



Psychiatry during National Socialism: Historical knowledge and some implications



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ABSTRACT

The contribution is a synthesis of the results of historical research on psychiatry during the Nazi period. Three issues are focused: the relationship between physicians and the Nazi state; the impact of eugenically and economically motivated health and social policies for psychiatry (forced sterilisation, patient killings/"euthanasia"); and psychiatric research. Three widely shared assumptions are fundamentally challenged by the historical evidence: (1) that medical atrocities were imposed from "above" by Nazi politicians on apolitical physicians; (2) that mass sterilisations and patient killings had nothing to do with contemporary state of the art medical reasoning and practice; (3) that ethically unacceptable research on psychiatric patients had nothing to do with contemporary state of the art biomedical sciences. It is argued that the structural findings on these issues of Nazi medicine are not specific to Germany and the period between 1933 and 1945; rather the underlying features were the extreme manifestations of some problematic potentials implicit in modern medicine in general.

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Since the 1980s there has been an increase in historical research on medicine in general, and in particular psychiatry during the National Socialist period.¹ Until today, it has grown into quite a comprehensive, yet by no means complete knowledge base on this field of work. This research has concentrated primarily on four issues:

1. the consequences of the change of government in 1933 on the medical profession, with two subtopics: first, the relationship

between the medical profession and the regime, including that between professional associations such as that of the psychiatrists (Kater, 1985; Kersting, 1996; Schmuhl, 2011, 2016); and second the dismissal, forced emigration and finally the systematic annihilation of 'Jewish' and 'politically unreliable' physicians, including psychiatrists (e.g. Schwoch, 2009; Villiez, 2009; Weindling, 2010; Zalashik, 2012);

2. the health and social policy motivated by eugenics or 'racial hygiene' and oriented on economic efficiency and the performance of the 'body of the nation': These led to such measures as the forced sterilisation of over 360,000 so-called 'genetically diseased', predominantly with neuro-psychiatric conditions, and to the systematic killing of approx.

¹ www.med.uni-giessen.de/histor/

¹ This article is an updated and extended version of (Roelcke, 2010).

250,000–300,000 psychiatric patients, disabled persons and other patients from marginalized social groups (Bock, 1986; Faulstich, 1998, 2000; Friedlander, 1995; Proctor, 1988; Süß, 2003; Schmuhl, 1987; Weindling, 1989; Fuchs, Rotzoll, & Müller, et al., 2007; Rotzoll, Hohendorf, & Fuchs, 2010; Brink, 2010; Cranach & Siemen, 1999);

3. medical research on persons classified as biologically or legally 'inferior', primarily in concentration camps, in psychiatric institutions, and in hospitals in the territories occupied by Germany [on human subject research in general: (Weindling, 2015; Roelcke, 2009); on psychiatric research in particular].
4. the question of the exploitation, as well as medical treatment of civilian forced labourers in medical, including psychiatric institutions [general: (Frewer & Siedbürger, 2004); for psychiatry: (Graefe, 2011)].

On a general level, it has become apparent that the programmes and practices of physicians, including psychiatrists, during the period of National Socialism can be adequately understood only when they are seen in the context of the specific challenges, and also the opportunities, created by the political system, and also in the context of the explicit and implicit values and value hierarchies associated with health and productivity in the service of the nation or the 'body of the nation'.² This constellation of challenges, opportunities and value hierarchies can be summarized as follows:

The health and science policy of the regime was aimed at supporting those who contribute to the strength and productivity of the national economy and the 'body of the nation'. Inversely, those who could endanger the efficiency of economic endeavours and the health of the collective organism 'body of the nation' were to be identified and sorted out. Psychiatric and mentally handicapped patients constituted a large part of this target group. They were to receive only a minimum of resources and, in the case of hereditary diseases, be prevented from reproducing (Bock, 1986; Ley, 2004; Schmuhl, 2016; Weindling, 1989).

These priorities were set for the period starting in 1933; but they were hardly invented in 1933, and certainly not by politicians; such ideas had been around long before (e.g. Weindling, 1989), yet from 1933 on they were heavily privileged over other prioritisations. When war broke out in 1939 the challenges and problems changed, as did the political and economic framing conditions: In particular, intensively increased economic pressure under the conditions of the war economy, and the necessity to deploy all available resources (money, labour, research) for the armed forces, the war industry, and for the medical care of wounded soldiers. The systematic evacuation of psychiatric institutions and homes, and the various stages of the euthanasia programme closely associated with this, followed this rationality and value hierarchy: This programme was intended to eliminate the economic burden supposedly created by chronic psychiatric and handicapped patients. On the other hand, it also made new capacities available to treat wounded soldiers, and, to a lesser degree, the civilian population affected by the increasing bombing of German cities from 1941/42 onwards (Faulstich, 1998; Süß, 2003; Weindling, 1989).

1. Myths and realities

As a consequence of the analytical framework outlined above, recent historical research has shown the inadequacy of three central assumptions, or myths, regarding the relation between the Nazi regime and the medical field, including psychiatry. These three core assumptions dominated the narratives and

interpretations on medicine during the Nazi period for decades. They can be summarised as follows:

- first, the assumption that medical crimes were perpetrated by a few fanatical Nazi doctors, and that they were essentially the result of an irrational policy forced on the field of medicine from the outside;
- second, the assumption that the forced sterilisation programmes and killings of patients was the expression of an 'ideology', which had little or nothing to do with the contemporary state of medical knowledge and actions at the time;
- third, the assumption that the research activities of doctors in concentration camps had nothing to do with the contemporary standards of biomedical sciences, but were rather the expression of race ideology, or of individual perversion in the guise of science, and that this research thus should more appropriately be called 'pseudo-science'.

In the following, these three core assumptions, or myths, will be confronted with the evidence of historical research, especially on the field of psychiatry. However, these myths are not to be deconstructed in order to draw a more positive picture of medicine in National Socialism in its stead. Rather, the purpose is to point out significant similarities in the fundamental concepts, attitudes and conduct of physicians, and psychiatrists in particular during National Socialism and those in medicine before 1933 and after 1945. To put it another way: the boundary transgressions in medicine between 1933 and 1945 were, accordingly, not specific to the period of National Socialism; rather, they should be understood as an extreme manifestation of destructive potentials which have their roots in modern medicine more generally. These potentials were initially manifested in their destructive form through the framing conditions of the totalitarian state from 1933 on, and then even more intensively through the Second World War starting in 1939.

2. The medical profession's relationship to the national socialist regime

The clear majority of German doctors, including psychiatrists, was responsive to the promises and temptations offered by the new rulers. The share of physicians who co-operated with the regime offers solid evidence of this. The percentage of doctors who were members of the NSDAP or an associated organisation (SA, SS) was around 50–65% (depending on the figures used in calculations) (Kater, 1985; Rütger, 1997). This has two implications:

1. Nearly half of the doctors were *not* members of one of the organisations mentioned. This is clear evidence that nobody was forced to become member. It is also an indication for the room for manoeuvre they enjoyed at the time, for doctors who did not join the party had no reason to expect sanctions as long as they did not voice any public critique of the regime or its representatives. By now it has been widely documented that membership in the party or one of the associated organisations certainly could ease one's career path. Yet despite the views so widely propagated in the post-war period, it was not *compulsory* to join the party, and even in public institutions like universities it was clearly possible to enjoy professional success without being a party member. As an example, Ferdinand Wagenseil might be named, who became appointed full professor of anatomy at Giessen University Medical School in 1937 in spite of the fact that he was not a party member. Another case in point is Georg Hohmann who was appointed to the office of president of

² This interpretative framework has been sketched in (Roelcke, 2006).

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