

PROBLEMS IN EUROPEAN  
CIVILIZATION SERIES

# The Holocaust

PROBLEMS AND  
PERSPECTIVES OF  
INTERPRETATION

*Edited by*

Donald L. Niewyk

*Southern Methodist University*

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## The Nazi Doctors

In Nazi mass murder, we can say that a barrier was removed, a boundary crossed: that boundary between violent imagery and periodic killing of victims (as of Jews in pogroms) on the one hand, and systematic genocide in Auschwitz and elsewhere on the other. My argument in this study is that the medicalization of killing — the imagery of killing in the name of healing — was crucial to that terrible step. At the heart of the Nazi enterprise, then, is the destruction of the boundary between healing and killing.

Early descriptions of Auschwitz and other death camps focused on the sadism and viciousness of Nazi guards, officers, and physicians. But subsequent students of the process realized that sadism and viciousness alone could not account for the killing of millions of people. The emphasis then shifted to the bureaucracy of killing: the faceless, detached bureaucratic function originally described by Max Weber, now applied to mass murder. This focus on numbed violence is enormously important, and is consistent with what we shall observe to be the routinization of all Auschwitz functions.

Yet these emphases are not sufficient in themselves. They must be seen in relation to the visionary motivations associated with ideology, along with the specific individual-psychological mechanisms enabling people to kill. What I call "medicalized killing" addresses these motivational principles and psychological mechanisms, and permits us to understand the Auschwitz victimizers — notably Nazi doctors — both as part of a bureaucracy of killing and as individual participants whose attitudes and behavior can be examined.

Medicalized killing can be understood in two wider perspectives. The first is the "surgical" method of killing large numbers of people by means of a controlled technology making use of highly poisonous gas; the methods employed became a means of maintaining distance between killers and victims. This distancing had considerable impor-

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tance for the Nazis in alleviating the psychological problems experienced (as attested over and over by Nazi documents) by the *Einsatzgruppen* troops who carried out face-to-face shooting of Jews in Eastern Europe. . . . — problems that did not prevent those troops from murdering 1,400,000 Jews.

I was able to obtain direct evidence on this matter during an interview with a former *Wehrmacht* neuropsychiatrist who had treated large numbers of *Einsatzgruppen* personnel for psychological disorders. He told me that these disorders resembled combat reactions of ordinary troops: severe anxiety, nightmares, tremors, and numerous bodily complaints. But in these "killer troops," as he called them, the symptoms tended to last longer and to be more severe. He estimated that 20 percent of those doing the actual killing experienced these symptoms of psychological decompensation. About half of that 20 percent associated their symptoms mainly with the "unpleasantness" of what they had to do, while the other half seemed to have moral questions about shooting people in that way. The men had the greatest psychological difficulty concerning shooting women and children, especially children. Many experienced a sense of guilt in their dreams, which could include various forms of punishment or retribution. Such psychological difficulty led the Nazis to seek a more "surgical" method of killing.

But there is another perspective on medicalized killing that I believe to be insufficiently recognized: *killing as a therapeutic imperative*. That kind of motivation was revealed in the words of a Nazi doctor quoted by the distinguished survivor physician Dr. Ella Lingens-Reiner. Pointing to the chimneys in the distance, she asked a Nazi doctor, Fritz Klein, "How can you reconcile that with your [Hippocratic] oath as a doctor?" His answer was, "Of course I am a doctor and I want to preserve life. And out of respect for human life, I would remove a gangrenous appendix from a diseased body. The Jew is the gangrenous appendix in the body of mankind."

The medical imagery was still broader. Just as Turkey during the nineteenth century (because of the extreme decline of the Ottoman empire) was known as the "sick man of Europe," so did pre-Hitler ideologues and Hitler himself interpret Germany's post-First World War chaos and demoralization as an "illness," especially of the Aryan race. Hitler wrote in *Mein Kampf*, in the mid-1920's, that "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." The diagnosis was racial. The only genuine "culture-creating" race, the Aryans, had permitted themselves to be weakened to the point of endangered survival by the "destroyers of culture," characterized as "the Jew." The Jews were agents of "racial pollution" and "racial tuberculosis," as well as parasites and bacteria causing sickness, deterioration, and death in the host peoples they infested. They were the "eternal bloodsucker," "vampire," "germ carrier," "peoples' parasite," and "maggot in a rotting corpse." The cure had to be radical: that is (as one scholar put it), by "cutting out the 'canker of decay,' propagating the worthwhile elements and letting the less valuable wither away, . . . [and] 'the extirpation of all those categories of people considered to be worthless or dangerous.'"

Medical metaphor blended with concrete biomedical ideology in the Nazi sequence from coercive sterilization to direct medical killing to the death camps. The unifying principle of the biomedical ideology was that of a deadly racial disease, the sickness of the Aryan race; the cure, the killing of all Jews.

Thus, for Hans Frank, jurist and General Governor of Poland during the Nazi occupation, "the Jews were a lower species of life, a kind of vermin, which upon contact infected the German people with deadly diseases." When the Jews in the area he ruled had been killed, he declared that "now a sick Europe would become healthy again." It was a religion of the will — the will as "an all-encompassing metaphysical principle;" and what the Nazis "willed" was nothing less than total control over life and death. While this view is often referred to as "social Darwinism," the term applies only loosely, mostly to the Nazi stress on natural "struggle" and on "survival of the fittest." The regime actually rejected much of Darwinism; since evolutionary theory is more or less democratic in its assumption of a common beginning for all races, it is therefore at odds with the Nazi principle of inherent Aryan racial virtue.

Even more specific to the biomedical vision was crude genetic imagery, combined with still cruder eugenic visions. . . . Here Heinrich Himmler, as high priest, spoke of the leadership's task as being "like the plant-breeding specialist who, when he wants to breed a pure new strain from a well-tried species that has been exhausted by too much cross-breeding, first goes over the field to cull the unwanted plants."

The Nazi project, then, was not so much Darwinian or social Darwinist as a vision of absolute control over the evolutionary process, over the biological human future. 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 version of human evolution.

In these visions the Nazis embraced not only versions of medieval mystical anti-Semitism but also a newer (nineteenth- and twentieth-century) claim to "scientific racism." Dangerous Jewish characteristics could be linked with alleged data of scientific disciplines, so that a "mainstream of racism" formed from "the fusion of anthropology, eugenics, and social thought." The resulting "racial and social biology" could make vicious forms of anti-Semitism seem intellectually respectable to learned men and women.

One can speak of the Nazi state as a "biocracy." The model here is a theocracy, a system of rule by priests of a sacred order under the claim of divine prerogative. In the case of the Nazi biocracy, the divine prerogative was that of cure through purification and revitalization of the Aryan race: "From a dead mechanism which only lays claim to existence for its own sake, there must be formed a living organism with the exclusive aim of serving a higher idea." Just as in a theocracy, the state itself is no more than a vehicle for the divine purpose, so in the Nazi biocracy was the state no more than a means to achieve "a mission of the German people on earth": that of "assembling and preserving the most valuable stocks of basic racial elements in this [Aryan] people . . . [and] . . . raising them to a dominant position." The Nazi biocracy differed from a classical theocracy in that the biological priests did not actually rule. The clear rulers were Adolf Hitler and his circle, not biological theorists and certainly not the doctors. (The difference, however, is far from absolute: even in a theocracy, highly politicized rulers may make varying claims to priestly authority.) In any case, Nazi ruling authority was maintained in the name of the higher biological principle.

Among the biological authorities called forth to articulate and implement "scientific racism" — including physical anthropologists, geneticists, and racial theorists of every variety — doctors inevitably found a unique place. It is they who work at the border of life and death, who are most associated with the awesome, death-defying,

and sometimes death-dealing aura of the primitive shaman and medicine man. As bearers of this shamanistic legacy and contemporary practitioners of mysterious healing arts, it is they who are likely to be called upon to become biological activists.

I have mentioned my primary interest in Nazi doctors' participation in medicalized or biologized killing. We shall view their human experiments as related to the killing process and to the overall Nazi biomedical vision. At Nuremberg, doctors were tried only limitedly for their involvement in killing, partly because its full significance was not yet understood.

In Auschwitz, Nazi doctors presided over the murder of most of the one million victims of that camp. Doctors performed selections — both on the ramp among arriving transports of prisoners and later in the camps and on the medical blocks. Doctors supervised the killing in the gas chambers and decided when the victims were dead. Doctors conducted a murderous epidemiology, sending to the gas chamber groups of people with contagious diseases and sometimes including everyone else who might be on the medical block. Doctors ordered and supervised, and at times carried out, direct killing of debilitated patients on the medical blocks by means of phenol injections into the bloodstream or the heart. In connection with all of these killings, doctors kept up a pretense of medical legitimacy: for deaths of Auschwitz prisoners and of outsiders brought there to be killed, they signed false death certificates listing spurious illnesses. Doctors consulted actively on how best to keep selections running smoothly; on how many people to permit to remain alive to fill the slave labor requirements of the I. G. Farben enterprise at Auschwitz; and on how to burn the enormous numbers of bodies that strained the facilities of the crematoria.

In sum, we may say that doctors were given much of the responsibility for the murderous ecology of Auschwitz — the choosing of victims, the carrying through of the physical and psychological mechanics of killing, and the balancing of killing and work functions in the camp. While doctors by no means ran Auschwitz, they did lend it a perverse medical aura. As one survivor who closely observed the process put the matter, "Auschwitz was like a medical operation," and "the killing program was led by doctors from beginning to end."

We may say that the doctor standing at the ramp represented a

kind of omega point, a mythical gatekeeper between the worlds of the dead and the living, a final common pathway of the Nazi vision of therapy via mass murder. . . .

The key to understanding how Nazi doctors came to do the work of Auschwitz is the psychological principle I call "doubling": the division of the self into two functioning wholes, so that a part-self acts as an entire self. An Auschwitz doctor could, through doubling, not only kill and contribute to killing but organize silently, on behalf of that evil project, an entire self-structure (or self-process) encompassing virtually all aspects of his behavior.

Doubling, then, was the psychological vehicle for the Nazi doctor's Faustian bargain with the diabolical environment in exchange for his contribution to the killing; he was offered various psychological and material benefits on behalf of privileged adaptation. Beyond Auschwitz was the larger Faustian temptation offered to German doctors in general: that of becoming the theorists and implementers of a cosmic scheme of racial cure by means of victimization and mass murder.

One is always ethically responsible for Faustian bargains — a responsibility in no way abrogated by the fact that much doubling takes place outside of awareness. In exploring doubling, I engage in psychological probing on behalf of illuminating evil. For the individual Nazi doctor in Auschwitz, doubling was likely to mean a choice for evil.

Generally speaking, doubling involves five characteristics. There is, first, a dialectic between two selves in terms of autonomy and connection. The individual Nazi doctor needed his Auschwitz self to function psychologically in an environment so antithetical to his previous ethical standards. At the same time, he needed his prior self in order to continue to see himself as humane physician, husband, father. The Auschwitz self had to be both autonomous and connected to the prior self that gave rise to it. Second, the doubling follows a holistic principle. The Auschwitz self "succeeded" because it was inclusive and could connect with the entire Auschwitz environment: it rendered coherent, and gave form to, various themes and mechanisms, which I shall discuss shortly. Third, doubling has a life-death dimension: the Auschwitz self was perceived by the perpetrator

as a form of psychological survival in a death-dominated environment; in other words, we have the paradox of a "killing self" being created on behalf of what one perceives as one's own healing or survival. Fourth, a major function of doubling, as in Auschwitz, is likely to be the avoidance of guilt: the second self tends to be the one performing the "dirty work." And, finally, doubling involves both an unconscious dimension — taking place, as stated, largely outside of awareness — and a significant change in moral consciousness. These five characteristics frame and pervade all else that goes on psychologically in doubling. . . .

The way in which doubling allowed Nazi doctors to avoid guilt was not by the elimination of conscience but by what can be called the *transfer of conscience*. The requirements of conscience were transferred to the Auschwitz self, which placed it within its own criteria for good (duty, loyalty to group, "improving" Auschwitz conditions, etc.), thereby freeing the original self from responsibility for actions there. . . . The Auschwitz self of the Nazi doctor similarly assumed the death issue for him but at the same time used its evil project as a way of staving off awareness of his own "perishable and mortal part." It does the "dirty work" for the entire self by rendering that work "proper" and in that way protects the entire self from awareness of its own guilt and its own death.

In doubling, one part of the self "disavows" another part. What is repudiated is not reality itself — the individual Nazi doctor was aware of what he was doing via the Auschwitz self — but the meaning of that reality. The Nazi doctor knew that he selected, but did not interpret selections as murder. One level of disavowal, then, was the Auschwitz self's altering of the meaning of murder; and on another, the repudiation by the original self of *anything* done by the Auschwitz self. From the moment of its formation, the Auschwitz self so violated the Nazi doctor's previous self-concept as to require more or less permanent disavowal. Indeed, disavowal was the life blood of the Auschwitz self.

Doubling is an active psychological process, a means of *adaptation to extremity*. That is why I use the verb form, as opposed to the more usual noun form, "the double." The adaptation requires a dissolving of "psychic glue" as an alternative to a radical breakdown of

the self. In Auschwitz, the pattern was established under the duress of the individual doctor's transition period. At that time the Nazi doctor experienced his own death anxiety as well as such death equivalents as fear of disintegration, separation, and stasis. He needed a functional Auschwitz self to still his anxiety. And that Auschwitz self had to assume hegemony on an everyday basis, reducing expressions of the prior self to odd moments and to contacts with family and friends outside the camp. Nor did most Nazi doctors resist that usurpation as long as they remained in the camp. Rather they welcomed it as the only means of psychological function. If an environment is sufficiently extreme, and one chooses to remain in it, one may be able to do so *only* by means of doubling.

Yet doubling does not include the radical dissociation and sustained separateness characteristic of multiple or "dual personality." In the latter condition, the two selves are more profoundly distinct and autonomous, and tend either not to know about each other or else to see each other as alien. . . .

While individual Nazi doctors in Auschwitz doubled in different ways, all of them doubled. Ernst B,<sup>1</sup> for instance, limited his doubling; in avoiding selections, he was resisting a full-blown Auschwitz self. Yet his conscious desire to adapt to Auschwitz was an accession to at least a certain amount of doubling: it was he, after all, who said that "one could react like a normal human being in Auschwitz only for the first few hours;" after that, "you were caught and had to go along," which meant that you had to double. His own doubling was evident in his sympathy for Mengele<sup>2</sup> and, at least to some extent, for the most extreme expressions of the Nazi ethos (the image of the Nazis as a "world blessing" and of Jews as the world's "fundamental evil"). And despite the limit to his doubling, he retains aspects of his Auschwitz self to this day in his way of judging Auschwitz behavior.

In contrast, Mengele's embrace of the Auschwitz self gave the impression of a quick adaptive affinity, causing one to wonder

<sup>1</sup>Dr. Ernst B. (real name Wilhelm Münch), an Auschwitz physician described as "a human being in an SS uniform," was the only death-camp doctor acquitted in a post-war trial. Former prisoners, including prisoner doctors, testified in his behalf. — Ed.

<sup>2</sup>Dr. Josef Mengele, a fanatical Nazi, performed macabre experiments on twins at Auschwitz. He escaped capture and died in hiding in Brazil in 1979. — Ed.

whether he required any doubling at all. But doubling was indeed required in a man who befriended children to an unusual degree and then drove some of them personally to the gas chamber; or by a man so "collegial" in his relationship to prisoner doctors and so ruthlessly flamboyant in his conduct of selections. Whatever his affinity for Auschwitz, a man who could be pictured under ordinary conditions as "a slightly sadistic German professor" had to form a new self to become an energetic killer. The point about Mengele's doubling was that his prior self could be readily absorbed into the Auschwitz self; and his continuing allegiance to the Nazi ideology and project probably enabled his Auschwitz self, more than in the case of other Nazi doctors, to remain active over the years after the Second World War.

Wirth's<sup>3</sup> doubling was neither limited (like Dr. B's) nor harmonious (like Mengele's): it was both strong and conflicted. We see Auschwitz's chief doctor as a "divided self" because both selves retained their power. Yet his doubling was the most successful of all from the standpoint of the Auschwitz institution and the Nazi project. Even his suicide was a mark of that success: while the Nazi defeat enabled him to equate his Auschwitz self more clearly with evil, he nonetheless retained responsibility to that Auschwitz self sufficiently to remain inwardly divided and unable to imagine any possibility of resolution and renewal — either legally, morally, or psychologically.

Within the Auschwitz structure, significant doubling included future goals and even a sense of hope. Styles of doubling varied because each Nazi doctor created his Auschwitz self out of his prior self, with its particular history, and with his own psychological mechanisms. But in all Nazi doctors, prior self and Auschwitz self were connected by the overall Nazi ethos and the general authority of the regime. Doubling was a shared theme among them.

Indeed, Auschwitz as an *institution* — as an atrocity-producing situation — ran on doubling. An atrocity-producing situation is one so structured externally (in this case, institutionally) that the average

<sup>3</sup>Dr. Eduard Wirth was chief physician at Auschwitz. A dedicated physician capable of showing compassion to individual prisoners, he also set up the camp's machinery of mass murder. He hanged himself in 1945. — Ed.

person entering it (in this case, as part of the German authority) will commit or become associated with atrocities. Always important to an atrocity-producing situation is its capacity to motivate individuals psychologically toward engaging in atrocity.

In an institution as powerful as Auschwitz, the external environment could set the tone for much of an individual doctor's "internal environment." The demand for doubling was part of the environmental message immediately perceived by Nazi doctors, the implicit command to bring forth a self that could adapt to killing without one's feeling oneself a murderer. Doubling became not just an individual enterprise but a shared psychological process, the group norm, part of the Auschwitz "weather." And that group process was intensified by the general awareness that, whatever went on in other camps, Auschwitz was the great technical center of the Final Solution. One had to double in order that one's life work there not be interfered with either by the corpses one helped to produce or by those "living dead" (the *Muschmänner*) all around one.

Inevitably, the Auschwitz pressure toward doubling extended to prisoner doctors, the most flagrant examples of whom were those who came to work closely with the Nazis. . . . Even those prisoner doctors who held strongly to their healing ethos, and underwent minimal doubling, inadvertently contributed to Nazi doctors' doubling simply by working with them, as they had to, and thereby in some degree confirmed a Nazi doctor's Auschwitz self.

Doubling undoubtedly occurred extensively in nonmedical Auschwitz personnel as well. Rudolf Höss<sup>4</sup> told how noncommissioned officers regularly involved in selections "pour[ed] out their hearts" to him about the difficulty of their work (their prior self speaking) — but went on doing that work (their Auschwitz self directing behavior). Höss described the Auschwitz choices: "either to become cruel, to become heartless and no longer to respect human life [that is, to develop a highly functional Auschwitz self] or to be weak and to get to the point of a nervous breakdown [that is, to hold onto one's prior self, which in Auschwitz was nonfunctional]." But in the Nazi doctor, the doubling was particularly stark in that a prior healing self gave rise to a killing self that should have been, but func-

<sup>4</sup>Höss was commandant of Auschwitz from 1940 to 1943. He was tried and hanged by the Poles in 1947. — Ed.

tionally was not, in direct opposition to it. And as in any atrocity-producing situation, Nazi doctors found themselves in a psychological climate where they were virtually certain to choose evil: they were propelled, that is, toward murder.

Beyond Auschwitz, there was much in the Nazi movement that promoted doubling. The overall Nazi project, replete with cruelty, required constant doubling in the service of carrying out that cruelty. The doubling could take the form of a gradual process of "slippery slope" compromises: the slow emergence of a functional "Nazi self" via a series of destructive actions, at first more incriminating, if not more murderous, than the previous ones.

Doubling could also be more dramatic, infused with transcendence, the sense (described by a French fascist who joined the SS) of being someone entering a religious order "who must now divest himself of his past," and of being "reborn into a new European race." That new Nazi self could take on a sense of mystical fusion with the German *Volks*, with "destiny," and with immortalizing powers. Always there was the combination noted earlier of idealism and terror, imagery of destruction and renewal, so that "gods . . . appear as both destroyers and culture-heroes, just as the Führer could appear as front comrade and master builder." Himmler, especially in his speeches to his SS leaders within their "oath-bound community," called for the kind of doubling necessary to engage in what he considered to be heroic cruelty, especially in the killing of Jews.

The degree of doubling was not necessarily equivalent to Nazi Party membership; thus, Hochhuth could claim that "the great divide was between Nazis [meaning those with well-developed Nazi selves] and decent people, not between Party members and other Germans." But probably never has a political movement demanded doubling with the intensity and scale of the Nazis.

Doctors as a group may be more susceptible to doubling than others. For example, a former Nazi doctor claimed that the anatomist's insensitivity toward skeletons and corpses accounted for his friend Hirt's grotesque "anthropological" collection of Jewish skulls. . . . While hardly a satisfactory explanation, this doctor was referring to a genuine pattern not just of numbing but of medical doubling. That doubling usually begins with the student's encounter with the corpse he or she must dissect, often enough on the first day

of medical school. One feels it necessary to develop a "medical self," which enables one not only to be relatively inured to death but to function reasonably efficiently in relation to the many-sided demands of the work. The ideal doctor, to be sure, remains warm and humane by keeping that doubling to a minimum. But few doctors meet that ideal standard. Since studies have suggested that a psychological motivation for entering the medical profession can be the overcoming of an unusually great fear of death, it is possible that this fear in doctors propels them in the direction of doubling when encountering deadly environments. Doctors drawn to the Nazi movement in general, and to SS or concentration-camp medicine in particular, were likely to be those with the greatest previous medical doubling. But even doctors without outstanding Nazi sympathies could well have had a certain experience with doubling and a proclivity for its further manifestations.

Certainly the tendency toward doubling was particularly strong among Nazi doctors. Given the heroic vision held out to them — as cultivators of the genes and as physicians to the *Volks*, and as militarized healers combining the life-death power of shaman and general — any cruelty they might perpetrate was all too readily drowned in hubris. And their medical hubris was furthered by their role in the sterilization and "euthanasia" projects within a vision of curing the ills of the Nordic race and the German people.

Doctors who ended up undergoing the extreme doubling necessitated by the "euthanasia" killing centers and the death camps were probably unusually susceptible to doubling. There was, of course, an element of chance in where one was sent, but doctors assigned either to the killing centers or to the death camps tended to be strongly committed to Nazi ideology. They may well have also had greater schizoid tendencies, or been particularly prone to numbing and omnipotence-sadism, all of which also enhance doubling. Since, even under extreme conditions, people have a way of finding and staying in situations they connect with psychologically, we can suspect a certain degree of self-selection there too. In these ways, previous psychological characteristics of a doctor's self had considerable significance — but a significance in respect to tendency or susceptibility, and no more. Considerable doubling occurred in people of the most varied psychological characteristics.

We thus find ourselves returning to the recognition that most of

what Nazi doctors did would be within the potential capability — at least under certain conditions — of most doctors and of most people. But once embarked on doubling in Auschwitz, a Nazi doctor did indeed separate himself from other physicians and from other human beings. Doubling was the mechanism by which a doctor, in his actions, moved from the ordinary to the demonic. . . .

The Auschwitz self depended upon radically diminished feeling, upon one's not experiencing psychologically what one was doing. I have called the state "psychic numbing," a general category of diminished capacity or inclination to feel. Psychic numbing involves an interruption in psychic action — in the continuous creation and re-creation of images and forms that constitutes the symbolizing or "formative process" characteristic of human mental life. Psychic numbing varies greatly in degree, from everyday blocking of excessive stimuli to extreme manifestations in response to death-saturated environments. But it is probably impossible to kill another human being without numbing oneself toward that victim.

The Auschwitz self also called upon the related mechanism of "derealization," of divesting oneself from the actuality of what one is part of, not experiencing it as "real." (That absence of actuality in regard to the killing was not inconsistent with an awareness of the killing policy — that is, of the Final Solution.) Still another pattern is that of "disavowal," or the rejection of what one actually perceives and of its meaning. Disavowal and derealization overlap and are both aspects of the overall numbing process. The key function of numbing in the Auschwitz self is the avoidance of feelings of guilt when one is involved in killing. The Auschwitz self can then engage in medicalized killing, an ultimate form of numbed violence.

To be sure, a Nazi doctor arrived at Auschwitz with his psychic numbing well under way. Much feeling had been blunted by his early involvement with Nazi medicine, including its elimination of Jews and use of terror, as well as by his participation in forced sterilization, his knowledge of or relationship to direct medical killing ("euthanasia"), and the information he knew at some level of consciousness about concentration camps and medical experiments held there if not about death camps such as Auschwitz. Numbing was fostered not only by this knowledge and culpability but by the admired principle of "the new spirit of German coldness." Moreover, early Nazi

achievements furthered that hardness; and it is often the case that success breeds numbing. . . .

There has to be a transition from feeling to not feeling — a transition that, in Auschwitz, could be rapid and radical. It began with a built-in barrier toward psychologically experiencing the camp's main activity: killing Jews. The great majority of Jews were murdered upon arrival, without having been admitted to the camp and achieving the all-important status of having a number tattooed on one's arm, which in Auschwitz meant life, however precarious. Numbing toward victims was built in because, in Auschwitz terms, those victims never existed. The large selections brought about that massive non-existence; and the selections themselves became psychologically dissociated from other activities, relegated to a mental area that "didn't count" — that is, both derealized and disavowed. In that sense, there was a kernel of truth to Dr. B.'s claim that selections were psychologically less significant to Nazi doctors than the problems of hunger they encountered from moment to moment.

But only a kernel, since Nazi doctors knew that selections meant killing, and had to do the psychological work of calling forth a numbed Auschwitz self in order to perform them. While Nazi doctors varied in their original will, or willingness, to perform selections, they tended to have to overcome some "block" (as Dr. B. put it) or "scruple" (as Nazi literature has it). With the actual performance of one's first and perhaps second selection, one had, in effect, made a pledge to stay numbed, which meant to live within the restricted feelings of the Auschwitz self.

For this transition, the heavy drinking I have referred to has great significance on several levels. It provided, at the very beginning, an altered state of consciousness within which one "tried on" the threatening Auschwitz realities (the melodramatic, even romanticized declarations of doubts and half opposition described by Dr. B.). In this altered state, conflicts and objections need not have been viewed as serious resistance, need not have been dangerous. One could then explore doubts without making them real: one could derealize both the doubts and the rest of one's new Auschwitz life. At the same time, alcohol was central to a pattern of male bonding through which new doctors were socialized into the Auschwitz community. Men pull together for the "common good," even for what was perceived among Nazi doctors as group survival. Drinking enhanced

the meeting of the minds between old-timers, who could offer models of an Auschwitz self to the newcomer seeking entry into the realm of Auschwitz killing. The continuing alcohol-enhanced sharing of group feelings and group numbing gave further shape to the emerging Auschwitz self.

Over time, as drinking was continued especially in connection with selections, it enabled the Auschwitz self to distance that killing activity and reject responsibility for it. Increasingly, the Jews as victims failed to touch the overall psychological processes of the Auschwitz self. Whether a Nazi doctor saw Jews without feeling their presence, or did not see them at all, he no longer experienced them as beings who affected him — that is, as human beings. Much of that transition process occurred within days or even hours, but tended to become an established pattern by two or three weeks.

The numbing of the Auschwitz self was greatly aided by the diffusion of responsibility. With the medical corpsmen closer to the actual killing, the Auschwitz self of the individual doctor could readily feel "It is not I who kill." He was likely to perceive what he did as a combination of military order ("I am assigned to ramp duty"), designated role ("I am expected to select strong prisoners for work and weaker ones for 'special treatment'"), and desirable attitude ("I am supposed to be disciplined and hard and to overcome 'scruples'"). Moreover, since "the Führer decides upon the life and death of any enemy of the state," responsibility lay with him (or his immediate representatives) alone. As in the case of the participant in direct medical killing ("euthanasia"), the Auschwitz self could feel itself no more than a member of a "team," within which responsibility was so shared, and so offered to higher authorities, as no longer to exist for anyone on that team. And insofar as one felt a residual sense of responsibility, one could reinvoke numbing by means of a spirit of numerical compromise: "We give them ten or fifteen and save five or six."

Numbing could become solidified by this focus on "team play" and "absolute fairness" toward other members of the team. Yet if the "team" did something incriminating, one could stay numbed by asserting one's independence from it. I have in mind one former Nazi doctor's denial of responsibility for the medical experiments done by a team to which he provided materials from his laboratory, even though he showed up on occasion at a concentration camp and

looked over experimental charts and subjects. That same doctor also denied responsibility for the "team" (committee) decision to allocate large amounts of Zyklon-B for use in death camps, though he was prominent in the decision-making process, because, whatever other members of the team knew, he had not been informed that the gas would be used for killing. In this last example in particular, we sense that numbing can be willed and clung to in the face of the kind of continual involvement of the self in experiences that would ordinarily produce lots of feeling. . . .

The language of the Auschwitz self, and of the Nazis in general, was crucial to the numbing. A leading scholar of the Holocaust told of examining "tens of thousands" of Nazi documents without once encountering the word "killing," until, after many years he finally did discover the word — in reference to an edict concerning dogs.

For what was being done to the Jews, there were different words, words that perpetuated the numbing of the Auschwitz self by rendering murder nonmurderous. For the doctors specifically, these words suggested responsible military-medical behavior: "ramp duty" (*Rampendienst*) or sometimes even "medical ramp duty" (*ärztliche Rampendienst*) or "[prisoners] presenting themselves to a doctor" (*Arztvorstellern*). For what was being done to the Jews in general, there was, of course, the "Final Solution of the Jewish question" (*Endlösung der Judenfrage*), "possible solutions" (*Lösungsmöglichkeiten*), "evacuation" (*Aussiedlung* or *Evakuierung*), "transfer" (*Überstellung*), and "resettlement" (*Umsiedlung*, the German word suggesting removal from a danger area). Even when they spoke of a "gassing *Kommando*" (*Vergasungskommando*), it had the ostensible function of disinfection. The word "selection" (*Selektion*) could imply sorting out the healthy from the sick, or even some form of Darwinian scientific function having to do with "natural selection" (*natürliche Auswahl*), certainly nothing to do with killing.

The Nazi doctor did not literally believe these euphemisms. Even a well-developed Auschwitz self was aware that Jews were not being resettled but killed, and that the "Final Solution" meant killing all of them. But at the same time the language used gave Nazi doctors a discourse in which killing was no longer killing; and need not be experienced, or even perceived, as killing. As they lived increasingly within that language — and they used it with each other

— Nazi doctors became imaginatively bound to a psychic realm of derealization, disavowal, and nonfeeling. . . .

Although doubling can be understood as a pervasive process present in some degree in most if not all lives, we have mainly been talking about a destructive version of it: *victimizer's doubling*. The Germans of the Nazi era came to epitomize this process not because they were inherently more evil than other people, but because they succeeded in making use of this form of doubling for tapping the general human moral and psychological potential for mobilizing evil on a vast scale and channeling it into systematic killing.

While victimizer's doubling can occur in virtually any group, perhaps professionals of various kinds — physicians, psychologists, physicists, biologists, clergy, generals, statesmen, writers, artists — have a special capacity for doubling. In them a prior, humane self can be joined by a "professional self" willing to ally itself with a destructive project, with harming or even killing others. . . .

In light of the recent record of professionals engaged in mass killing, can this be the century of doubling? Or, given the ever greater potential for professionalization of genocide, will that function belong to the twenty-first century? Or, may one ask a little more softly, can we interrupt the process — first by naming it?

Christopher R. Browning

## "Ordinary Men"

In the very early hours of July 13, 1942, the men of Reserve Police Battalion 101 were roused from their bunks in the large brick school building that served as their barracks in the Polish town of Bilgoraj. They were middle-aged family men of working- and lower-middle-class background from the city of Hamburg. Considered too old to be

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of use to the German army, they had been drafted instead into the Order Police. Most were raw recruits with no previous experience in German occupied territory. They had arrived in Poland less than three weeks earlier.

It was still quite dark as the men climbed into the waiting trucks. Each policeman had been given extra ammunition, and additional boxes had been loaded onto the trucks as well. They were headed for their first major action, though the men had not yet been told what to expect.

The convoy of battalion trucks moved out of Bilgoraj in the dark, heading eastward on a jarring washboard gravel road. The pace was slow, and it took an hour and a half to two hours to arrive at the destination — the village of Józefów — a mere thirty kilometers away. Just as the sky was beginning to lighten, the convoy halted outside Józefów. It was a typical Polish village of modest white houses with thatched straw roofs. Among its inhabitants were 1,800 Jews.

The village was totally quiet. The men of Reserve Police Battalion 101 climbed down from their trucks and assembled in a half-circle around their commander, Major Wilhelm Trapp, a fifty-three-year-old career policeman affectionately known by his men as "Papa Trapp." The time had come for Trapp to address the men and inform them of the assignment the battalion had received.

Pale and nervous, with choking voice and tears in his eyes, Trapp visibly fought to control himself as he spoke. The battalion, he said plaintively, had to perform a frightfully unpleasant task. This assignment was not to his liking, indeed it was highly regrettable, but the orders came from the highest authorities. If it would make their task any easier, the men should remember that in Germany the bombs were falling on women and children.

He then turned to the matter at hand. The Jews had instigated the American Boycott that had damaged Germany, one policeman remembered Trapp saying. There were Jews in the village of Józefów who were involved with the partisans, he explained according to two others. The battalion had now been ordered to round up these Jews. The male Jews of working age were to be separated and taken to a work camp. The remaining Jews — the women, children, and elderly — were to be shot on the spot by the battalion. Having explained what awaited his men, Trapp then made an extraordinary offer: if any of the older men among them did not feel up to the task that lay

before him, he could step out. . . . [Some members of the battalion rounded up three hundred able-bodied Jewish men for shipment to a slave labor camp. Other members systematically murdered the remaining Jews.]

When Trapp first made his offer early in the morning, the real nature of the action had just been announced and time to think and react had been very short. Only a dozen men had instinctively seized the moment to step out, turn in their rifles, and thus excuse themselves from the subsequent killing. For many the reality of what they were about to do, and particularly that they themselves might be chosen for the firing squad, had probably not sunk in. But when the men of First Company were summoned to the marketplace, instructed in giving a "neck shot," and sent to the woods to kill Jews, some of them tried to make up for the opportunity they had missed earlier. One policeman approached First Sergeant Kammer, whom he knew well. He confessed that the task was "repugnant" to him and asked for a different assignment. Kammer obliged, assigning him to guard duty on the edge of the forest, where he remained throughout the day. Several other policemen who knew Kammer well were given guard duty along the truck route. After shooting for some time, another group of policemen approached Kammer and said they could not continue. He released them from the firing squad and reassigned them to accompany the trucks. . . .

With the constant coming and going from the trucks, the wild terrain, and the frequent rotation, the men did not remain in fixed groups. The confusion created the opportunity for work slowdown and evasion. Some men who hurried at their task shot far more Jews than others who delayed as much as they could. After two rounds one policeman simply "slipped off" and stayed among the trucks on the edge of the forest. Another managed to avoid taking his turn with the shooters altogether.

*It was in no way the case that those who did not want to or could not carry out the shooting of human beings with their own hands could not keep themselves out of this task. No strict control was being carried out here. I therefore remained by the arriving trucks and kept myself busy at the arrival point. In any case I gave my activity such an appearance. It could not be avoided that one or another of my comrades noticed that I was not going to the executions to fire away at the*

*victims. They showered me with remarks such as "shithead" and "weaking" to express their disgust. But I suffered no consequences for my actions. I must mention here that I was not the only one who kept himself out of participating in the executions. . . .*

For his first victim August Zorn was given a very old man. Zorn recalled that his elderly victim

*could not or would not keep up with his countrymen, because he repeatedly fell and then simply lay there. I regularly had to lift him up and drag him forward. Thus, I had only reached the execution site when my comrades had already shot their Jews. At the sight of his countrymen who had been shot, my Jew threw himself on the ground and remained lying there. I then cocked my carbine and shot him through the back of the head. Because I was already very upset from the cruel treatment of the Jews during the clearing of the town and was completely in turmoil, I shot too high. The entire back of the skull of my Jew was torn off and the brain exposed. Parts of the skull flew into Sergeant Steinmetz's face. This was grounds for me, after returning to the truck, to go to the first sergeant and ask for my release. I had become so sick that I simply couldn't anymore. I was then relieved by the first sergeant. . . .*

When the men arrived at the barracks in Bilgoraj, they were depressed, angered, embittered, and shaken. They ate little but drank heavily. Generous quantities of alcohol were provided, and many of the policemen got quite drunk. Major Trapp made the rounds, trying to console and reassure them, and again placing the responsibility on higher authorities. But neither the drink nor Trapp's consolation could wash away the sense of shame and horror that pervaded the barracks. Trapp asked the men not to talk about it, but they needed no encouragement in that direction. Those who had not been there likewise had no desire to speak, either then or later. By silent consensus within Reserve Police Battalion 101, the Józefów massacre was simply not discussed. "The entire matter was a taboo." But repression during waking hours could not stop the nightmares. During the first night back from Józefów, one policeman awoke firing his gun into the ceiling of the barracks. . . .

The resentment and bitterness in the battalion over what they had been asked to do in Józefów was shared by virtually everyone, even those who had shot the entire day. The exclamation of one

policeman to First Sergeant Kammer of First Company that "I'd go crazy if I had to do that again" expressed the sentiments of many. But only a few went beyond complaining to extricate themselves from such a possibility. Several of the older men with very large families took advantage of a regulation that required them to sign a release agreeing to duty in a combat area. One who had not yet signed refused to do so; another rescinded his signature. Both were eventually transferred back to Germany. The most dramatic response was again that of Lieutenant Buchmann, who asked Trapp to have him transferred back to Hamburg and declared that short of a direct personal order from Trapp, he would not take part in Jewish actions. In the end he wrote to Hamburg, explicitly requesting a recall because he was not "suited" to certain tasks "alien to the police" that were being carried out by his unit in Poland. Buchmann had to wait until November, but his efforts to be transferred were ultimately successful. . . .

In subsequent actions two vital changes were introduced and henceforth — with some notable exceptions — adhered to. First, most of the future operations of Reserve Police Battalion 101 involved ghetto clearing and deportation, not outright massacre on the spot. The policemen were thus relieved of the immediate horror of the killing process, which (for deportees from the northern Lublin district) was carried out in the extermination camp at Treblinka. Second, while deportation was a horrifying procedure characterized by the terrible coercive violence needed to drive people onto the death trains as well as the systematic killing of those who could not be marched to the trains, these actions were generally undertaken jointly by units of Reserve Police Battalion 101 and the Trawniki, SS-trained auxiliaries from Soviet territories, recruited from the POW camps and usually assigned the very worst parts of the ghetto clearing and deportation. . . .

When the time came to kill again, the policemen did not "go crazy." Instead they became increasingly efficient and calloused executioners. . . .

With a conservative estimate of 6,500 Jews shot during earlier actions like those at Józefów and Łomazy and 1,000 shot during the "Jew hunts," and a minimum estimate of 30,500 Jews shot at Majdanek and Poniatowa, the battalion had participated in the direct

shooting deaths of at least 38,000 Jews. With the death camp deportation of at least 3,000 Jews from Międzyrzec in early May 1943, the number of Jews they had placed on trains to Treblinka had risen to 45,000. For a battalion of less than 500 men, the ultimate body count was at least 83,000 Jews. . . .

Why did most men in Reserve Police Battalion 101 become killers, while only a minority of perhaps 10 percent — and certainly no more than 20 percent — did not? A number of explanations have been invoked in the past to explain such behavior: wartime brutalization, racism, segmentation and routinization of the task, special selection of the perpetrators, careerism, obedience to orders, deference to authority, ideological indoctrination, and conformity. These factors are applicable in varying degrees, but none without qualification. . . .

War, and especially race war, leads to brutalization, which leads to atrocity. . . . Except for a few of the oldest men who were veterans of World War I, and a few NCOs who had been transferred to Poland from Russia, the men of the battalion had not seen battle or encountered a deadly enemy. Most of them had not fired a shot in anger or ever been fired on, much less lost comrades fighting at their side. Thus, wartime brutalization through prior combat was not an immediate experience directly influencing the policemen's behavior at Józefów. Once the killing began, however, the men became increasingly brutalized. As in combat, the horrors of the initial encounter eventually became routine, and the killing became progressively easier. In this sense, brutalization was not the cause but the effect of these men's behavior. . . .

To what degree, if any, did the men of Reserve Police Battalion 101 represent a process of special selection for the particular task of implementing the Final Solution? . . . By age, geographical origin, and social background, the men of Reserve Police Battalion 101 were least likely to be considered apt material out of which to mold future mass killers. On the basis of these criteria, the rank and file — middle-aged, mostly working-class, from Hamburg — did not represent special selection or even random selection but for all practical purposes negative selection for the task at hand. . . . Reserve Police Battalion 101 was not sent to Lublin to murder Jews because it was

composed of men specially selected or deemed particularly suited for the task. On the contrary, the battalion was the "dregs" of the manpower pool available at that stage of the war. It was employed to kill Jews because it was the only kind of unit available for such behind-the-lines duties. Most likely, Globocnik simply assumed as a matter of course that whatever battalion came his way would be up to this murderous task, regardless of its composition. If so, he may have been disappointed in the immediate aftermath of Jozefow, but in the long run events proved him correct. . . .

Those who emphasize the relative or absolute importance of situational factors over individual psychological characteristics invariably point to Philip Zimbardo's Stanford prison experiment. Screening out everyone who scored beyond the normal range on a battery of psychological tests, including one that measured "rigid adherence to conventional values and a submissive, uncritical attitude toward authority" (i.e., the F-scale for the "authoritarian personality"), Zimbardo randomly divided his homogeneous "normal" test group into guards and prisoners and placed them in a simulated prison. Though outright physical violence was barred, within six days the inherent structure of prison life — in which guards operating on three-man shifts had to devise ways of controlling the more numerous prisoner population — had produced rapidly escalating brutality, humiliation, and dehumanization. "Most dramatic and distressing to us was the observation of the ease with which sadistic behavior could be elicited in individuals who were not 'sadistic types.'" The prison situation alone, Zimbardo concluded, was "a *sufficient* condition to produce aberrant, anti-social behavior."

Perhaps most relevant to this study of Reserve Police Battalion 101 is the spectrum of behavior that Zimbardo discovered in his sample of eleven guards. About one-third emerged as "cruel and tough." They constantly invented new forms of harassment and enjoyed their newfound power to behave cruelly and arbitrarily. A middle group of guards was "tough but fair." They "played by the rules" and did not go out of their way to mistreat prisoners. Only two (i.e., less than 20 percent) emerged as "good guards" who did not punish prisoners and even did small favors for them.

Zimbardo's spectrum of guard behavior bears an uncanny resemblance to the groupings that emerged within Reserve Police Battalion

101: a nucleus of increasingly enthusiastic killers who volunteered for the firing squads and "Jew Hunts"; a larger group of policemen who performed as shooters and ghetto clearers when assigned but who did not seek opportunities to kill (and in some cases refrained from killing, contrary to standing orders, when no one was monitoring their actions); and a small group (less than 20 percent) of refusers and evaders. . . .

If obedience to orders out of fear of dire punishment is not a valid explanation, what about "obedience to authority" in the more general sense used by Stanley Milgram — deference simply as a product of socialization and evolution, a "deeply ingrained behavior tendency" to comply with the directives of those positioned hierarchically above, even to the point of performing repugnant actions in violation of "universally accepted" moral norms. In a series of now famous experiments, Milgram tested the individual's ability to resist authority that was not backed by any external coercive threat. Naive volunteer subjects were instructed by a "scientific authority" in an alleged learning experiment to inflict an escalating series of fake electric shocks upon an actor/victim, who responded with carefully programmed "voice feedback" — an escalating series of complaints, cries of pain, calls for help, and finally fateful silence. In the standard voice feedback experiment, two-thirds of Milgram's subjects were "obedient" to the point of inflicting extreme pain.

Several variations on the experiment produced significantly different results. If the actor/victim was shielded so that the subject could hear and see no response, obedience was much greater. If the subject had both visual and voice feedback, compliance to the extreme fell to 40 percent. If the subject had to touch the actor/victim physically by forcing his hand onto an electric plate to deliver the shocks, obedience dropped to 30 percent. If a nonauthority figure gave orders, obedience was nil. If the naive subject performed a subsidiary or accessory task but did not personally inflict the electric shocks, obedience was nearly total. In contrast, if the subject was part of an actor/peer group that staged a carefully planned refusal to continue following the directions of the authority figure, the vast majority of subjects (90 percent) joined their peer group and desisted as well. If the subject was given complete discretion as to the level of electric shock to administer, all but a few sadists consis-

tently delivered a minimal shock. When not under the direct surveillance of the scientist, many of the subjects "cheated" by giving lower shocks than prescribed, even though they were unable to confront authority and abandon the experiment.

Milgram adduced a number of factors to account for such an unexpectedly high degree of potentially murderous obedience to a noncoercive authority. An evolutionary bias favors the survival of people who can adapt to hierarchical situations and organized social activity. Socialization through family, school, and military service, as well as a whole array of rewards and punishments within society generally, reinforces and internalizes a tendency toward obedience. A seemingly voluntary entry into an authority system "perceived" as legitimate creates a strong sense of obligation. Those within the hierarchy adopt the authority's perspective or "definition of the situation" (in this case, as an important scientific experiment rather than the infliction of physical torture). The notions of "loyalty, duty, discipline," requiring competent performance in the eyes of authority, become moral imperatives overriding any identification with the victim. Normal individuals enter an "agentic state" in which they are the instrument of another's will. In such a state, they no longer feel personally responsible for the content of their actions but only for how well they perform.

Once entangled, people encounter a series of "binding factors" or "cementing mechanisms" that make disobedience or refusal even more difficult. The momentum of the process discourages any new or contrary initiative. The "situational obligation" or etiquette makes refusal appear improper, rude, or even an immoral breach of obligation. And a socialized anxiety over potential punishment for disobedience acts as a further deterrent.

Milgram made direct reference to the similarities between human behavior in his experiments and under the Nazi regime. He concluded, "Men are led to kill with little difficulty." Milgram was aware of significant differences in the two situations, however. Quite explicitly he acknowledged that the subjects of his experiments were assured that no permanent physical damage would result from their actions. The subjects were under no threat or duress themselves. And finally, the actor/victims were not the object of "intense devaluation" through systematic indoctrination of the subjects. In contrast, the killers of the Third Reich lived in a police state where the conse-

quences of disobedience could be drastic and they were subjected to intense indoctrination, but they also knew they were not only inflicting pain but destroying human life.

Was the massacre at Józefów a kind of radical Milgram experiment that took place in a Polish forest with real killers and victims rather than in a social psychology laboratory with naive subjects and actor/victims? Are the actions of Reserve Police Battalion 101 explained by Milgram's observations and conclusions? There are some difficulties in explaining Józefów as a case of deference to authority, for none of Milgram's experimental variations exactly paralleled the historical situation at Józefów, and the relevant differences constitute too many variables to draw firm conclusions in any scientific sense. Nonetheless, many of Milgram's insights find graphic confirmation in the behavior and testimony of the men of Reserve Police Battalion 101.

At Józefów the authority system to which the men were responding was quite complex, unlike the laboratory situation. Major Trapp represented not a strong but a very weak authority figure. He weepingly conceded the frightful nature of the task at hand and invited the older reserve policemen to excuse themselves. If Trapp was a weak immediate authority figure, he did invoke a more distant system of authority that was anything but weak. The orders for the massacre had been received from the highest quarter, he said. Trapp himself and the battalion as a unit were bound by the orders of this distant authority, even if Trapp's concern for his men exempted individual policemen.

To what were the vast majority of Trapp's men responding when they did not step out? Was it to authority as represented either by Trapp or his superiors? Were they responding to Trapp not primarily as an authority figure, but as an individual — a popular and beloved officer whom they would not leave in the lurch? And what about other factors? Milgram himself notes that people far more frequently invoke authority than conformity to explain their behavior, for only the former seems to absolve them of personal responsibility. "Subjects deny conformity and embrace obedience as the explanation of their actions." Yet many policemen admitted responding to the pressures of conformity — how would they be seen in the eyes of their comrades? — not authority. On Milgram's own view, such admission was the tip of the iceberg, and this factor must have been even more

important than the men conceded in their testimony. If so, conformity assumes a more central role than authority at Józefów.

Milgram tested the effects of peer pressure in bolstering the individual's capacity to resist authority. When actor/collaborators bolted, the naive subjects found it much easier to follow. Milgram also attempted to test for the reverse, that is, the role of conformity in intensifying the capacity to inflict pain. Three subjects, two collaborators and one naive, were instructed by the scientist/authority figure to inflict pain at the lowest level anyone among them proposed. When a naive subject acting alone had been given full discretion to set the level of electric shock, the subject had almost invariably inflicted minimal pain. But when the two collaborators, always going first, proposed a step-by-step escalation of electric shock, the naive subject was significantly influenced. Though the individual variation was wide, the average result was the selection of a level of electric shock halfway between no increase and a consistent step-by-step increase. This is still short of a test of peer pressure as compensation for the deficiencies of weak authority. There was no weeping but beloved scientist inviting subjects to leave the electric shock panel while other men — with whom the subjects had comradely relations and before whom they would feel compelled to appear manly and tough — stayed and continued to inflict painful shocks. Indeed, it would be almost impossible to construct an experiment to test such a scenario, which would require true comradely relations between a naive subject and the actor/collaborators. Nonetheless, the mutual reinforcement of authority and conformity seems to have been clearly demonstrated by Milgram.

If the multifaceted nature of authority at Józefów and the key role of conformity among the policemen are not quite parallel to Milgram's experiments, they nonetheless render considerable support to his conclusions, and some of his observations are clearly confirmed. Direct proximity to the horror of the killing significantly increased the number of men who would no longer comply. On the other hand, with the division of labor and removal of the killing process to the death camps, the men felt scarcely any responsibility at all for their actions. As in Milgram's experiment without direct surveillance, many policemen did not comply with orders when not directly supervised; they mitigated their behavior when they could do so without

personal risk but were unable to refuse participation in the battalion's killing operations openly.

One factor that admittedly was not the focal point of Milgram's experiments, indoctrination, and another that was only partially touched upon, conformity, require further investigation. Milgram did stipulate "definition of the situation" or ideology, that which gives meaning and coherence to the social occasion, as a crucial antecedent of deference to authority. Controlling the manner in which people interpret their world is one way to control behavior, Milgram argues. If they accept authority's ideology, action follows logically and willingly. Hence "ideological justification is vital in obtaining willing obedience, for it permits the person to see his behavior as serving a desirable end."

In Milgram's experiments, "overarching ideological justification" was present in the form of a tacit and unquestioned faith in the goodness of science and its contribution to progress. But there was no systematic attempt to "devalue" the actor/victim or inculcate the subject with a particular ideology. Milgram hypothesized that the more destructive behavior of people in Nazi Germany, under much less direct surveillance, was a consequence of an internalization of authority achieved "through relatively long processes of indoctrination, of a sort not possible within the course of a laboratory hour."

To what degree, then, did the conscious inculcation of Nazi doctrines shape the behavior of the men of Reserve Police Battalion 101? Were they subjected to such a barrage of clever and insidious propaganda that they lost the capacity for independent thought and responsible action? Were devaluation of the Jews and exhortations to kill them central to this indoctrination? . . .

[T]he men of Reserve Police Battalion 101, like the rest of German society, were immersed in a deluge of racist and anti-Semitic propaganda. Furthermore, the Order Police provided for indoctrination both in basic training and as an ongoing practice within each unit. Such incessant propagandizing must have had considerable effect in reinforcing general notions of Germanic racial superiority and "a certain aversion" toward the Jews. However, much of the indoctrination material was clearly not targeted at older reservists and in some cases was highly inappropriate or irrelevant to them.