

The Nazi Patient

By Mel Waldman

He had served in Hitler's army. And now, they asked me to be his therapist.

In the early and late '90s, I was a therapist in several Brooklyn nursing homes. My patients suffered from a gamut of psychiatric disorders ranging from depression and anxiety to schizophrenia and other psychotic disorders. But perhaps, my most memorable patient was a ghostly old man in his late seventies or early eighties suffering from depression and anxiety.

After he was referred to me by the nursing and social work staff, I discovered that he had been a member of the Nazi party. (Actually, the facts are vague and unclear. The truth is obscure. And maybe my memory is flawed. The old man had been in Hitler's army during WWII. Most likely he was a member of the Nazi party. Yet perhaps, he was not.)

This apocalyptic information catapulted me into a professional crisis. How could I -- a Jew, indeed, a Jewish therapist -- treat a man who probably had been a member of the Nazi party and may have killed or tortured Jewish people? He never told me what had happened when he was in Hitler's army. I could only speculate...hypothesize...imagine...

You see, it is possible he never killed or even hurt another human being. Since he never revealed his secret thoughts, feelings, and deeds, the psychological landscape we entered and shared during our therapy sessions was a social phenomenon, formal and real but spontaneous and dreamlike too with a touch of Shakespearean drama. Our interactions were intertwined and embedded within a secret social game of rules and rituals.

We played our well-scripted, doctor-patient roles. He was the depressed, anxious, and sick old man seeking comfort and solace from his doctor. And I -- his benevolent doctor -- soothed his frightened, lost soul, never confronting this spectral senior with his mysterious past. He had been referred to me because he suffered from depression and anxiety, partly due to his sundry medical conditions. And my tasks were to empower him, teach him coping skills, and possibly help him feel better. If he experienced an iota of joy, I could smile triumphantly, knowing I had achieved some level of success with my patient.

But in order to fulfill our prescribed roles, we shared the tacit knowledge that certain psychic landscapes could not be explored. As a supportive therapist, I could not explore his role as a Nazi soldier. Furthermore, I could not examine the nature of evil and his possible complicity with the dark beast of inhumanity.

Did he commit heinous deeds during the war? Or did he look away when his comrades murdered my people?

Perhaps, he was only guilty of being obedient to authority and joining the Nazi party and Hitler's army.

The old man, a phantom from our obscene past, told me he had been a German professor or a professor of German literature in one of the local colleges. (Once again, some of the facts escape me, vanishing in the labyrinth of time.)

When I met the professor, I was struck by his frailty and vulnerability. Emaciated and withdrawn, he reminded me --ironically enough -- of a wounded Holocaust survivor, scarred by traumatic memories. As he got to know me, he spoke more freely of intellectual matters. But never did he mention or articulate his toxic past. Still, he seemed to be a gentle man, although tortured by a depression and anxiety and a body that could not be fixed. And certainly, he wanted to believe that the man he presented to me reflected his true self. But I feared he might be someone else entirely.

His presentation of self might simply be the dramatic role he played (and the pathological lies he believed), I thought, for he was a character actor performing on the dynamic stage of life.

I feared that my thoughts, feelings, and perceptions of the unknowable, ambiguous man would interfere with my treatment of him. But I was wrong.

Ultimately, my Nazi patient benefited from my care. In the end, I had soothed his tortured soul and stolen his sadness. In return, he forced me to struggle with my chaotic, disturbing, and contradictory perceptions of him and to learn that I was, indeed, a just and fair man, even when facing my darkest demons. In that sense, I too benefited from providing therapy to my Nazi patient.

And although we avoided the religious, spiritual, and humanistic issues of evil and personal responsibility for sin-especially wartime crimes, if committed, we were two explorers in a strange land, sharing a tacit knowledge, lost in a bewildering landscape of moral questions, and struggling to fathom the nature of self and the other -- each searching for unknowable answers perhaps...

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