrade* or SDG) and the gas pellets, to a gas chamber adjoining one of the crematoria. There the doctor had supervisory responsibility for the correct carrying out of the process, though the medical technician actually inserted the gas pellets and the entire sequence became so routine that little intervention was required. The doctor also had the task of declaring those inside the gas chamber dead, which in some cases meant looking through a peephole to observe them. This too became routinized, a matter of permitting twenty minutes or so to pass before the doors of the gas chamber could be opened and the bodies removed.

[1] The celebration of that religious impulse was epitomized by the gigantic Nuremberg rally of 1934, whose theme, "The Triumph of the Will," became the title of Leni Riefenstahl's celebrated film. Riefenstahl, in an interview with an assistant of mine, made clear that it was Hitler himself who provided that slogan for the overall Nuremberg rally.

[2] Stern (p. 77) makes a related point when he speaks of the Nazi and broadly fascist application of the doctrine of "the Will" as existing "within the framework of *Sozialdarwinismus* as that agency of Nature which acts in the social and political sphere with the same absolute validity as the principle of natural selection does among species of animals." But the Nazi version of fascism is unique in the extent to which its social Darwinism is bound up with racial theory—what I am calling the biomedical vision—to which the doctrine of the Will can be applied.

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[4] United States v. Karl Brandt et al. Case No. 1, Trials of War Criminals Before Nuernberg Military Tribunals (1946–1949), Vols. 1 and 2. See especially Vol. 1, pp. 8–17, for the indictment, and pp. 27–74 for the opening statement of the prosecution. I was also able to discuss the issue with James M. McHaney, chief prosecutor of the medical trial, who confirmed the lack of full appreciation at that time of doctors' participation in the overall killing process. He stressed that the policy then was to prosecute high-ranking doctors (who were not likely to be at the ramp at Auschwitz), considered to have the greatest responsibility for overall medical crimes, and to do so on the basis of stark and convincing evidence such as that associated with medical experiments on concentration-camp inmates.

[5] The description of doctors' activities is based on interviews with former Nazi Auschwitz doctors and with former inmate doctors, plus the following major sources: R. Hoess, *Commandant in Auschwitz* (World Publishing Co., 1960), including supplementary statement, "The final solution of the Jewish question in the Auschwitz concentration camp," Appendix I; and "Die Nichtaerztliche Tatigkeit der SS-Aerzte im K. L. Auschwitz" (The Nonmedical Activity of SS-Doctors in the Concentration Camp Auschwitz), *Heft von Auschwitz*, No. 16, Auschwitz Museum, 1975, pp. 75–77 (the *Hefte* is a rich source of related materials). See also: materials of Frankfurt Auschwitz trial of 1963–65 in "Proceedings against Mulka and others, and English summary of that trial," B. Naumann, *Auschwitz: A Report on the Proceedings Against Robert Karl Ludwig Mulka and Others Before the Court at Frankfurt* (Praeger, 1966); *Przeglad Lekarski*, a journal published by the Medical Academy of Krakow (many articles have been translated into English by the International Auschwitz Committee and published in Warsaw); and H. Langbein, *Menschen in Auschwitz* (Vienna: Europaverlag, 1972).

The doctor's participation in selections, then, was the first of a series of tasks involving the whole sequence of the killing process.

SS doctors also carried out two other forms of selections. In the first, Jewish inmates were lined up on very short notice at various places in the camp and their ranks thinned in order to allow room for presumably healthier replacements from new transports. The other type of selections took place directly in the medical blocks. This is of very great significance because it meant, in effect, that the medical blocks—places where people are supposed to be treated for their diseases—became centers for camp "triage." This was not, of course, the usual triage, in which the doctor lets those beyond help die while giving full medical energy to those considered salvageable (this was the meaning given the term as originally used by the French military). Rather, it was triage plus murder, in which the Nazis killed those judged to be significantly ill or debilitated, or who required more than two or three weeks for recovery. That length of time was apparently set in conjunction with I. G. Farben, the firm that controlled and contracted for much of the work force. When some of the prisoners had typhus, the inhabitants of an entire block or even several blocks—sometimes hundreds at once—would be sent to the gas chamber in order to prevent further spread of the disease and the development of an epidemic. In their murderous practices, these medical blocks became microcosms of the overall Auschwitz process.

SS doctors were active as well in determining how best to keep the selections running smoothly—making recommendations, for example, as to whether women and children should be separated or allowed to proceed along the line together. They also advised on policies concerning numbers of people permitted to remain alive, weighing the benefits to the Nazi regime of the work function against the increased health problems created by permitting relatively debilitated people to live.

Doctors' technical knowledge was also called upon with regard to the burning of bodies, a great problem in Auschwitz during the summer of 1944, when the rapid arrival and destruction of enormous numbers of Hungarian Jews overstrained the facilities of the crematoria. These technical matters could include questions of physics—problems of maintaining great heat, of evaluating conditions for maximum efficiency in burning, and of overall function of the mechanical facilities of the crematoria.

Doctors also had to witness executions as part of their general function of declaring people dead, and had to sign various documents certifying that one could proceed with a punitive procedure. The latter function implied that an inmate could survive the particular punishment ordered—such as a certain number of blows with a whip.

Finally, doctors were involved in killing by injections, usually of phenol, into the heart or the blood system. These were widely employed prior to the complete functioning of the gas chambers, and were often used for very debilitated patients or for secret political murders. Doctors occasionally did these injections themselves, but more often they were performed by SDG personnel or brutalized prisoners.

All of these activities, of course, were manifestations of overall Auschwitz structure and function, as dictated from above. I am suggesting nonetheless that the doctors were given considerable responsibility for carrying out the entire killing process—for the choosing of victims, for the physical and psychological mechanisms of the process, and for the general equilibrium of killing and work-function in the camp.

IV

Although I have been emphasizing the doctors' role in medicalized killing, the medical experiments on human beings have their own importance, and can be understood as an aspect of the larger Nazi biomedical vision.[6] Generally speaking, in

[6]Descriptions of experiments are based on interviews with former Nazi doctors and former inmate doctors; with survivors who had worked on medical blocks, including a physical anthropologist who had assisted Mengele in measurements on twins; and with other survivors who had themselves been subjected to these experiments and "research studies." See also, A. Mitscherlich and F. Mielke, *The Death Doctors* (London: Elek Books, 1962); M. M. Hill and L. N. Williams, *Auschwitz in England: A Record of a Libel Action* (Stein & Day, 1965); Y. Ternon and S. Helman, *Les Medecins Allemands et Le National-Socialisme* (Paris: Casterman, 1973) and *Historie Medecin SS* (Paris: Casterman, 1970); F. Bayle, *Croix Gammée contre Cadion," Les experiences en Allemagne pendant la deuxième guerre mondiale* (Imprimeria Nationale a Neustadt [Palatinat], Commission Scientifique Française des Crimes de Guerre, 1950); and various Red Cross documents, published at Arolsen (West Germany) and Geneva, such as L. Simonius, "On Behalf of Victims of Pseudo-Medical Experiments: Red Cross Action," *International Review of the Red Cross* (Geneva: 1973).

Auschwitz and elsewhere, medical experiments fell into two categories: those sponsored by the regime for specific ideological and military purposes, and those that were done ad hoc out of allegedly scientific interest on the part of the SS doctor.

In Auschwitz, the first category consisted mainly of sterilization experiments—injections of caustic substances into the uterine cervix of women by Carl Clauberg, and the use of X-rays on the genital organs of men and women by Horst Schumann, followed by surgical removal of testicles or ovaries to study the effects of the X-rays. These experiments were actively promoted by Himmler, who on the whole was somewhat deceived by the doctors in their claims that they were on the verge of achieving efficient and economic methods for large-scale sterilization of inferior peoples. Experiments were done at other camps on cold immersion and exposure to high pressure (as at high altitudes); on the effects of sulfonamides and other therapeutic agents on artificially-created wound infections and gangrene; and on the effectiveness of various serums for typhus and yellow fever.

The second kind of experiment emerged from doctors' desire to do "scientific" work: many SS doctors found the enormous population of helpless victims irresistible from the standpoint of medical research. The largest ad hoc experiments of this category in Auschwitz were those undertaken by Josef Mengele and by Eduard Wirths, the chief doctor at Auschwitz. Mengele worked mostly with identical twins, but he also studied dwarfs, and to a lesser extent certain medical conditions, such as noma (tumorlike infectious ulcerations of the mouth and face, which can often become gangrenous). Because Mengele was known to be an ideological fanatic, it is frequently assumed that his study of twins was motivated by a desire to learn how to induce multiple births, in order to repopulate the world with Germans. The evidence, however, does not seem to bear out that assumption, even though his extreme focus on genetic factors did have a strong ideological component. Rather, I think, Mengele was continuing studies he had begun at the racial biology institute at the University of Frankfurt—studies of twins meant to confirm the overriding significance of genetic and racial factors. Mengele's dedication to the Nazi biomedical vision kept him always on the border between science and ideologically-corrupted pseudoscience, a border very important to understand.

At times he stepped clearly over that border, as when he worked on prisoners with the rare condition of eyes of two different colors, injecting blue dye into a brown eye in order to see whether the eye could be rendered blue like the other one. But according to observations conveyed to me by several inmate doctors and by an inmate anthropologist who took bodily measurements for him, in much of his work he was apparently following standard practices of the physical anthropology of his time. His method was descriptive, the amassing of data, and I know of no evidence that he had any significantly original scientific ideas. On the whole, being a twin in his study had enormous survival value, as he tended to protect his research subjects. But it is also well established that on a number of occasions he had one or both twins—usually children—killed, because of interest in a possible post-mortem finding.

Eduard Wirths' experiments were meant to be a legitimate study of precancerous growths on the cervix in women. The most destructive aspect of these experiments involved the surgical removal of all or most of the cervix, although a small tissue biopsy would have been appropriate to this kind

of study under ordinary conditions. But these were hardly ordinary conditions, and in the absence of anything approaching adequate care for the women so "studied," there were of course many complications and deaths. Wirths also became involved in a small experimental trial of a new typhus vaccine; inmates were first artifically infected with the disease, resulting in a few deaths. Such experiments with infectious diseases—especially typhus, because of its danger to German military and civilian personnel—were performed on a much larger scale in other camps.

Other kinds of experiments at Auschwitz combined official purposes with individual interests—such as the use of drugs (probably including mescaline, morphine and barbiturate derivatives) for purposes of extracting confessions, and the use of poisons, including the development of poison bullets. Smaller ad hoc experiments involved tooth extraction around theories of focal infection, and there were relatively conventional bacteriological and microscopic studies. One borderline investigation involved the use of electroshock for mental illness, a project initiated by an Auschwitz inmate doctor with some experience in the procedure, with the approval and sponsorship of an SS doctor. Finally, as in many other camps, experimental surgery was done by SS doctors—that is, various operations were performed in order to gain experience in doing them, sometimes but not always under the supervision of more experienced inmate surgeons.

On the whole, experiments in Auschwitz were perceived as relatively limited, as compared to the extraordinary scope of what we are calling medicalized killing. But in another sense all of Auschwitz was sometimes viewed—by Nazi doctors as well as by inmates—as one vast "experiment."

V

In the sequence of medicalized killing, one can see a direct medical link between the official compulsory sterilization programs of 1933, the so-called "euthanasia" programs beginning in 1939, and the subsequent Final Solution or concentration camp exterminations.[7] Many of the doctors I spoke to were in favor of the sterilization laws. These were broadly applied to people with conditions considered incurable, most extensively to mental defectives and schizophrenics. Some of the eugenic thought behind the laws extended far beyond Nazi Germany—there were at one time sterilization laws in a number of states in the United States—but no country, before or since, has imposed on its people so extensive and systematic a program of forced sterilization.

The key event, however, in the sequence from sterilization to Auschwitz was the program of direct, medical killing—loosely and wrongly termed "euthanasia"—that operated in Germany, mostly from the winter of 1939-40 to late summer of 1941. This project was initiated on a direct order by Hitler and utilized large sectors of the German medical profession, especially psychiatry, to kill more than 100,000 German citizens who were defined as suffering from "incurable" mental disorders.

The killing function of Auschwitz-Birkenau was anticipated by that program in at least three ways. First, during that program the systematic use of deadly gas to kill large numbers of people was developed. The gas chambers were camouflaged as shower rooms to allay suspicions of the victims. Carbon monoxide gas was released into the chambers, with the number killed varying from a few to as many as 75 "patients" at a time.

Second, there was a direct "medical" and

[7]The most complete documentation of this sequence, and especially of the Nazi "euthanasia" project, can be found in the Heyde trial documents, compiled at Limbourg/Lahn and Frankfurt in 1959–60. See also K. Dorner, "Nationalsozialismus und Lebensvernichtung" ("National Socialism and the Extermination of Human Beings") in *Vierteljahrshefte für Zeitgeschichte*, April 1967, Vol. 15, No. 2, pp. 121–52; G. Schmidt, *Selektion in der Heilanstalt 1939–1945* (Stuttgart: Evangelisches Verlagswerk, 1965); H. Ehrhardt, *Euthanasie und Vernichtung "Lebensunwerten Lebens,"* (1965); G. Sereny, *Into That Darkness: From Mercy Killing to Mass Murder* (McGraw Hill, 1974); Y. Tarnon and S. Helman, *Le massacre des aliénés* (Paris: Casterman, 1971); and F. Wertham, *A Sign for Cain: An Exploration of Human Violence* (Macmillan, 1966).

"psychiatric" link between "euthanasia" and concentration camp extermination in the form of the program known officially as 14f13. That program involved "physicians' commissions"—mostly psychiatrists, who were sent directly from the "euthanasia" program to some of the camps, including Auschwitz. There they "selected" "mentally ill" inmates to be sent to "euthanasia" killing centers. Selections soon came to include anyone who was sick, debilitated, or Jewish. The general principle of "life unworthy of life" was thus extended into the camps in this immediate way, to include not only medical but racial "unworthiness," as applied particularly to Jews.

Third, when the "euthanasia" program was officially halted in August 1941,[8] program personnel were sent to occupied Poland to establish and administer the extermination camps in which millions of Jews were killed in gas chambers. The first commandant of Treblinka, the largest of these extermination camps, was Dr. Imfried Eberl, who had been an early participant in the "euthanasia" program and the director of the Brandenburg killing center, where the initial experiments and demonstrations of the use of gas chambers were undertaken. Eberl was the only physician ever to head an extermination camp, though his reign was very brief because he was considered too inefficient.

Auschwitz was planned separately from the "euthanasia" program, but there is a link in the person of Dr. Schumann, who came from a "euthanasia" killing center to Auschwitz, in order to conduct the sterilization experiments mentioned earlier.

[8]The official termination of the program did not actually end the killing. With most of the "euthanasia" gas chambers dismantled, some doctors continued to kill adult mental patients by means of drugs (mostly morphine injections) or starvation. This "wild euthanasia," as it came to be called, was often encouraged by health authorities but also was sometimes done at the initiative of the doctors themselves. The killing of children—at first infants with birth defects, but then older children with less and less incapacitating deformities or illnesses—was done mostly after the official termination of the adult program. For children, drugs (often large oral doses of barbiturates) and various forms of neglect were used throughout.

Nazi political leaders and psychiatrists did not originate the idea of direct medical killing or "euthanasia." Arguments for killing mentally ill patients considered incurable had been put forward in previous writings, the most influential of which was a book by Karl Binding, a distinguished jurist, and Alfred Hoche, a distinguished psychiatrist, *The Release of* [Permission for] *the Destruction of Life Unworthy of Life*, published in 1920. While the Nazis extended their murder of mental patients far beyond the relatively restricted criteria prescribed in that book, it became a bible for their psychiatric argument, most particularly its malignant phrase "life unworthy of life" (*lebensunwerten Lebens*).

A special vocabulary was developed in connection with the "euthanasia" and deportation programs. Euphemisms for killing, such as "special treatment" (*Sonderbehandlung*[9]) and "special action" (*Sonderaktion*), were very important, and quickly became the vocabulary of the genocidal process. And the idea of "special treatment" for "life unworthy of life" became the realization of the Nazi biological imperative on a long-term basis. Soon the word "selection" was added, giving further verbal form to the spectacle of Nazi manipulation of the evolutionary process.

To understand these developments more fully one must look for their broader origins. The "euthanasia" program was not solely the whim of Hitler himself, although his direct order initiated it. Rather, it was the incorporation of eugenic principles then having wide currency into the broader Nazi biomedical vision. Also crucial to the medical killing was the merging of the two major strains of European racism (recently described by George Mosse [1978]): the older, mystical-medieval form of anti-Semitism and racism, to which Hitler was heavily exposed in Vienna and elsewhere, and the more modern, so-called "scientific" rac-

[9]The euphemism *Sonderbehandlung* was apparently taken from SS usage, where it meant killing outside of the ordinary legal process, essentially the same meaning carried over into the 14f13 program of "euthanasia" and subsequent mass murder in the death camps.

ism, promulgated by various writers including biological and physical-anthropological theorists during the late 19th and the 20th centuries. Mosse points out that early racism existed in 16th-century Spain, for instance, in the concept of "purity of blood" as a justification for victimization of Jews. But, ironically, it was the 18th-century impact of the new sciences of the Enlightenment that provided considerable grounding for European racism, along with the Pietistic revival of Christianity (Mosse, pp. xv–xvi).

The doctors, of course, always expressed themselves in terms of "scientific" racism. But there is evidence that the two strains merged in them as well: their claim to professional and scientific logic could cover over more primal impulses toward victimizing Jews and others, which they shared with much of the general population. Moreover, they could connect either or both currents of racism with what was, at least for them, a more fundamental vision of Nazi-linked national revitalization.

Perhaps the ultimate expression of this merger was the infamous collection of Jewish skulls begun in 1942 by an anatomist named Auguste Hirt for study and display at Strasbourg. While most of these skulls were eventually taken from Auschwitz, the original idea, as expressed in a letter to Himmler, was apparently to take the skulls of "Jewish Bolshevik Commissars" to study a particularly evil manifestation of this disappearing and despised race.[10] Hirt thereby brought together the two strains of anti-Semitism. On the one hand there is the mystical tradition of anti-Semitism and racism, for Hirt's plan recalls the Protocols of the Elders of Zion—the notorious forgery around the idea of a Jewish world conspiracy involving Jewish Bolsheviks and Jewish capitalists. On the other, his study of the skulls directly reflects "scientific" racism.

These patterns were all part of a general approach to the medical profession put forward by the Nazis as a national program. That approach was elaborated by Rudolf Ramm in 1943 in a very important book which became a standard guide for medical students and young doctors. In it, Ramm expresses great idealism about the physician's calling and conscience. He describes the new German physician as one who rids himself of materialistic concerns and embraces instead the new "National Socialist idealism"; who is no longer concerned primarily with the individual patient but is a "physician to the Volk" and the nation; who is a "cultivator of the genes."[11] While one cannot say that this perspective inevitably led to widespread sterilization, direct medical killing, and finally Auschwitz, it is at least consistent with those developments.

VI

In Auschwitz, too, killing was done in the name of healing. It is not too much to say that every action an SS doctor took was connected to some kind of perversion or reversal of healing and killing. For the SS doctor, involvement in the killing process became equated with healing. This, then, is what I call the "healing-killing paradox," which is the first of the Auschwitz psychological themes—or mechanisms—I want to suggest. These mechanisms help us to understand the kinds of self-process by which Nazi doctors could abrogate elements of conscience around commitment to life-enhancement, and thereby minimize their sense of guilt while participating in killing.

Medical control of selections is a key aspect of this paradox, and Eduard Wirths was intent upon maintaining this control. He claimed that if doctors did the selecting, they would be more "humane" and save more people than would nonmedical Nazi personnel, a claim which sometimes had a kernel of truth. Wirths is a pivotal figure within the healing-killing paradox; prisoners who came into regular contact with him were impressed by his relative humanity and decency, but it was he who set up and maintained much of the overall program of medicalized killing in Auschwitz.

The consequences of this healing-killing reversal were also imposed on inmate doctors,[12] even though their position as prisoners was radically different from that of SS doctors. Many took Herculean measures to save lives—for example, pleading with SS doctors to let certain people pass in selections, warning inmates to leave the hospital when selections were imminent, replacing the identification numbers of living prisoners on the "selected" list with those of dead prisoners. But saving some prisoners in these ways usually meant that others would be killed in their place. The healing-killing paradox thus permeated all aspects of Auschwitz existence.

For SS doctors the integration into the healing-killing paradox involved a transition period, during which some became quite anxious and disturbed. Some of those I talked to or heard about had wanted to leave. Some were upset by selections, either expressing hesitation about them or temporarily (and in at least one case, permanently) refusing to do them. This reluctance could reflect fear, stemming from the whole scene of grotesque killing and dying, as much as it did moral restraint; in that kind of atmosphere the one may be difficult to separate from the other.

One of the doctors I interviewed who had had this kind of response, Dr. A, was well known in Auschwitz for his relative decency to prisoners—in fact, when he was put on trial in Poland he was acquitted on the basis of survivor testimony. When he first arrived at Auschwitz he was appalled and overwhelmed by what he saw and wanted to leave immediately. He approached his superior, who convinced him that he was needed, assured him that he would not have to do selections, and told him that by staying he would help strengthen their unit, which was separate from the main medical division. He decided to stay and struggled through the next three weeks—the all-important transition period—during which he made a concerted, conscious effort to overcome his anxiety and traumatic dreams, including guilty dreams about a former Jewish school friend. As part of his struggle to get over some of these symptoms, he succeeded in integrating himself with SS doctors. He also managed to integrate himself to a considerable extent with the inmate doctors who worked under him. Dr. A was psychologically functional until the chief camp doctor, because of the extraordinary numbers of Jews arriving in transports, decided to ignore administrative distinctions and ordered him to "ramp duty"—i.e., selections. He again became very upset and went immediately to Berlin to speak to the highest medical officer of his own administrative unit. He said that he was unable to do selections, stressing psychological incapacity rather than an ethical objection. The officer listened sympathetically, said he could understand as "I am a family man myself," and arranged for Dr. A not to have to do any selections.[13]

Dr. A went on to describe how a younger man, Dr. B, fresh from an SS Medical Academy, was then brought in and assigned to do selections instead. Dr. B also became upset, virtually collapsing at the first selection he witnessed. He was then put through a "rehabilitation program" to ease his transition. One component of the program

[10] M. H. Kater, *Das "Ahnenerbe" der SS 1935-1945: Ein Beitrag zur Kulturpolitic des Dritten Reiches* (Stuttgart: Deutsche Verlags-Anstalt, 1974). See also the Medical Case in note 4.

[11] R. Ramm, *Arztliche Rechts- und Standeskunde: Der Arzt als Gesundheitserzieher* (Berlin: 1943). I do not mean to imply that German medical behavior can be understood simply in terms of this idealism. Indeed, the profession was profoundly corrupted at virtually all levels, and much that doctors did was associated with self-serving ambition of various kinds. But the idealistic claim of the biomedical vision had great significance nonetheless as a baseline that could combine with and facilitate other motivations, including those I will discuss in relation to Auschwitz.

[12] This material comes from interviews with physician survivors. See also E. A. Cohen, *The Abyss: A Confession* (Norton, 1953); O. Langyel, *Five Chimneys: The Story of Auschwitz* (Ziff-Davis, 1947); W. Fejkiel, "Health Service in the Auschwitz I Concentration Camp/Main Camp," *Przeglad Lekarski*, English translation (Warsaw: International Auschwitz Committee Anthology, Vol. 2, Part 1, 1979, pp. 4–37); R. J. Minney, *I Shall Fear No Evil: The Story of Dr. Alina Brewda* (London: William Kimber, 1966); G. Perl, *I Was a Doctor at Auschwitz* (International Universities Press, 1948); and Lingens-Reiner (*Prisoners of Fear*).

[13] That senior figure was himself extensively involved in human medical experiments, for which he was eventually convicted and hanged.

placed him under the guidance of Josef Mengele, who taught him that he would be "saving lives" through selections, and that it was necessary to do these things in order to solve the "Jewish problem." He was also permitted to have his wife stay at the camp, which was very unusual, especially for a young doctor. Further, and most ironically, an older, Jewish inmate doctor, a distinguished professor from Eastern Europe, was assigned to tutor him for his medical thesis, which he had not yet completed. He formed a close relationship to the Jewish doctor, who became, in the opinion of Dr. A, more or less a father figure to him. After several weeks Dr. B was "strong enough" to perform selections, continuing to do so until the end of the war. When taken into American custody, he killed himself.

Dr. A feels more guilt, I think, toward Dr. B than he does about the massive number of Jews killed in Auschwitz. The Jews are more impersonal to him, and he is able to separate himself psychologically from the killing process.

Another mechanism contributing to Nazi doctors' behavior was their relationship to ideological fragments. The great majority of doctors I interviewed, and, I believe, of Nazi doctors in general, were not ideological fanatics. Mengele and a few othe.s were undoubtedly exceptions. Most seemed to believe only in fragments of ideology. These, however, could be very important. For example, the doctors could believe such ideological elements as the importance of the Nazi movement for revitalizing Germany, and the existence of a "Jewish problem" that required a "solution." These ideological fragments could become a basis for resolving ambivalent feelings in the direction of prescribed beliefs and actions. As one former Nazi doctor told me: "It is a lot easier if you either totally believe in them [the Nazis] or you are against them. It is very tough when you are somewhere in between."

A third mechanism was Nazi doctors' contradictory sense of themselves as physicians. Doing virtually no medical work themselves, they could at times take pride in having distinguished inmate physicians working under them. They would sometimes introduce the latter as "the professor from Prague" or "the professor from Budapest." Although these introductions contained an element of sarcasm or irony, they also served to provide a sense of medical presence and thereby to ward off suppressed shame and guilt at being involved in killing instead of healing.

The doctors could also reinforce their medical self-image by what they understood as "scientific" discussions of racial issues. In another manifestation of the inner struggle to continue to view themselves as physicians, they tended to become involved in what one SS doctor described to me as "hobbies"—such as the medical experiments on inmates, or special small-scale medical units or laboratories.

Within these struggles around professional identity, the strongest single pattern was the technicizing of everything. As an SS doctor said to me: "Ethics was not a word used in Auschwitz. Doctors and others spoke only about how to do things most efficiently, about what worked best." There can be no greater caricature of modern tendencies toward absolute pragmatism and technicism in place of ethics.

A fourth mechanism involved psychic numbing, diffusion of responsibility, and "derealization." At the heart of this mechanism is diminished capacity and inclination to feel, so that one need not experience oneself as in any way related to cruelties and killings.[14] When doctors killed, they generally did so from a distance. It was usually someone else who injected the phenol, and always someone else who inserted the gas pellets.

Heavy drinking—virtually every night and for some during the day—contributed importantly to the numbing. Discomfort felt by newcomers was often expressed, and vaguely put aside, at these drinking sessions, as were questions about Auschwitz in

[14]Alexander and Margarete Mitscherlich discuss overall Nazi tendencies toward derealization (1975). For general explorations of psychic numbing in extreme situations, see also Lifton (1980, 1975).

general. This was part of the transition period for newcomers. Their psychic numbing was encouraged—one may say demanded—by virtually everything and everyone around them. Powerfully contributing to that numbing, and to the relatively quick adaptation of most Nazi doctors, was the routinization of all phases of the "death factory." At the same time, the very extremity of Auschwitz transgressions—the sense that one was on a separate planet—contributed to the process of derealization, to the feeling that things happening there did not "count" in terms of the "real world."

A fifth mechanism was a bizarre form of construction of meaning. Auschwitz reminds us that man is so meaning-hungry a creature that he will render in some way significant and justified virtually anything he finds himself doing. Auschwitz doctors went to work in the morning, joked with their secretaries, exchanged greetings with "colleagues," engaged in daily backbiting of their "enemies"—in other words, behaved as though they were in an ordinary place, an ordinary institution devoted to some life-enhancing purpose, instead of a vast killing machine.

The construction of meaning was enhanced by the well-known process of blaming the victim (Ryan 1976): the Jews did not look human, the Gypsies did not distribute their food equitably, people died in the hospital block because of inmate doctors' poor treatment. Even Mengele's sartorial elegance and cool pointing of the finger at selections were, in their dramatic staging, part of this extremely important quest for inner significance.

Two additional important mechanisms that I will mention only briefly involve omnipotence and impotence. SS doctors, in their literal life-death decisions, experienced a sense of omnipotence that could protect them from their own death anxiety in the Auschwitz environment. That sense of omnipotence, along with elements of sadism with which it can be closely associated, contributed to feelings of power and invulnerability that could also serve to suppress guilt and enhance numbing.

Yet doctors could feel powerless, consider themselves pawns in the hands of a total institution. That feeling was described to me as follows: "I'm not here because I want to be—but because prisoners come here. I can't change the fact that prisoners come here. I can just try to make the best of it." While doctors in most cases could probably have arranged to leave Auschwitz if they felt strongly enough about doing so,[15] they had no capacity to interfere with the basic functioning of the institution. But that claim of powerlessness was also a means of renouncing individual responsibility and fending off a sense of guilt.

An eighth mechanism was the feeling of these medical victimizers that they *themselves* were undergoing an ordeal. They believed that they were faced with a very tough, unpleasant job that they simply had to do, while in the process they could feel sorry for themselves for having to do it. That attitude was encouraged by Heinrich Himmler, who appeared at Auschwitz several times and made speeches similar to his famous declaration to Einsatzgruppen leaders about the enormous demands made upon Nazi killers ("Most of you must know what it means to see a hundred corpses lie side by side, or five hundred, or a thousand") and their heroic achievement ("to have stuck this out—and except in cases of human weakness—to have kept our integrity.... is an unwritten and never-to-be written... glory") (Dawidowicz 1975, p. 149).

Still another mechaniam was the attraction of order—the overall appeal of what Eliade calls the movement "from chaos to structure and cosmology" (1959). To Nazis, doctors included, it was important to keep Auschwitz a coherent, functioning world. If things got difficult, doctors could point out how much worse they were before an orderly routine had been established in Auschwitz—or at other camps where no such order existed.

[15]The problem about leaving was that the alternative usually was serving on the Eastern front, which during the last years of the war often meant death. Most preferred to stay in Auschwitz.

Finally, there was one overall mechanism, that which I call "doubling," within which all the others operated. It includes compartmentalization or "splitting" of various elements of the psyche, so that one could both participate actively in the killing and remain tender in one's family relationships and even occasionally in certain relationships in Auschwitz. Use of the term *doubling*, rather than mere splitting, calls attention to the creation of two relatively autonomous selves:[16] the prior "ordinary self," which for doctors includes important elements of the healer, and the "Auschwitz self," which includes all of the psychological maneuvers that help one avoid a conscious sense of oneself as a killer. The existence of an overall Auschwitz self more or less integrated all of these mechanisms into a functioning whole, and permitted one to adapt oneself to that bizarre environment. The prior self enabled one to retain a sense of decency and loving connection. The extraordinary demands of functioning in Auschwitz seemed to require doubling of this kind and at the same time sufficient integration of the two selves for general psychic functioning. To an important degree, ideology can serve as a bridge between two such selves. For instance, the strongly-held image of national and personal revitalization associated with the Nazi movement could be compatible with both the prior self and the Auschwitz self, and could thereby provide the necessary psychic common ground.

VII

By way of conclusion, I would like to mention three general areas of concern suggested by the study.

First, the study of Nazi behavior forces us to reexamine relationships between healing and killing. When we do, we find that the distinction—the barrier—between them has always been more fragile than we wish to believe. That fragility is revealed in primitive mythology and ritual, as described in the works of Joseph Campbell, Otto Jensen and James Frazier. Whether the killing is done by mythological gods, by human medicine men, witch doctors or shamans, specifically as religious ceremony (as in various forms of human sacrifice), or in connection with hunting or warfare, it is done in the name of a higher purpose—on behalf of a healing function for the tribe or people.

In modern experience, the use of advanced technology radically alters whatever balance might have been maintained between healing and killing in the past. As the Nazis demonstrate, science in general, and biology in particular—however distorted or falsified—can be mobilized on behalf of a murderous claim to healing. So while focusing on what is specific to the Nazi project, we must also begin to raise more general questions about the significance of breakdown, or threatened breakdown, of distinctions between healing and killing—for physicians, scientists, and professionals everywhere, and for the institutions they create and maintain. We must raise the same questions concerning current projections of "triage" policies for combatting starvation and disease.

Second, healers—even the highly imperfect healers of modern medicine—did not automatically turn into killers overnight without some kind of ideological justification and motivation for doing so. Men and ideology can perform strange and deadly dances, using incomplete choreography as a basis for endless inventive steps. The fact that men embrace only fragments of ideology rather than the total system does not mean the ideology is any less dangerous—especially when it involves the reversal of healing and killing. It can be all the *more* dangerous because one can embrace these fragments in the name of absolute consequences. The Nazis mobilized a peculiar combination of partial, often fragmented ideology and total (comprehensive) ideology, which individuals—here, doctors—lived out. This Nazi blend was never fully coherent, yet held out something for everyone but its victims. The Nazi way of combining political and biomedical imagery suggests the flexibility and intricacy with which ideological elements can be held. If these elements can evoke collective imagery of revitalization, their destructive and contradictory components can be absorbed. Ideological systems can then have even greater significance than previously realized in motivating and supporting murderous behavior.

Third, I believe that a deeper exploration of the Nazi practice of medicalized killing—and of the ideological, historical and psychological currents around it—takes us closer to an understanding of Nazi genocide. This is not, of course, the only emphasis that can be made in the approach to the terrible question of Nazi mass murder. Rather, it provides an additional dimension to our understanding of how such a program could be instituted, and how individual people could help carry it out. I am suggesting that the elements contributing to mass murder, including extensive sadism and technicized bureaucratic killing, were contained within an overall Nazi biomedical vision of mass murder as a healing process. More generally, we do well to understand much collective violence in terms of a perverse quest for the vitality and immortality of one's own group. We thus encounter the impulse toward mass murder in the name of "more life" (Becker 1975; Lifton 1980).

We need to understand that impulse, wherever it occurs, if we are to renew the meaning and spirit of healing, and in the process renew ourselves.

[16] In his valuable study, Henry V. Dicks stresses "splitting" in connection with other Nazi killers (1972). My emphasis on "doubling" is more consistent with contemporary focus on holistic function, including focus on the self and on individual and group identity. See, for instance, Erikson (1968), Kohut (1977), Guntrip (1971), and Lifton (1980).

REFERENCES*

AMNESTY INTERNATIONAL. "Violations of Human Rights: Torture and The Medical Profession," report of a Medical Seminar. London: Amnesty International, Index CAT 02/03/78.

ARENDT, H. *Eichmann in Jerusalem: A Report on the Banality of Evil.* Viking, 1963.

BECKER, E. *Escape from Evil.* Free Press, 1975.

BINDING, K., and HOCHE, A. *The Release of* [Permission for] *the Destruction of Life Unworthy of Life (Die Freigabe der Vernichtung lebensunwerten Lebens).* Leipzig: 1920.

BLOCH, S., and REDDAWAY, P. *Psychiatric Terror: How Soviet Psychiatry Is Used to Suppress Dissent.* Basic Books, 1977.

DAWIDOWICZ, L. S. *The War Against the Jews 1933–1945.* Holt, Rinehart and Winston, 1975.

DICKS, H. V. *Licensed Mass Murder: A Socio-psychological Study of Some SS Killers.* Basic Books, 1972.

ELIADE, M. *Cosmos and History: The Myth of the Eternal Return.* Harper Torchbooks, 1959.

ERIKSON, E. H. *Identity: Youth and Crisis.* Norton, 1968.

GUNTRIP, H. *Psychoanalytic Theory, Therapy, and the Self.* Basic Books, 1971.

HILBERG, R. *The Destruction of the European Jews.* New Viewpoints-Franklin Watts, 1973.

HITLER, A. *Mein Kampf.* London: Hutchinson, 1969.

KOHUT, H. *The Restoration of the Self.* International Universities Press, 1977.

LIFTON, R. J. *Thought Reform and the Psychology of Totalism: A Study of "Brainwashing" in China.* Norton, 1969.

LIFTON, R. J. *Death in Life: Survivors of Hiroshima.* Touchstone Books, 1975.

LIFTON, R. J. "The Appeal of the Death Trip," *New York Times Magazine,* Jan. 7, 1979, pp. 26–27, 29–31.

LIFTON, R. J. *The Broken Connection: On Death and the Continuity of Life.* Simon & Schuster, 1979; Touchstone Books, 1980.

LINGENS-REINER, E. *Prisoners of Fear.* London: Gollancz, 1948.

MARKS, J. *The Search for the "Manchurian Candidate": The CIA and Mind Control.* Basic Books, 1979.

MITSCHERLICH, A., and MITSCHERLICH, M. *The Inability to Mourn.* Grove Press, 1975.

MOSSE, G. *Toward the Final Solution: A History of European Racism.* New York: Howard Fertig, 1978.

RENTON, J., JR. *Our Father Who Art in Hell: The Life and Death of Jim Jones.* New York Times Books, 1981.

RUBENSTEIN, R. *The Cunning of History.* Harper-Colophon, 1978.

RYAN, W. *Blaming the Victims.* Vintage Books, 1976.

STERN, J. P. *Hitler: The Führer and the People.* London: Fontana/Collins, 1975.

*See also notes 4, 5, 6, 7, 10, 11, and 12.