

# Comment: To collude or not to collude with crimes against humanity - the question of Adam Czerniakow's suicide

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Professors Walter and Pridmore's<sup>1</sup> 'case study' approach to Adam Czerniakow's life and death offers the authors a chance to further explore the utility of the concept of 'predicament suicide', Pridmore's controversial model for suicides in the absence of mental disorder.<sup>2</sup> Any attempt to perform a psychological post-mortem after suicide is confronting. To attempt to do so with limited data from which to reconstruct a complex 'predicament suicide', in this case partial records from two suicide notes, journals and historical accounts, adds to that challenge.

While I found the authors' use of the construct of 'predicament' engaging as they revisited key issues in suicide research, their conclusion left me wishing to better understand the conditions endured in the extreme circumstances of Czerniakow's suicide. In suicidology, which I regard as a specialized field of general psychopathology, I find helpful Karl Jaspers'<sup>3</sup> distinction between *Verstehen* (understanding) and *Erklären* (explaining) and try to keep the related issues of 'meaning', 'motives' and psychological 'mechanisms' separate.

I found those distinctions immediately relevant to the current paper, especially following an on-going debate in this journal centered on Pridmore's 'predicament' construct posing a risk in the assessment of suicides by potentially overlooking an abnormal state of mind.<sup>4</sup> I will avoid that debate, suffice to note that a similar question arises in the present study. Notwithstanding the authors' claim of finding no evidence of mental illness recorded in the limited data available to them, I wondered if a stressful mental state might arise in a normal person who finds himself in an extreme and abnormal 'inhumane' context. After all, the policies Czerniakow was asked to execute later earned the newly created legal label 'crimes against humanity'. Perpetrators who were found guilty of this crime were executed. What a predicament to be in!

But now I turn to other concerns. Relevant to attempts to make sense of suicides during the Holocaust are three traditional approaches. First is the 'case study', highlighted by the current paper and Christine Hartig's<sup>5</sup> approach. Second is Professor Konrad Kwiet's 'epidemiological' research.<sup>6</sup> Third, to be discussed later, is direct observation by clinicians. Clearly, all three approaches offer valuable insights.

This paper's reconstruction of Adam Czerniakow's life and death, who, as head of the Jewish Council ("Judenrat") in the Warsaw ghetto committed suicide on 23 July 1942, aged 62, belongs to the first tradition of Holocaust suicide research. However, the noted Holocaust scholar Bauer<sup>7</sup> described the Holocaust's 'unprecedentedness', so special circumstances relevant to suicide may have existed in the Warsaw ghetto. In fact, we know from the classic studies by Jewish physicians in the Warsaw ghetto that medical conditions were discovered that had effects on mental states, and thus possibly on the mechanisms of suicide.<sup>8</sup> Supportive photographic evidence of the extreme conditions is provided by Ulrich Keller.<sup>9</sup>

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Turning to the direct observations of suicide during the Holocaust, two researchers provided information relevant to the current case. Bruno Bettelheim<sup>10</sup> and Victor Frankl's<sup>11</sup> observations on suicide during the Holocaust in general and specifically within concentration camps provides information and insights on the extreme conditions endured. They documented additional variables relevant in Czerniakow's suicide 'predicament', and Pridmore's construct may need refinement in this case.

Professors Walter and Pridmore suggest that Czerniakow's decision to suicide may be gleaned from observations of the data provided by historical reconstruction, translated parts from his diary and other Holocaust literature. They conclude that Czerniakow faced an impossible dilemma, at once to both obey German orders to prepare 6,000 Jews for deportation and to protect his people from that very fate. The authors argue that from this available evidence, a possible motivation for his suicide was to avoid 'having to perform an unacceptable task', thus 'escape from intolerable predicaments'.

Clearly of concern is the absence of copies of Czerniakow's two suicide notes, although information stating their purported content provided fragments of insight into his self-declared state of mind, including reference to his sense of powerlessness. Walter and Pridmore also highlight from his diary references to 'distress', but draw attention to the absence of any mention of markers suggestive of mental illness, especially depression.

The first question raised is whether Czerniakow's suicide may involve more variables and more complexity than attributed to the limited personal declarations derived from his journal entry made in extreme circumstances. For example, in the days leading up to his suicide, it seems inadequate to advance an argument merely based on his need to 'escape from intolerable predicaments'. During the Holocaust, many people found themselves in what both outside observers and the survivor would classify as 'impossible predicaments' and yet they did not commit suicide.

On a personal note, I note that my own mother's Holocaust testimony provided ample evidence where she found herself in what were 'impossible predicaments', starting from her deportation from a ghetto in Budapest to survive the conditions in Auschwitz, Birkenau and Bergen-Belsen concentration camps. We need to refine the construct of predicament suicide to ask why people who endured those predicaments did not choose to respond with suicide.

Further questions in our enquiry demand that we go beyond Durkheimian based epidemiological profiles of suicide rates. While usefully based on the theory of unbalanced social forces leading to suicide, they add little understanding to individual cases. Similarly, Freudian and post-Freudian clinical insights on the role of destructive impulses in suicide being turned 180 degrees on the self, and even the many refinements and classifications of suicide in Edwin Shneidman's classic

'modern suicidological journey' in 'Definition of Suicide',<sup>12</sup> still do not cover adequately the suicides in the Holocaust. While each of these classic approaches provide valuable information, they still seem to lack the necessary constructs to account for Czerniakow's predicament. In my search, I returned to accounts of suicide during the Holocaust observed by Bettelheim and Frankl.

Bettelheim noted from inside the camp that 'several suicides which happened in prisons and during the transportation into camps were primarily confined to members of this group' (p70).<sup>10</sup> Czerniakow was from the middle class and, while admittedly not physically in a 'prison', there can be little doubt that in his impossible role to serve his Nazi masters, he was subjected to a state of mind we could call imprisoned, deprived of his free will. At the same time that he had to deal with those extreme demands, to carry out what later came to be known as crimes against humanity, he additionally carried the burden of threat that his failure to obey would directly lead to the added 'predicament' - his wife's death.

Clearly beyond his risk from belonging to the 'middle-class', Czerniakow was in a very complex 'predicament'. So do we need to extend the construct of 'predicament' to account for this unprecedented complexity when faced with the choice to live or to be forced to commit crimes against humanity? A humbling moral predicament.

Furthermore, Bettelheim noted that there was a unique class of human existence found in the concentration camps, the 'so-called 'Muslims' (Muselmänner)'. These were people 'who had turned into walking corpses because their life drives had become inoperative' (p98).<sup>10</sup> While to an outside observer such a man clearly could be distinguished from Czerniakow's appearance, I wondered, based on his diary entry, whether he could have worked so tirelessly, seven days a week, that complete physical and moral exhaustion led to his 'life drive' suddenly collapsing in the final moments that led to his decision to suicide.

I asked myself whether a life force exhausted in the absence of mental illness also may be covered by Pridmore's construct of 'predicament suicide'? In that case, a 'predicament' might refer to a form of acute mental decompensation, a collapse of the will under the extreme stresses experienced by Czerniakow. Such a predicament may in part also reflect the physiological sequel of his supposed chronic sleep deprivation.

Turning to Professor Frankl's monumental self-analysis and observations based on his concentration camp experiences at Auschwitz and Dachau, Frankl noted that the 'thought of suicide was entertained by nearly everyone, if only for a brief time. ... From personal convictions...I made myself a firm promise, on my first evening in camp, that I would not "run into the wire" (p16).<sup>11</sup> Instead, this remarkable physician developed a system of survival-thinking he termed 'logotherapy'. 'Both I and my troubles became the object of an interesting

psychoscientific study undertaken by myself' (p74), which he applied not only in the service of his own survival but to would-be suicides.

Frankl provided an example of his approach to would-be suicides when he was confronted by two men who used the 'typical argument - they had nothing more to expect from life. In both cases, it was a question of getting them to realize that life was still expecting something from them; something in the future was expected of them.' For one man it turned out to be his child who would be waiting in a foreign country. For the other, 'it was a thing, not a person. This man was a scientist and had written a series of books which still needed to be finished. ... A man who becomes conscious of the responsibility he bears toward a human being who affectionately waits for him, or to an unfinished work, will never be able to throw away his life. He knows the "why" for his existence, and will be able to bear almost any "how"' (p80).

I was left wondering, had Professor Frankl had an opportunity to speak with Adam Czerniakow, could they have found a 'why' for Czerniakow's existence, despite his seemingly 'totally unacceptable' task?

In conclusion, the application of Pridmore's predicament model to the suicide of Adam Czerniakow in the Warsaw Ghetto raises many issues related to both the utility and the limitations of this concept in that unprecedented context, the Holocaust. I have attempted to provide additional considerations from research by Bettelheim and Frankl, two psychologically trained specialists who made direct observations of suicides in the concentration camps. Including their ideas seemed to provide an expanded profile of the predicament suicide of Adam Czerniakow.

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## DISCLOSURE

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the paper.

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