



**John W. Thompson: *Psychiatrist in the Shadow of the Holocaust*, by Paul J. Weindling. Rochester, N.Y., University of Rochester Press, 2010, 456 pp., \$99.00.**

To confront the Holocaust directly and personally, with its mass suffering, cruelty, and depravity, was a life-transforming experience for many people who were not among its victims. Among mental health professionals who came to the death camps at the end of the Second World War to help the survivors, several spent the rest of their lives in the shadow of what they saw. Elizabeth Kübler-Ross, a Swiss-German who came to help in 1945, later went into psychiatry and focused the rest of her intellectual and spiritual life on death and on the experience of dying. Cicely Saunders found nursing a dying Jewish refugee survivor of the Warsaw ghetto such an intense experience that she dreamed of a home for the dying and went on to develop the hospice movement.

John W. Thompson was a deeply religious psychiatrist who had crossed over into aviation medicine in 1941 and who came to Germany in April 1945 as an officer in a British-Canadian Air Force group (RAF 84) preparing for the occupation of Germany. Its mission was to search for German radar, jet engine technology, and results of scientific research. Thompson was to assess German oxygen masks and Luftwaffe procedures for offsetting decompression sickness. However, when he arrived in Germany and was exposed to the horrors of the recently liberated concentration camp at Bergen-Belsen, his mission and the mission of his life changed.

Belsen was a camp with 53,000 prisoners when it was liberated in April 1945. In the weeks before giving up the camp, the German military destroyed the water supply system, creating a nightmare of sanitation, worsened the starvation of the prisoners, and provided no medical care. Days before liberation, Anne Frank died there. Because of starvation and disease, mainly typhus, over 13,000 prisoners died in the weeks after liberation. A broadcast of the British Broadcasting Corporation by a reporter accompanying the British troops who liberated the camp included the following description:

Here over an acre of ground lay dead and dying people. You could not see which was which....The living lay with their heads against the corpses and around them moved the awful, ghostly procession of emaciated, aimless people, with nothing to do and

with no hope of life, unable to move out of your way, unable to look at the terrible sights around them.... Babies had been born here, tiny wizened things that could not live....A mother, driven mad, screamed at a British sentry to give her milk for her child, and thrust the tiny mite into his arms, then ran off, crying terribly. He opened the bundle and found the baby had been dead for days....This day at Belsen was the most horrible of my life. (1)

Thompson initially devoted himself to the care of survivors. As described by Weindling, "Thompson found the giving of care both personally annihilating and spiritually illuminating....Belsen reshaped Thompson's sensibility. His encounter with survivors deeply scarred and changed him. He had not lost his faith in science, but he saw that science and medicine required alternative moral and philosophical rationales. Mechanistic physiology was Thompson's 'God that failed'.... To transcend the suffering of the Holocaust he turned to a philosophy of communion with the whole person. Spiritually transformed by the suffering he witnessed, he resolved to assist at the spiritual rebirth of the postwar world" (pp. 98, 106).

Thompson was assigned to a British intelligence group as a senior officer in September 1945, the FIAT (Field Information Agency Technical), whose goal was to secure military, scientific, and technical intelligence. The British and American occupation forces rounded up German scientists and tasked them to describe in great detail all of the research they had conducted during the war and to aid in assembling the scientific publications and documents on that research. Although the impetus for this agency was to gather the fruits of what were expected to be very advanced secret scientific projects, it quickly became apparent that underlying the medical research was a previously unrecognized category of human abuse, which was eventually termed "medical war crimes" by Thompson. Many leading German scientists had been involved in human experiments designed to kill or injure the subjects. The initial FIAT report of September 2, 1945, documented that Fritz Klein, the camp medical officer, had collaborated with Josef Mengele in his gruesome medical experiments at Auschwitz. Klein was hanged by the British later that year for the abuse and mass deaths of inmates at Belsen and Auschwitz.

Thompson took on himself a campaign to deal with "the sacrifice of humans as experimental subjects," which was well-nigh universal in Nazi Germany (p. 115). Thompson was

convinced by extensive interviews and records in half a dozen universities and hospitals that “90 percent of the members of the medical profession at the highest level were involved one way or another in work of this nature” (p. 115). Dealing with this was not a simple question of identifying and prosecuting criminal activity; there were conflicting goals in the Allied official organizations on several issues and in Thompson’s own understanding of what needed to be dealt with. First, there was the hope that beneficial scientific results could be salvaged from the “experiments,” a hope that Thompson shared at the time. Second, during the war and afterward, Allied governments and international organizations, including the British Foreign Office, the International Red Cross, and the United Nations Relief and Rehabilitation Administration, looked on concentration camps, the Holocaust, and the ethics of medicine in Germany as issues that were not of great importance and that would detract from their major goals. And third, Thompson’s goals went far beyond prosecution; his hope was to heal the German psyche.

The bureaucratic evasions over prosecution of medical war crimes were a problem in themselves. In the face of the revelations of FIAT in late 1945, the British Control Commission for Germany (the occupying authority) favored trials of a few senior doctors by the British, with the remainder of the prosecutions referred to German courts. But as Weindling documents, the British Foreign Office opposed even this, convinced that too extensive investigation of German medical war crimes would take out much needed medical manpower in the midst of winter. The civil servants also regarded further probing of criminal atrocities in hospitals and universities as undesirable because of the difficulty of securing convictions. The Foreign Office rejected Thompson’s conclusions about the widespread complicity of senior medical and academic officials in these crimes as “gross exaggeration.”

Eventually, Thompson’s persistence and advocacy convinced the American authorities to prepare a medical war crimes trial under the aegis of the International Military Tribunal at Nuremberg. A key player in this decision was Col. David “Mickey” Marcus, Chief of the War Crimes Branch in the Office of the Military Government United States, who took on and supported Thompson’s proposals that German medical experiments be widely and internationally condemned. Marcus was yet another person whose life was changed by exposure to the horrors of Nazi Germany; although a U.S. Army officer, he was allowed to join the Israeli Army as a general during its War of Independence, and died during that conflict, in 1948.

The medical war crimes trial was held in 1946. As part of the verdict delivered in 1947, the judges promulgated a set of guidelines on human experiments, requiring voluntary consent and incorporating many of the principles that have become universally recognized for human studies. Thompson was a major contributor to these guidelines, along with Andrew Ivy who represented the American Medical Association, in various meetings preparatory to the trial. These guidelines, a response to the atrocities of Nazi Germany, stand as the beginning of the worldwide reform and transformation of medical research on humans over the past decades.

Other aspects of Nazi medical killing remain unaddressed by these guidelines, which focus on consent of living persons. This focus created a loophole: research on bodies of dead

humans. In Germany, this led to an exemption from prosecution for murder to obtain research specimens, such as the experiments by the eye physiologist von Studnitz on prisoners condemned to death and by the actions of Josef Mengele, who sent his postdoctoral mentor (the anthropologist von Verschuer) eyes extracted from the bodies of entire families murdered at Auschwitz. Experiments on condemned prisoners were justified because the prisoners would die anyway. Both von Studnitz and von Verschuer successfully escaped prosecution after the war and continued their honored academic careers. German medicine and the German academy remained corrupted for a generation after the war, by the failure of the authorities to recognize and prosecute medical criminals and by the widespread failure of the German academy to purge itself; this is the antithesis of transformative experience. “Euthanasia” of German mental patients was the other medical war crime carried out during the Nazi period on a massive scale and never addressed by a tribunal. However, this was eventually addressed very appropriately by historical and institutional self-examination within Germany, decades after it occurred.

Thompson, perhaps quixotically but in company with many in the social sciences, looked upon Nazism as something to be healed out of the German soul by projecting understandings of individual psychology onto a whole nation. He embarked on a project to provide spiritual therapy to, and remedy the psychological maladjustment of, the German psyche. He felt the utter urgency of the situation: the Western world was in danger of imminent collapse unless its moral rectitude and conviction could be restored. From a perspective of many decades later, when German self-examination and repentance are well established, but not through psychodynamic therapy, this reviewer would say that there is something grandiose about this ambition and that it contains its own intellectual and moral hazards. The intellectual hazard is to consider psychodynamic understanding as a panacea, and the moral hazard is to assume that one is necessarily more rational than one’s adversary.

Thompson went back to psychiatry after the war, as Assistant Professor at Albert Einstein College of Medicine in New York City. His department chair, Milton Rosenbaum, thought Thompson was a gifted clinician. He devoted inordinate time to communicating with “so called incommunicable ‘chronic catatonics’ or other ‘hopeless backward cases’” (p. 286). Rosenbaum was impressed with how he would sit on the floor for hours with patients in nonverbal communication. Thompson considered the city of New York a vast asylum, declaring, “The Bowery is the open ward and Bellevue [the large city hospital] the closed [ward]” (p. 291). He became an adherent of R.D. Laing’s anarchic therapeutic approach to schizophrenia, an approach that saw schizophrenia as a state of profound knowledge and institutional care of these patients as necessarily oppressive. Unlike Milt Rosenbaum, Thompson remained convinced the rest of his life that spiritual and dynamic therapy was what persons with schizophrenia needed, and he had no confidence in psychopharmacology and in scientific approaches in psychiatry.

Weindling describes how the pain of Belsen, the war, and the Holocaust worsened as Thompson grew older, and he tired of life. In 1965, at age 59, he went snorkeling with a young protégé, Edward Hubbard. Thompson swam ahead so fast that his diving partner could not keep up with him. He was found dead

in the water; it is not clear if he took his own life. Looking back upon his life, he must be counted among the saints of his century and of medicine, a person who could confront horrors that others ignored and devote his life to rectifying them. His biographer fills an important gap in medical and world history.

## Reference

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ELLIOT S. GERSHON, M.D.  
Chicago, Ill.

*Dr. Gershon is Professor of Psychiatry in the Department of Psychiatry and Behavioral Neuroscience, University of Chicago.*

*The author reports no financial relationships with commercial interests.*

*Book review accepted for publication August 2013 (doi: 10.1176/appi.ajp.2013.13081042).*

***Psychoanalytic Terms and Concepts***, edited by Elizabeth L. Auchincloss, M.D., and Eslee Samberg, M.D. New Haven, Conn., Yale University Press, 2012, 368 pp., \$75.00.

Writing a dictionary is an audacious undertaking. To capture the way words are used and what they are designed to mean, the descriptive role of the lexicographer, is a bold enough task. To indicate how they *should* be used, the prescriptive function, goes beyond boldness and inevitably invites retort. Yet, as Elizabeth L. Auchincloss and Eslee Samberg note in their masterful history of lexicography—which constitutes a major part of the introduction to their book *Psychoanalytic Terms and Concepts*—the descriptive and prescriptive are part of every dictionary's aim, whether overt or covert. As these editors note, the prescriptive, along with the choices that determine what to include descriptively, the word, and in this case the concept list, inevitably constitute a quasipolitical agenda: to affect the field of inquiry addressed. In contrast to Freud, who thought that with patients he “should show them nothing but what is shown to him” (1)—a perspective, by the way, long since abandoned as a naive take on therapeutic relatedness—Auchincloss and Samberg are up front about the impact on the choices they have made of their theoretical commitments as contemporary North American ego psychologists. For them, ego psychology is the preferred psychoanalytic theory from which they view other perspectives as additive and in certain instances “corrective.” That said, they envision their audience as ranging from student to expert, as multidisciplinary in composition, and as encompassing diversity of allegiance to different models of theory and therapeutics. In this hybrid dictionary/encyclopedia, they aim to explicate terms and concepts in a manner in keeping with the volume's three predecessors, edited by Burness Moore and Bernard Fine, with the first edition published in 1967 as *A Glossary of Psychoanalytic Terms and Concepts*, under the sponsorship of the American Psychoanalytic Association. Each term in the current book begins with a brief definition, followed by an explanation/exploration of the role and significance the term or concept has had for psychoanalytic thought and practice. Next comes, in most instances, the virtually obligatory nod to the origin of the term

or idea in Freud's work, followed by a brief summary of its historical development since its first appearance. Lastly, there is a thoughtful and fair-minded exploration of controversies regarding contemporary meaning and usage, referenced to provide a starting point for users to commence a more in-depth investigation of the subject at hand.

To complicate matters in attempting this comprehensive overview of a discipline as steeped in controversy as psychoanalysis, like its founder Freud, who was described by poet W.H. Auden as a veritable “climate of opinion,” the editors meet head-on the interconnected challenges of subjectivity and pluralism. Much of the subject matter of psychoanalysis centers on phenomena of mind, especially or centrally unconscious processes of mind, apprehensible only via interpersonal observation and inference. The inevitable invasion or perhaps, more accurately, the absolute necessity of a theory-based perspective required to spell out what can only be known from these deeply subjective vantage points creates significant obstacles to precision and clarity. Such subjectivity also gives rise to the theoretical pluralism that interferes with communication even among knowledgeable psychoanalysts whose “schools of thought” define and use the same concepts and terms differently and have internal vocabularies not shared with other schools. The editors attempt to address these problems by virtue of a theoretically ecumenical group of contributors, also including in the text longer essays on alternative theories, highlighting terms and concepts central to their specific perspectives. In the controversies portion of entries of more traditional terms and concepts (more traditional here refers to what the editors, tongue-in-cheek, none too succinctly describe as “ego psychology or modern structural theory, with an admixture of object relations theory, self psychology, and developmental psychoanalysis” [p. xiv]), the editors add commentary regarding alternative points of view, disagreements, and uncertainties and indicate central contributing figures in these controversies with appropriate references for those interested in digging deeper. To this reader, the former format (focused essays on alternative schools) works more successfully than the latter (explication of controversy and alternative perspectives after laying out a “mainstream” view) for at least two related reasons. The former are clearly written by advocates of the schools they describe and are uncluttered by references to other perspectives, mainstream or alternative. The latter sometimes have a sense that the alternative views are obligatory add-ons that appear too brief to feel substantial when compared with the rest of the entry written from the favored perspective of the editors. Thus, for example, the extended section on Bion (founder of an alternative theory, its unique terms appearing as entries under the heading of its founder) is far more understandable to a relatively novice reader than brief reference to a Bionian idea that is part of a discussion on controversies. The same is true of the Lacan entry, which does an outstanding job of laying out a foundation for grasping a large body of gnarly psychoanalytic terms and concepts developed by a theorist notorious for his suspicion of clarity and facile understanding. These difficulties are an inevitable consequence of attempting to update an important text to place it within the context of contemporary pluralistic North American psychoanalysis no longer dominated by any one perspective, as had been the case with earlier editions that were clearly written from the