

PSYCHIATRY AND THE ORIGINS OF NAZISM

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This paper examines the social environment in which the psychiatric profession evolved in Germany in the period between the bourgeois revolution and the onset of Nazism, and delineates the stages of psychiatric theory which paved the way for the murderous alliance between the profession and the fascist state. To bolster its professional status, psychiatry pretended to adopt the methods of the physical sciences. This led to an exclusive concern with genetically determined etiological factors and a rejection of the potential for therapy. Psychiatric theory thus became an instrument used to legitimate the authoritarian state's drive to isolate those who threatened to disrupt society or were economically unproductive. This development ultimately strengthened the racial hygiene ideology of the Third Reich and facilitated the extermination of 100,000 mental patients.

In the period between 1933 and 1945, German psychiatry was utilized as an instrument of Nazism and, just like the other social sciences, became terribly corrupt. Thousands of mentally ill persons fell victim to the unholy alliance of physicians and psychiatrists with the fascist order. This phase in the history of German psychiatry can by no means be explained by a lack of moral values on the part of a few—in relation to the entire psychiatric profession—atypical fanatics. On the contrary, it marked the culmination of a continuous process, the seeds of which had been sown in theory and practice as early as 50 years beforehand. The catastrophe which occurred during the period of fascism demonstrates particularly forcibly that the development of a science cannot be isolated from the specific social environment in which it evolves.

The following is an attempt to outline the conditions under which psychiatry became a recognized medical science and, ultimately, an instrument of the fascist state. The evolutionary stages of theory and practical application as they unfolded under the specific historical conditions in Germany between the bourgeois revolution and the onset of Nazism will be delineated. At the same time, the historical continuity which led psychiatry to serve the interests of fascism will be illustrated.

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HISTORICAL OVERVIEW OF THE DEVELOPMENT
OF GERMAN PSYCHIATRY

We understand science in general as representing the expression of a social division of labor and the need to find solutions for problems which arise either directly or indirectly out of the natural and social environment. As a result of this, the aims of scientific investigation are essentially influenced by the awareness and convictions of the scientist, the predominant ideologies, and the material basis of the investigation. As the study of the causation and treatment of mental disorders, psychiatry enters the field of social tensions to a particular degree, both because it is situated between the natural and the social sciences and because social reality is constantly reflected in its dealings with its patients, even when the individual psychiatrist is not aware of this. This is because, on the one hand, mental and psychopathological phenomena are essentially the result of social experience and therefore have to be clarified by social science; on the other hand, society usually reacts with prejudice, repulsion, or even aggressiveness toward mental abnormality. Therefore, the psychiatrist must either strive for his patients' resocialization in an intolerant environment or submit to the latent demands of society which require him to single out and isolate deviants. Psychiatric therapy is therefore always at the same time the therapy of the social community in which the psychiatrist and patient find themselves. There are, then, many points of intersection between psychiatric theory and practice and the economic, political, and ideological aims of the social order. Impartiality in psychiatry thus remains a contradiction in terms.

The development of modern medicine in general, and psychiatry in particular, began with the establishment of bourgeois society. Strivings toward maximum productivity and rationality, together with the rise of industry, led to the masses of the poor and the insane being classified according to their capability to work.¹

The rise of industrialization brought about unprecedented social mobility; the exodus of peasants from the land; the disintegration of familial structures; changed living, housing, and working conditions; the dwindling power of the clergy; the dissolution of monasteries, almshouses, and hospitals; and a concentration of the working masses in the large towns. These social changes posed anew the question of what was to be done with the poor, the antisocial, and the insane members of society. This was the beginning of the professionalization of psychiatry. The psychiatrist became a specialist whose job it was to differentiate among the large number of "unreasonable" persons who refused to be disciplined, that is, who caused an annoyance by refusing to submit to the division of labor in the industrial production process. The core of these apparently nonadaptable mental and social misfits had to be filtered out and "treated" in order to remove their disturbing influence.

In England and France in particular, the rise of psychiatry was linked with the claim to emancipation through enlightenment. Metaphysics, theology, and therapeutic coercion gave way to a more "reasonable" engagement with the insane. The new

¹The first fundamental analysis of this correlation was provided by Foucault (1). See also reference 2.

bourgeoisie, which was characterized by the optimism of progress and committed to human rights, interpreted a reform of the treatment of the insane as the release of the mentally ill from the prisons and from the mental torture of the moralists.² Subsequently, a critical psychiatric science devoted to the well-being of its patients was able to develop. This first phase of psychiatry began in Germany around 1800 as a consequence of the Hardenberg reforms and the French influence during the Napoleonic occupation. However, only a small number of the insane were reached by this movement, the majority remaining without psychiatric care for many decades.

The previously mentioned specific development of psychiatry in Nazi Germany can only be explained within the context of German history and the unison with which the bourgeois classes adapted themselves to the feudal aristocracy. German history can be regarded as a series of "missed opportunities." It is interlaced with the suppression or failure of liberal movements. The crushing of the peasant insurrections led to the consolidation of feudal power and the organization of Germany in many small states. Not even absolutism could succeed against particularism. The disunity of the German states hindered an early adaptation to the new production and distribution methods of the aspiring capitalist economic system.

In contrast to England and France, in Germany it was the feudal aristocracy which introduced the impetus for economic development and, by so doing, actually took over bourgeois functions. The reforms which paved the way for the new economic order—including the reform concerning provisions for the insane—were decreed from above by the ruling oligarchy. Neither economically, politically, nor ideologically did the liberal middle class ever gain any considerable foothold in Germany. The 1848 attempt at revolution in which many democratically minded doctors took part—probably the most well known of whom was Rudolf Virchow—failed. This defeat quickly led to resignation within the middle class and to a further cementation of the authoritarian state, which found its perfection in Bismarck's state.

Lacking its own liberal traditions and aims, the middle class increasingly identified itself with this authoritarian Prussian state which, with the aid of nationalism, expansionism, racism, and Pan-Germanistic slogans, tried to draw attention away from domestic conflicts and social contradictions.³ As Kühnl notes (4, p. 69):

The progressive forces of German liberalism had no influence whatsoever. The middle class in Germany went over to imperialism without having experienced—as in other Western countries—any glorious, heroic, liberal period. Partly as a result of this, German imperialism showed particularly aggressive and martial traits, and the bourgeois revolution remained without any firm foundation, even after 1918 when the bourgeois revolutionary development was formally consummated.

Successive economic crises caused a loss of confidence among the middle classes. Those who found themselves caught up in the class struggle began to clutch at ideological reference points like racism, imperialism, and social Darwinism. These ideologies were to restore their self-esteem and at the same time provide the hope

²The development of this general principle—together with the specific conditions under which it evolved in England, France, and Germany—is described in reference 2, pp. 88-100, 116-131, 160-184, and 343-379.

³See, for example, references 3-5.

of future prosperity. Nor did the end of World War I and the defeat of German imperialism bring about the development of the democratic forces in society. The proletarian revolution was brutally put down, partly with the help of the leaders of the reformist Social Democratic movement. The parliamentary democracy of the Weimar era brought only an apparent end to the reactionary oligarchies, who managed step by step to recapture the crucial positions in the army, the police, the administration, the educational system, and the health sector. Along with their power, the old ruling classes also carried over their reactionary ideologies into the Weimar period.

The lack of perspective for the middle class provoked fatalism, cultural pessimism, and agnosticism on the one hand, and the quest for a clear authoritarian leadership and a demand for discipline, obedience, and military subordination on the other hand. The crisis of the Weimar Republic ultimately led to the catastrophe of fascism, which was viewed by the financial and industrial aristocracy and those social classes under their ideological influence as an attempt to rescue the capitalist system.

The intellectual support for the authoritarian Bismarckian state had been provided—with few exceptions—by the academics, who now became opponents of attempts at democratic revival. Contrary to the promise of enlightenment and the bourgeois democratic principles of freedom, equality, and brotherhood, the academic community neo-absolutistically asserted the “natural” class society of imperialist capitalism. It relentlessly fought against the idea of social equality, whose sole advocate was the organized working class. Nor did the medical profession choose to take up the ideas of Rudolf Virchow in this prevailing intellectual milieu. On the contrary, the necessary increase in the social organization of the medical sector, evident in Bismarckian social legislation (in particular in the introduction of compulsory health insurance), was interpreted as a threat to the profession’s social standing. There was a fear that health insurance in the hands of the working class would bring about the proletarianization of doctors and signal the end of freelance professionalism. In particular, the development of public health centers met with bitter opposition from doctors and their organizations. On top of this, of course, large numbers of doctors were feeling the effects of the economic crisis and inflation. These threats to their social status in the context of the process of proletarianization in a capitalist economic order led to the development of a reactionary class consciousness and the aggressive vindication of the antidemocratic views of the middle class in general (6, pp. 338-356).

Along with the rest of the medical profession, psychiatrists chose not to fulfill the social ideals of a middle-class liberalism. After a short period of progressivism associated with Wilhelm Griesinger, psychiatry sank deeper and deeper into an ideological morass—the “destruction of rationality.” This was because there was no scientific foundation; there lacked both a theoretical framework and practicable concepts. On the other hand, the enormous expansion of the new economic order brought about a rapid growth in the psychiatric sphere of activity, which included more and more the function of regulating the insane and social misfits. At this time, coinciding with the ascendancy of imperialism in Germany, the second stage in the development of psychiatric asylums began. Whereas in 1877 there were 93 state and private asylums, by 1902 there were 191 asylums run by the state and 234 private ones. This tendency continued until World War I, by which time 180,000 patients were being treated in 226 state-run asylums and 60,000 patients in 320 private ones (7, p. 93).

Because of their upper- and middle-class backgrounds, psychiatrists were predestined to become willing servants of the imperial state. If there were any remaining therapeutic aspirations, these were dismissed as a result of the psychiatrist's socialization in the psychiatric institutions and gave way to rigorism and cynicism vis-à-vis the patients. Individual psychiatrists were quite obviously unable to properly care for their patients in the overfilled and quantitatively—as well as qualitatively—badly staffed asylums. The impression was gained that belief in the curability of the mentally ill was simply the result of wishful thinking.

The process of the professionalization of psychiatry inevitably fell under the influence of the above-mentioned ideologies. The first move in the search for a scientific reputation was to try to adopt the methods of physical medicine. As a result of concentrating exclusively on the biological approach in line with a mechanical materialism, the critical analysis of the causation of mental disorder was forced completely out of the picture. Precisely because the "impartial" biological approach remained futile, social Darwinist speculation and therapeutic nihilism began to develop in its shadow. In order to attain recognition as a medical science, the authority of physical medicine was misused. This was the result of creating the illusion of natural-scientific exactitude, which psychiatry cannot achieve because of its social-scientific character.

The second significant feature in the process of the professionalization of psychiatry became evident shortly before the turn of the 20th century. Psychiatry assimilated the above-mentioned ideologies to an increasingly high degree to push through the regulative interests of an authoritarian state. The entanglement of psychiatry with the state judiciary in the context of forensic counsel—the identification with authoritarian judicial norms—became reflected in the systematics of psychiatry and in the formulation of psychiatric categories and terminologies.

The strengthening of the proletarian movement led many psychiatrists to drift toward conceptions of romanticism and mysticism, regardless of their natural-scientific aspirations. The thesis of the endogenic character of psychoses and the constant allusion to yet-to-be-discovered morphological correlations of psychopathological phenomena ruled out the search for social and psychic causal agents of mental illness, as well as experimentation with socio-psychiatric therapy. Psychiatric treatment degenerated to imprisonment.

It is then hardly surprising that in the course of the economic crises during the Weimar Republic, more and more questions began to be asked about the costs of such psychiatric practice. The psychiatrist regarded his patients as being "inferior, degenerated, born delinquents and a dead weight to society." When ultimately this biologism combined with the unscrupulously self-serving intentions of the profession, the way was paved for the catastrophe of facism.

GRIESINGER'S PARADIGM: THE FIRST OUTLINES OF A PATIENT-ORIENTED PSYCHIATRY

The singular attempt of the psychiatrist Wilhelm Griesinger (1817-1868) to fulfill the promise of the bourgeois revolution for the social fringe groups, the mentally ill, and other "misfits" occurred during the short period of awakening of the radical middle classes in the middle of the 19th century.

The physician Griesinger first came into contact with psychiatry at the Zeller Mental Hospital in Winnenthal, where in just two years he prepared his textbook *The Pathology and Therapy of Mental Illnesses* (8). It is noteworthy that during Griesinger's career as professor of numerous medical disciplines, he constantly tried to coordinate psychiatry with general medicine. In this respect, the peak of his career came in 1865 when he was made director of the Berlin Medical Hospital, where he immediately founded a neurological ward and was at the same time head of the polyclinic.

In accordance with his bourgeois democratic sympathies, Griesinger fought within his discipline—psychiatry and neurology—against the medieval dogma of the school psychiatry, which regarded the mentally ill as living witnesses of God's displeasure with a sinful world. The most notable representative of this scholastic psychiatry was Heinroth, who chose to ignore the suffering of the mentally ill and attributed their lack of reason solely to the sinful, arbitrary actions of the individual. As a consequence, this psychiatrist recommended that the only way to maintain law, order, and morality was to prescribe coercive therapy to a degree appropriate to the patient's "guilt."⁴

Another school which developed in opposition to the moralists was that of somatology. The somatologists wanted to make physical dysfunctions exclusively responsible for the development of psychopathological phenomena. Although Griesinger acknowledged the fact that this school was the first to apply natural-scientific thought to psychiatry, he rejected its theories because they were concerned only with the body and not with the mind. In particular, Griesinger warned of the danger of taking hypothetical somatic illnesses as the basis for mental disturbances where there was no unequivocal causal relation. The innumerable attempts throughout the history of psychiatry to make anatomical, histological, genetic, and, not so long ago, biochemical dysfunctions responsible for the whole make-up of psychiatric illness stress the topicality of Griesinger's critical methodological approach. He was the first German psychiatrist with a thoroughly natural-scientific conviction to emphasize the particular dynamics of mental and psychopathological phenomena. Griesinger was against the simplification of natural-scientific models he found in the works of the vulgar materialists "who would have liked nothing more than to jettison the most general and valuable aspects of the human consciousness simply because they can't physically clutch them out of the brain." (8, p. 6) Griesinger considered the strict division between a healthy and a sick mind untenable and emphasized the gradual development of mental disorders. At the same time, he attributed great importance to socially conditioned causes.

Griesinger was the first to point out that mental individuality is a product of human experience. He described his methodology as being "physiology in the broadest sense, pathological anatomy and criticism of that which already exists." (9, p. 106) Also for the first time, an exact psychology was regarded as being prerequisite for the

⁴Griesinger stigmatized moralism, an attitude he described (9, p. 23) as characterized "... in theology by the rigid adherence to the belief in authority, in politics by hierarchical-absolutistic tendencies, in art and philosophy by mystical exaggeration, but in all cases by the exaltation and yearning for the return of medieval institutions." See also references 10 and 11.

development of psychiatry: "It is my firm conviction that psychology has the same relation to psychiatry as physiology has to pathology and medicine." (9, p. 106) Consequently, Griesinger considered mental abnormality as capable of being diagnosed and therefore capable of being treated. He emphasized the facts that anyone could become mentally ill and that all patients have a right to receive the sincerely felt attention of the medical profession. Griesinger thought it probable that mental illnesses undergo a multifactorial development. Nevertheless, he particularly emphasized psychic causes, under which he included certain stress situations as well as the evolution of the primary personality (*Primärpersönlichkeit*). Griesinger was convinced that phantasms represent an attempt to free the mind from the mental censor, which imposes privation and denial on the individual. He regarded phantasms as having a function similar to dreams. When Griesinger spoke of the "mental reproduction of individual characters" (8, p. 161), he was anticipating the central theory behind psycho- and sociodynamic family research in present-day psychiatry. Of course, this represented a break with the then hegemonic genetic school of thought.

Griesinger's ideas must be considered as the forerunner of sociogenetic theory. It was he who claimed that there is a direct correlation between the absolute increase in the number of psychiatric patients and the intensified strain on the individual in the context of the capitalist mode of production. He urged that this correlation be investigated in large epidemiological surveys. As a progressive-thinking intellectual, Griesinger was in a position to see the mental distress of the small tradespeople and the growing proletarian masses. He considered it fact that their social circumstances could drive them to the point of "melancholy, suicide or utter insanity." (8, pp. 151, 177)

Moreover, Griesinger was already familiar with the problem that the suppression of mental conflict results in somatic factors in the form of disturbances of the vegetative nervous system, later to become the focus of psychosomatic medicine. In all this he was a constant opponent of formal technical terms which simply served to cover up vague conceptions. The important thing was not so much to describe the disorder, but rather to reach an understanding of the patient's complaint through talking with him and winning his confidence. Griesinger considered this to be the decisive prerequisite for diagnosis and subsequent therapy. For this reason, he chose not to formulate his own syndrome of mental disorders. He was much more concerned with emphasizing the continuity between sound and unsound mental health. This represented a continuation of Zeller's theory of unified psychosis (*Einheitspsychose*).

Of special significance is Griesinger's insight that the psychiatrist should not only examine hospitalized patients who have often already reached a state of resignation, but should also become acquainted with the patient's environment and social circumstances. Griesinger recognized the importance of studying the initial stages of the syndrome to be found in classical psychiatry in order to avoid the fatal mistake of regarding only the final stages of mental illness. He was aware of the fact that mental illness might first occur as a result of hospitalization.

Many psychiatrists of Griesinger's day were of the opinion that the huge mental hospitals, which had been built far away from the big cities during the first phase of organized psychiatry, were no longer capable of meeting the challenge of an expanding

industrialized society. The pretension of providing humane treatment for the mentally ill had been reduced to a farce by the permanent overcrowding and isolation from social activity. On top of this came the patriarchal and quite often brutal attitude of some hospital directors, who hoped by these means to bring the patients back to "common sense." Griesinger, on the other hand, proposed a differential system of treatment which would place a new emphasis on short-term therapy for acutely affected patients. He proposed that civically administered asylums (*Stadtsytle*) operated unbureaucratically and free of charge be built in every large town. Griesinger advocated that these asylums have more the character of a large private home than that of a hospital. According to Griesinger's reform scheme, the patient would remain in an environment familiar to him, could receive visits from the doctor at home, and, after being successfully treated as an outpatient, could be more easily reintegrated into everyday life. The patient should only be separated from his family or place of work if there were absolutely no alternative or in cases of an obvious deterioration in the patient's condition. Only in this event should a patient be transferred to one of the larger regional hospitals, which, of course, should remain in contact with the "free" world outside.

Griesinger was a committed adherent of Conolly's non-restraint system, according to which force should no longer be exercised when dealing with mental patients. Griesinger understood this to mean not only cessation of the use of padlocks and chains in the mental asylums but also the creation of a therapeutic milieu in which the patient's remaining capabilities could be fostered to the fullest. In so doing, the ultimate aim of reintegrating the patient as much as possible into everyday life and the work process should not be forgotten. In order to realize these objectives, Griesinger demanded, among other things, more and better trained nursing staff as well as a reform of medical education. Through the use of visits and clinical lectures, he wanted to make future doctors familiar with patients' problems.

Within a short time, especially during his period in Berlin, Griesinger had managed to realize many of his plans: for instance, the beginnings of a communal system of "agricultural colonies," as well as a scheme for "familial nursing," whereby long-term patients could develop more self-reliance through living with carefully selected families. In addition, Griesinger considered the work of nonprofessional bodies in the field of social rehabilitation to be of great importance. All these points justify the opinion that Griesinger can be regarded as the first German representative of a social psychiatry oriented to the community.

Griesinger scorned the myth which had been spread by the doctors of romanticism and their fraternity: "Let's be honest; we don't understand too much about fast and certain healing!" (8, p. 529) Griesinger was sure that the only way to overcome this mistrust of psychiatry and prejudice vis-à-vis the mentally ill was to destroy the public's image of asylums. They should no longer be regarded as having the "character of a reformatory, a factory, or indeed a prison." Also clear to Griesinger was the fact that the chances of recovery for a patient who, with the help of psychiatry, takes the first steps toward social reintegration are determined by the dominant social milieu in which he finds himself. All the efforts of progressive psychiatrists were bound to be in vain in cases where patients experience "hardship as a result of difficult

circumstances, an indifferent environment, or, indeed, the mockery of low-thinking persons." (8, pp. 462-496)

The bourgeois Griesinger should certainly not be regarded as having been an enthusiastic philanthropist. On the contrary, his motivation was more the result of a combination of genuine humanitarian concern and the aim of making the mentally ill fit for work again, the latter contributing to the general profitability of the mental health sector. The fact that Griesinger's paradigm stood alone and was so bitterly opposed illustrates the short life radical democratic thought enjoyed in that period. Following generations of psychiatrists falsified Griesinger's role inasmuch as they adopted and overemphasized some isolated components of his total dialectical concept and claimed them for themselves. Later, when the 19th century—with its stormy development of modern natural science—was accused of positivism and materialism, Griesinger was also slandered for having been a mechanical materialist and disregarding simple human nature. In Anglo-American literature (e.g. references 12 and 13), Griesinger is portrayed as an organicist and, in spite of his psycho- and sociodynamic insights, relegated to the anti-psychological era.

As "proof" of Griesinger's vulgar materialism, it became popular to quote him as having stated that "mental illnesses are illnesses of the brain." (9, p. 143) Griesinger meant this to be an essential reference to the material connection between mental phenomena and the central nervous system. He was in absolutely no doubt about the relative autonomy of mental processes, in particular their roots in social experience. Due to the fact that Griesinger had both in theory and practice overcome the moralism and therapeutical rigorism characteristic of pre-scientific psychiatry, he can be regarded as the virtual founder of a scientific psychiatry in Germany. He combined the beginnings of modern natural-scientific concepts with the progressive social perceptions of the emancipation-seeking middle class.

KRAEPELIN'S PARADIGM: PSYCHIATRY AS AN INSTRUMENT OF DISCRIMINATION IN BOURGEOIS SOCIETY

The attempt at a bourgeois revolution failed in Germany due to the restoration of nationalistic conservative attitudes. Griesinger's paradigm increasingly lost ground as a result of and parallel to this social retrogression. Just 15 years after Griesinger's death, the first edition of Emil Kraepelin's textbook (14) was published. Nine editions of this book appeared up to 1927 and it became the "bible" of German psychiatry. Kraepelin (1856-1929) is to be regarded as the virtual founder of the clinical-nosological systematic of psychiatry which still has a strong influence on psychiatric thought, even in countries like the United States. The basis of this systematic is the reduction of the numerous psychiatric syndromes to three categories: physically conditioned psychoses, endogenous psychoses, and insane personalities (psychopaths). Kraepelin was concerned solely with genetically determined etiological factors; he considered the development of the personality and the genesis of disease to be determined by the gene. Believing that the individual is inexorably bound to his hereditary fate, Kraepelin dismissed the idea of freedom of will as representing nothing more than "self-deception as a result of wishful thinking." Basically, Kraepelin's psychiatry

represents a regression to the level of somatology in his vision of mental illness as the manifestation of bodily dysfunctions.

Illness is regarded as being, on the one hand, "a natural reaction of the human machine toward disease" (15, p. 13), and on the other hand, "a departure from the norm in the sense of being useless." (16, p. 230) Kraepelin declared mental illness to be a natural phenomenon. In so doing, he was submitting uncritically to the requirements of society, which was content to allow psychiatry to deal with those of its members who could no longer be endured. The social aspects of mental illness were considered solely from the viewpoint of social usefulness. With this in view, Kraepelin now applied the nimbus of modern natural science: he postulated that—in much the same way as for paralysis—a biological cause of schizophrenia would soon be found. In so doing, Kraepelin ushered in the unending search for the morphology, histology, and biochemistry of endogenous psychoses, which has remained a focal point of psychiatric research right up to the present day. Here it should be emphasized that the allusion to close ties with physical medicine and the claim to a natural-scientific foundation of Kraepelin's nosology was nothing more than mere declamation. Objectively, these claims were to legitimize psychiatry in the eyes of society, which was now reassured that the lunatics were being scientifically cared for.

Kraepelin contributed the method of phenomenological psychopathology to the definition of classical psychiatric syndromes. It was, though, quite impossible for him to substantiate this method with the alleged somatic causal agents of mental illness. Kraepelin's fatalistic prognosis for hebephrenic and catatonic syndromes became the constituent factor of the new entity *dementia praecox*, later termed schizophrenia. According to Kraepelin (16-19), all patients who showed symptoms of delusion, phantasm, loss of purposeful will, stereotypy, and negativism were "hopeless cases from the outset." Kraepelin regarded the long-term confinement of the insane as a laboratory experiment, in the course of which each patient would show whether he could be classified according to the systematic. Methodologically, Kraepelin's psychiatry was caught up in an empirical circle: he tried to furnish a diagnosis on the basis of tangible phenomena, but applied a terminology which had first been developed in the course of empirical observation of the late stages of mental illness in permanently hospitalized patients. Modern social psychiatry has discovered the high degree to which the appearance of indifference and stupidity is the result of long-term hospitalization.

Kraepelin fitted those incomprehensible psychotic syndromes into his systematic and gave them a name. This corresponded to society's need to be freed from feelings of insecurity and unpredictability. At the same time, he perpetuated the dogma of the incomprehensibility of psychiatry, whereby all attempts at psycho- or sociodynamic elucidation of psychotic disturbances are pointless. The only neuroses that Kraepelin regarded as psychologically conceivable were those which resulted from World War I or the desire to secure pension or accident annuities: here he saw self-interest at work. Those affected wanted either to elude their patriotic duty or to secure privileges under the social security system. In addition to this, Kraepelin dismissed psychodynamic theories as being mere whims of fancy; communication with patients should be concerned exclusively with filtering out the "typical" symptoms, not with creating a

therapeutic milieu. Kraepelin's rejection of Freud's work is to be explained by his almost total ignorance of the same, his animosity toward sex, and—as we are informed by his pupil Kahn—his anti-Semitism.

The living conditions of the proletarian masses in the cities were not unknown to Kraepelin: he was aware of child labor, the impoverished housing conditions, undernourishment, and alcoholism, but was of the opinion that all these problems were surmountable if only the will for social advancement were present. At the same time, Kraepelin joined in the pessimistic cultural mood of the Weimar era. He deplored the weakness of human beings who, in his opinion, should be taught abstinence and frugality. He cynically posed the question of "whether inner happiness depended on external living standards." (20, p. 181) Kraepelin had adopted the central theses of social Darwinism, whereby a person's social rank is the expression of a natural allotment of qualities and abilities. He also criticized social legislation, especially statutory health insurance and social assistance programs such as unemployment benefits: this supposedly gave too much protection to the incapable and work-shy. In compliance with the upcoming mechanical economic approach to social problems, Kraepelin began to consider the mentally handicapped as "a heavy burden for our nation." (16, p. 15; 20, pp. 175, 182) Along with many other academics, he saw the solution to social disorder in a strong leader: "An unrestricted ruler with the power to intervene in our way of life would bring about a reduction in insanity within a few decades!" (18, p. 270) Kraepelin supported the idea of sterilization for certain psychopaths, maintaining that the passing on of inferior hereditary traits would thus be avoided. It was just four years after his death that the rule of tyranny began which was to promote this idea of Kraepelin's to its ultimate implication: the extermination of the mentally ill.

It would seem that there is a strong connection between Kraepelin's discriminatory practice toward his patients and his reactionary philosophy of life. He was a supporter of the Bismarckian authoritarian state and a bitter opponent of the November Revolution of 1918, whose leaders he considered to be unscrupulous psychopaths. Kraepelin feared democratic developments because he considered the masses to be biologically unfit to take part in the administration of state and society. A class society under monarchical sovereignty appeared to him to be a healthy and natural state of affairs. He considered the social order to be endangered equally as much by class-conscious workers as by the "inferior" mentally ill.

The number of psychiatric asylums increased enormously in the wake of the expanding industrialization of the Bismarck era. Kraepelin failed to grasp the reason for the increase in the number of mentally ill requiring attention. This increase reflected, on the one hand, a real growth of mental illness, but also—and this is more important—the increasing intolerance of a surging industrial process based on the unrestricted exploitation of human labor. Kraepelin submitted theoretically to society's latent wish to isolate and confine the mental misfits and other members of society who were a disturbing influence; he considered the isolation of the mentally ill to be a necessity, as otherwise they would represent a permanent danger to their environment. The mentally ill, who had already been labelled "inferior," were now to be treated like criminals. Kraepelin advocated that society should be protected against the mentally ill in much the same way as "against criminals, or, if you prefer, in the

same way as against the carrier of a contagious disease." (21, pp. 1, 16) In particular, Kraepelin saw the purpose of long-term confinement as preventing the insane from propagating.

Kraepelin regarded his method of confining patients to bed as an important contribution to psychiatric theory: in much the same way as a broken leg is put in plaster to heal, the insane mind should be rested and thereby soothed. The aim of this type of therapy was to reach as quickly as possible that stage of peaceable disposition and mental indifference which was, according to theory, ultimately inevitable. This therapeutical nihilism was to finally reduce the idea of active therapy to an absolute farce. Kraepelin permitted occupational therapy to be applied only to those patients who had already reached an advanced stage of resignation and could spend the rest of their confinement performing idiotic mechanical pursuits.

Wilhelm Griesinger was motivated by the progressive middle classes' optimistic search for knowledge. His social commitment was to free the insane from natural and social pressures and constraints. At the same time, the patient's personality should be fostered and respected. Griesinger saw natural science as the decisive means of demystifying the dogmatic schools in medicine and psychiatry. The mentally ill were, to him, especially underprivileged citizens whose rights had to be protected and fought for by the psychiatric profession. And because Griesinger was convinced that healthy members of society also could be afflicted by insanity in its different stages of development, he advocated the creation of integrative institutions which would enable rehabilitation into trade and industry. In contrast, Kraepelin regarded the insane as a disruptive force in society, a deficient product of nature. He recognized a transition neither between mental health and illness nor between the individual stringently classified syndromes. The only factor common to all mental disturbances was the fateful course they must take, and with this supposition he tried to legitimate his therapeutic nihilism. The reintegration of the mentally ill into society was thereby theoretically blocked. The sole purpose of therapy was to segregate and sedate. This concept was embedded in a reactionary philosophy characterized by social Darwinism and totalitarian ideologies. Kraepelin openly propagated the prejudice of biological inferiority and the danger to society posed by insane persons. He was not so much concerned with protecting his patients from negative social and natural influences as with the regulative interests of a society which was beginning to reduce expenditures on its economically unproductive members to a minimum.

THE OPPORTUNISM OF FORENSIC PSYCHIATRY VIS-À-VIS THE JUDICIARY

Through its function of rendering forensic counsel, the psychiatric profession became linked with the law-and-order philosophy of imperial Germany. This was especially evident in criminal law, because the psychiatric profession was drawn into the process of awarding and assessing punishment which was based on the political and moral values of the ruling classes. Psychiatry was given the task of providing scientific cover for these penal principles. Most psychiatrists at the beginning of the century were only too ready to fulfill this task. This was because, in the course of

exercising their profession, they had already identified themselves with the state to such an extent that, by protecting the state, they were at the same time protecting their own existence.

The following example demonstrates the extent to which the psychiatric systematic was prepared to put aside finding a solution to its own contradictions and inconsistencies in order to fulfill political functions in keeping with the legal practice of the times. The theory of common law and the economic and social order worked on the assumption that each individual had a will of his own and was solely responsible for his actions. The "absolute theory of criminal law," (indeterminism), which is predominant at the present, also works on this basic assumption. Generally speaking, factors and influences which limit the postulate of the freedom of will and action are not recognized. It is not the situation of the individual criminal which is decisive in determining the degree of punishment, but it is the crime itself which is punished. As much as possible, sentences should be assessed according to equal criteria. Sometimes this principle is broken in order to make a special example to discourage others (general prevention). While it is true that these principles were determined by the archaic motive of revenge, at the same time it was assumed that the potential criminal would be aware of the consequences of his actions and behave accordingly. After all, he had a mind of his own.

This construction was, however, very often a contradiction of social reality. In the increasingly rationalized and regulated bourgeois society, there appeared more and more a sediment of "unreasonable behavior," e.g. habitual criminality, juvenile delinquency, asocial attitudes, vagrancy, all of which could not be influenced by the usual measures. This applied in particular to the indeterministic criminal law. The traditional system of punishment and expiation was incapable of providing the means to deal with these phenomena. It appeared that there was no alternative than to break with the principle of indeterminism in at least some fields of criminal law and to consider the factors which determined the behavior of certain individuals. This would not only provide an explanation for the crime, but also uncover possibilities for developing more suitable measures for dealing with the criminal.

Psychiatry purported to have the solution to the problem. Supposedly, the profession was capable of scientifically explaining the determinants of human behavior. These determinants were thought to be of an exclusively biological nature. From this time on, those committing a particularly incomprehensible crime were examined by psychiatrists who applied the so-called biological-psychological method. Now, the only persons who were declared insane and not responsible for their actions were those suffering from a psychosis having either endogenous or physical causes, i.e. those who, according to psychiatric teaching, had a biological defect.

Acting in unison, lawyers and psychiatrists managed to concoct an interesting compromise: provided that the above-mentioned illnesses could be clearly defined and pleas of insanity thereby kept to a minimum, it was possible to maintain the principles of indeterministic criminal law and, in spite of this, be able to deal with the above-cited contradictions. The plea of insanity had to be previously sanctioned by a psychiatrist. Subsequently, psychiatry endeavored to categorize the symptoms as precisely as possible and committed itself to the organic definition of illness. Thus,

the possibility that the plea of insanity could be made valid for nonorganic reasons was avoided and the danger that mental illness could ever be traced to social causes was eliminated. These causes were either completely ignored or reduced to their hypothetical "organic element." Psychiatry thus became a stabilizing factor for the social order.

The opportunism of psychiatric theory concerning legal practice is also illustrated in another respect. It was claimed that there was a fundamental discontinuity between serious psychoses which were "real illnesses" and so-called psychopathies and behavioral patterns which could not be considered "illnesses." This basic supposition, which enabled the translation of psychiatric diagnosis into judicial judgments and guaranteed the limitation of permissible determinants, was considered by both lawyers and psychiatrists to be important for the maintenance of the conservative political order: "Everything else conceals the danger of a further undermining of the traditional values on which our social order rests." (22, p. 142) Many other similar statements indicate that the psychiatric systematic was in no small way oriented to the conservative political mood of the period.

In this context, the impressive constancy of the scientific model becomes explicable. Neither lawyers nor psychiatrists were prepared to sacrifice this concept—the former group because it was easily manageable and it saw its judicial principles upheld, and the latter because the courts opened up the way to an agreeable professional status.

The expedient character of the psychiatric systematic is particularly apparent in connection with the classification and evaluation of the so-called "psychopaths." According to the basic supposition that there were biological causes for mental aberrations, psychopathy was also traced to an "abnormal disposition," a "hereditary mental make-up," which "differed only to a certain extent from normality." The following definition clearly illustrates the shaky ground on which psychiatrists stood with this classification: "Not all abnormal persons are psychopathic, but only those whose abnormality causes suffering either to them or to society." (23, p. 17) Quite clearly, it was the social misfits who were to fall under the heading of "psychopathy": egocentric activists, rowdies, querulous persons, chronic liars, fanatics, anarchists, revolutionaries, assassins, and pacifists, as well as the "callous" habitual criminals. Because of their psychiatric classification, social diagnoses were seen to have "organic" origins and became unproblematic for society. It was no longer necessary to investigate whether such "abnormal" behavior could result from a social dynamic.

Now one would suppose that as a result of having reduced psychopathy to organic origins, the psychiatric profession would have advocated a commutation of sentence (recognition of the plea of insanity) for psychopathic delinquents. However, practical legal considerations prevented psychopathy from being recognized as a "real" illness. According to Rauch (24, p. 69):

In order not to undermine our position, we must stick to the practice of generally only accepting psychoses for a plea of insanity. If we don't hold on to this principle, exculpation will know no boundaries.... There are practical considerations ... which weigh against the argument of regularly clearing psychopaths from guilt. It would completely undermine penal correction if one exculpated precisely those persons against whom, in the interests of public law-and-order, the law should be directed in all its severity.

The psychiatric profession went even further than this: with the authority of science, it had been advocating for decades that punishment for psychopathic criminals should be intensified. In so doing, it was intervening in what should have been a primarily judicial discussion concerning the award of punishment.

The inadequate assertion that psychopathic delinquents were usually habitual criminals whose behavior was determined by their disposition was used as justification for lengthening sentences, even to the extent of life imprisonment. This extreme sentence was justified by the necessity for general prevention as a deterrent.

At the end of the 19th century, the Italian forensic psychiatrist Lombroso had declared that he could recognize a delinquent even before he had committed a crime, simply by the observation of certain physical dysfunctions (25). He spoke of "born criminals," thereby drawing on psychiatric and anthropological teachings in England and Germany, which, influenced by social Darwinism, charged whole sections of the "lower" classes with genetically determined moral degeneration. Accordingly, Lombroso advocated forms of prophylactic punishment in order to protect society from such persons. His thesis found more and more acceptance. The terms "moral insanity," "born criminals," "atavism," "degeneration," "inferiority," and "dangerous delinquent" in time became interchangeable and were eventually used to incriminate and discriminate against all mentally ill and nonconforming persons. Even worse, more and more voices were to be heard pleading for preventive measures to be taken against this whole group of "biologically defective" and "incorrigibly inferior" beings.

Kraepelin had spoken of the "psychopathic inferiority of the inborn disposition," and of "hereditary degeneracy." He considered such persons to be "unfit" and advocated psychiatric measures to prevent the danger of the whole society from slowly being made degenerate; that is, he advocated measures to "neutralize" the insane. Practically all the influential psychiatrists of the period joined in the crusade to defend the ruling order and advocated that measures be taken against their patients: life-long imprisonment, forced labor, sterilization, the prohibition of marriage, and "elimination" (*Ausmerzung*) (6, pp. 143-149, 161-173). The diffuse feelings of uncertainty and imminent danger prevalent in the public were considerably aroused by this discussion. In addition to this, mentally disturbed delinquents were thrown together with other mental patients in asylums which were built like fortresses. This encouraged the prejudice that all mental patients were dangerous and unfit human beings. Moreover, the laws which provided the basis for internment permitted an extensive interpretation of just which forms of behavior could be classified as representing a threat to the public. Judicially, even the mentally ill were regarded as being at least potential criminals. The psychiatric asylums were degraded to the role of auxiliary institutions akin to the prisons.

Eventually, this ideologically tainted psychiatric theory became applied to the increasingly topical discussion on racial hygiene and put into practice by the Third Reich. When this happened, there was no appreciable resistance from the psychiatric profession. On the contrary, the German Society for the Treatment of Nervous Disorders, which was led by an advocate of racial hygiene, welcomed the measures for racial purification. Some psychiatrists extolled the new practice as a breakthrough, a national victory in the public interest. The acceptance of the social Darwinistic

ideology which paved the way for the reduction of psychiatry to the biological approach, the indiscriminant division of the psychiatric systematic and the classification of mental phenomena according to law-and-order considerations, the opportunistic discrimination of mental and social deviance, and the search for public and scientific acclaim had corrupted the German psychiatric profession to such an extent that it was not capable of putting up any resistance to fascism.

THE PERVERSION OF SCIENTIFIC THOUGHT AND PRACTICE RESULTING FROM BIOLOGISM AND RACISM

Kraepelin's psychiatric model and the development of forensic psychiatry marked the transition of psychiatry to a passive instrument of the authoritarian state. In the course of further social developments following the catastrophe of World War I and the brutal suppression of the German Revolution in November 1918, nationalistic, anti-Semitic, and racist ideas came more and more to the fore. Georg Lukács (26) has shown that at the turn of the century in Bismarckian Germany, racism and social Darwinism increasingly served as the aggressive ideologies of the vindicators of capitalism. He has also shown how, following the national embitterment over the Versailles Treaty and the defeat of the 1918 proletarian revolution, the nationalistic vision of the German race as the ruler of the world found a positive echo, especially in intellectual circles. The mouth piece of social Darwinism and racism in the field of medicine was the *Archive of Racial- and Sociobiology* (*Archiv für Rassen- und Gesellschaftsbiologie*), founded in 1904 by Ploetz. This publication propagated racial hygiene in the interests of the Nordic race.

One of the most important aims of the advocates of prefascist racial hygiene was the struggle against the alleged welfare state of the Weimar period, which supposedly showed too much consideration for the biologically "inferior" members of society and allowed them the opportunity to reproduce. Rüdin (27-29) became the spokesman for the racists in the psychiatric profession, and was to see his efforts rewarded by the policy of the National Socialists. Doctors like Rüdin demagogically tried to win support for their views by stating that the mentally sick, recipients of social-welfare benefits, and common criminals were better off than the average working man. The theoretical foundation for the anti-scientific attitude of the racists was the hereditability dogma, which was almost universally upheld by school psychiatry during the Weimar Republic. Although not one psychiatrist was able to provide proof to support the hypothesis of the hereditary nature of schizophrenia and manic-depressive psychosis, many proceeded directly from the hypothesis to the demand for so-called eugenic measures. As justification, they were content to point out the cumulation of certain syndromes within a family. A whole generation of psychiatrists turned away from the task of developing therapeutic models and conducting exact etiological research, concentrating instead on the purportedly prophylactic "elimination" of the mentally ill. The following statement made in 1918 by Stransky (30, p. 32) heralded the forthcoming fascist murders: "Something which is gangrenous and antihuman should be scraped out with the curette."

The demand within the psychiatric profession for the compulsory sterilization of

the mentally ill became increasingly pronounced in the 1920s. As support for this practice grew and concerns about its legality were brushed aside, the circle of patients to be sterilized was widened and criteria for the diagnosis of individual illnesses were extended. The absurdity of this way of thinking is illustrated by the following assertion of J. Lange (31, p. 42), a pupil of Kraepelin's:

By preventing the lunatics, the schizophrenics, and those persons possessing a mosaic of adverse dispositions—not all of which are necessarily psychotic—from being able to produce, then we will gradually be able to considerably raise the hereditary level of our nation.

Immediately after the National Socialists assumed power, a law was enacted on July 14, 1933, which led to the compulsory sterilization of at least 200,000 mentally ill persons. The diverse psychiatric syndromes were compressed into a schema comprised of only a few diagnoses; schizophrenia, cyclothymia, alcoholism, and idiocy provided psychiatric justification for sterilization. Some convinced adherents of the fascist racial policy deplored the exclusion of "psychopaths" as the law's shortcoming, a weakness which could only be compensated for indirectly via a diagnosis of alcoholism. Epilepsy and hereditary physical disfigurements were also included under this law. In commenting on the new legislation, many prominent psychiatrists—including Schneider, Lange, and Rüdin—expressly emphasized that it was the earliest possible diagnosis which was to be seen as the decisive instrument in the interests of racial hygiene. Although many psychiatrists discussed the problem of arriving at a reliable diagnosis—which from this time on was to have such appalling consequences for the patients involved—this discussion was ultimately repressed in favor of the reason of state. (One should remain aware of the fact that there was no governmental pressure exercised which forced the psychiatric profession to reason in such an obliging way and to so zealously put its patients at the mercy of the state.)

The newly founded system of providing psychiatric assistance for discharged patients (*Aussenfürsorge*) was robbed of its therapeutic intent. Racial fanatics misused this system as a means of identifying ex-patients, who were then earmarked for sterilization.

The conceptualization of the mentally ill as "dead weights" on society led to an even more inhumane escalation. As early as 1920, with their publication of *The Freedom to Exterminate Unworthy Life* (32), the jurist Binding and the university professor and psychiatrist Hoche had reflected the readiness in certain intellectual circles to support the extermination of seriously ill patients. In the course of his argumentation, Hoche appealed to the "compassion" of his readers to no longer permit the suffering of mentally handicapped persons—to which he also relegated, with limitations, schizophrenics—but to "release" them from their plight. At the same time, this motivation of compassion was coupled cynically with allusion to the unnecessary economic burden incurred for the rest of society by having to care for these patients. It seems almost incredible that a renowned university professor and psychiatrist such as Hoche could speak of his patients as "empty human shells, dead weights, weaklings, and defective human beings with the character of foreign bodies." (32, pp. 32, 40, 55-62)

Theoretical thinking within the influential circles of this generation of scientists and

doctors—with few creditable exceptions, like the psychiatrist Bonhoeffer—was so thoroughly tainted with racist and fascist ideologies that the last shreds of theoretical integrity which are to be found scattered in their writings remained insignificant. It is, then, hardly surprising that in 1939, under Hitler's orders, the systematic murder of about 100,000 mentally ill persons was begun, and that only a few of the large number of university professors, asylum directors, and jurists alike attempted any kind of resistance. Some well-known psychiatrists were even prepared to act as "referees" in the homicidal machine. In addition to this, from 1933 onward, and particularly during the war period, mental patients in the asylums were literally starved to death, making it impossible to estimate the exact number of patients who fell victim to fascism. In fact, during World War I at least 50,000 patients had been starved to death in the asylums.⁵

And thus, the discrimination against the mentally ill in Germany went its unrelenting way from the therapeutical nihilism of the late 19th century, to the theoretically legitimated stigmatization of the mentally ill as dead weights on society, to the practice of sterilization and murder under fascism.

The responsibility which the German psychiatric profession bore for this increasingly thorough and brutal process of elimination remains a scandal to this day and necessitates a decisively scientific and social commitment to the interests of mental patients. Of course, the fall of the psychiatric profession to the utmost depths of humanity was only made possible by the social developments which culminated in fascist barbarity. In this respect, it is primarily those economic and political forces having a material and ideological interest in a fascist state which have to bear the main burden of guilt for the crimes against the mentally ill. The progressive development of psychiatry after 1945 was, however, dependent on the insights that the conservative psychiatric profession had contributed intellectually prior to fascism to supporting the process of the degeneration of reasonable and rational scientific thinking and practice, and that a considerable number of psychiatrists were prepared to propagate the inhumane theory of racial hygiene during the Nazi period.

In order to formulate an effective alternative, it is necessary to recognize the supporting pillars on which this conservative psychiatry was erected. The first such pillar was the one-dimensional, biological orientation of psychiatric theory as a result of an oversimplification of all complex correlations, a pseudo-genetic conception of the development of the personality and the genesis of illness. The fatalistic assumption of the futility of therapy for genetically determined factors corresponded to a biologicistic view of society, according to which the various classes and social ranks assumed a natural position in a hierarchy which could not be influenced by democratization. As a result of this conviction, the second great bulwark of conservative psychiatry could evolve: the dogma of incomprehensibility, according to which psychopathological phenomena are basically uninterpretable and, therefore, can only be understood as the expression of physical dysfunctions. Along with this went the division of psychiatric syndromes into three parts: physically explicable psychoses, "endogenous" psychoses (which would also develop eventually into physically

⁵For documentation of these murderous actions, see references 33-39.

determined psychoses), and "psychopaths," for whom therapy was a complete waste of time from the onset. In all this, the psychiatric profession was complying with the requirements of the bourgeois legal system. The third pillar involved the denial of societal responsibility for the causation and consolidation of mental and social distress and thereby dismissed the need for therapeutic and social reform.

THE NEW BEGINNING

It appears evident to us that the history of German psychiatry represented an onerous inheritance for the two German states after 1945. The first and most important task following the defeat of fascism was to lay the foundation for a peaceable society which would break unconditionally with fascist traditions. Since this was and is a general political task, it is our opinion that psychiatrists too—assuming they claim to be progressive—should be called upon to contribute to the development of a society which will no longer be able to utilize social Darwinistic and racist ideologies.

After 1945 at the latest, psychiatry could no longer remain an isolated branch of medicine without once again risking the evolution of an anti-patient orientation and practice. Psychiatry must see itself in the context of general social advancement: it should focus on the rediscovery of progressive natural-scientific approaches and socio-psychiatric forerunners such as Griesinger, and with the development of multidimensional syndromes. Psychiatry has to take up the promise of emancipation which arose from the bourgeois revolution and became a combatant against the prejudices in society. From now on, psychiatry must be a *social* psychiatry, committed to the reintegration of its patients into the process of everyday life.

The experiences of the fascist period confirm Virchow's observation (40, p. 223): "Medicine has imperceptibly led us into the social field and put us in the position of being confronted by the great social questions of our time."

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