Psychology and Politics
Erős, Ferenc, Gyimesi, Júlia, Borgos, Anna

Published by Central European University Press

Erős, Ferenc, et al.

Project MUSE. muse.jhu.edu/book/71614.

For additional information about this book
https://muse.jhu.edu/book/71614

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=2451260
Who Is Mentally Ill? Psychiatry and the Individual in Interwar Germany

Zsuzsanna Agora and Virág Rab

Sixteen nations were involved in World War I with over sixty-five million soldiers in active service. Nearly nine million of them lost their lives, twenty-one million were injured, almost eight million disappeared or fell into captivity, and approximately one million suffered long-term psychological damage.

This chapter deals with the psychological consequences of World War I from two perspectives. First, it explores German psychiatry’s approach at the time, which denied the vulnerability of the human psyche. Second, it examines the war’s psychological consequences from the standpoint of the Hungarian politician Loránt Hegedűs, who was a psychiatric patient at an elegant Berlin sanatorium between 1921 and 1924.

The writings of Hegedűs, who had first-hand experience of what the Great War—or in his words the “great murderer” (1926, 118–19)—had done to the human psyche, are interesting not only because they provide us with a realistic picture of everyday life in a mental hospital in the 1920s, but also because they highlight the fact that the psychic consequences of war went far beyond frontline fighters and affected a much larger circle of society than previously thought.

The question the title of this chapter asks, “Who is mentally ill?,” was closely related to the issue of normality, and as such it not only posed a challenge for German psychiatrists, but may have been part of a much wider discourse. According to eugenics, the soldier who could not overcome his fright was a degenerate. Hegedűs, however, regarded the war itself as a great evil that
had made people ill. Similar arguments were shared by several psychoanalysts, especially Sándor Ferenczi (1919, 10), who called the war a “mass-experiment” that led to severe forms of neuroses. Following this link of thinking in particular, we examine in this chapter the consequences of the war on soldiers and civilians.

Every war has inevitable impacts: dead and injured, invalids and orphans. Numerous studies (EMRO 2002; WHO 2003) have documented that conflict, especially war, causes more death and disability than any disease. The impact of war also includes long-term physical and psychological harm to soldiers and civilians. However, fallen soldiers are only the tip of the iceberg. Consequences other than death are not well documented. Here, the accounts of a contemporary witness are particularly valuable.

Loránt Hegedüs (1872–1943) was a member of the Hungarian political, economic, and intellectual elite. He studied law in Budapest and sociology in London under Herbert Spencer, one of the leading sociologists of the time. After finishing his studies abroad, Hegedüs became an MP for the town of Pápa in 1898, then the Director of the Confederation of Hungarian Industrialists in 1905 and later its Vice President in 1912, and was also the President of the Hungarian Commercial Bank of Pest starting in 1913. For two decades he was the editor of the Economic Review. In the Teleki and Bethlen governments, he was Minister of Finance (1920–1921). In the autumn of 1919, he played a leading role in the organization of the Savings Bank and Bank Association and became its president in 1925. As a chief contributor to Pesti Hírlap (Pest News), he worked as a publicist and also engaged in economic and literary activities, authoring over fifty books. He was also a Protestant theologian, although he was not ordained. His father, a member of the founding generation of modern Hungary, was a self-made man who married Jolán Jókay, the niece of the well-known writer Mór Jókai, and became a respected member of the Hungarian political, economic, and intellectual elite. While Sándor Hegedüs was a member of the founders’ generation, his son Loránt was an heir to the founders’ legacy (Lengyel 1989, 73). Beside his professional competencies, his personal network and his ability to adjust to new situations also played an important role in coping with challenges.

Important personal documents about Hegedüs were recently found intact in the cellar of a villa in Buda. Zsuzsanna Zsindely (now Lazáry), Loránt Hegedüs’s granddaughter, also provided us some highly informative memoirs from Sándor Zsindely, a recently-deceased grandson of Hegedüs, as well as a family chronicle. In our research, this rich and encompassing source
material was also supplemented by a significant amount of both published and unpublished documents related to Hegedüs's work and his public, scientific, and literary activities. As these documents show, he spent three years in a sanatorium near Berlin in Schlachtensee. He also wrote about his illness in his published books, which can be considered pieces of introspective prose. Our most important sources were the Book of Tears (Hegedüs 1929), and the Way of Immortals (Hegedüs 1926). Through these works, readers have a first-hand look at the experience of patients in a Berlin sanatorium of the 1920s.

Hegedüs's illness was described as an “emotional disorder” in that period, as switches between spiritual exaltation and spiritual depression. The former is a disorderly elevated mood in which the patient shows extreme delight for a period of time, often connected to a pathological thought which is incomprehensible to a reasonable observer. The latter is a depression characterized by sadness, hyperirritability, distrust, and especially anxious obsessional ideation. It seems that Hegedüs’s mood was euphoric and elevated more often than it was depressed.

His most severe mental problems developed when he faced failures as the Minister of Finance. His daughter Mária Hegedüs's memoirs (1977) reveal that he was ill for over three years, from October 1921 to December 1924. He underwent treatment in Berlin-Schlachtensee in Germany and in Lassnitzhöhe in Austria. We cannot identify when exactly he was treated in Austria, as there are no relevant sources. He may have gone to the German sanatorium in September 1921 as he was already there when ex-King Charles IV attempted a Legitimist coup in the middle of October 1921. When he learned about the King’s action, he attempted suicide. He provided a detailed account of it in his writings.

His therapist was the well-known German psychiatrist Siegfried Kalischer. It is also known from Mária’s memoirs that his daughter Margit (Mária’s elder sister) visited her father in the sanatorium during Christmas in 1922, and he was already home by the Christmas of 1924 (Hegedüs 1977, 3–4).

On February 21, 1924, the Pesti Hírlap reported that “Loránt Hegedüs, former Minister of Finance, has made great progress in his state of health as we have been informed. The attending physician of the sanatorium notified the family about the good news and expressed his hope for a full recovery.”

His daughter Margit brought him home to Budapest from Germany, accompanied by a nurse named Margarete (Hegedüs 1977). On Christmas 1924, Mária and Margit gave him a bottle of liqueur, the first time they saw him laugh since his illness began. He was soon visited by his friends as well, first
by Mari Jászai, one of Hungary's greatest tragic actresses, and then by Lajos Zilahy, the Hungarian novelist and playwright. Hegedüs began to write articles for Pesti Hírlap, and his health improved rapidly. On January 22, 1925, Pesti Hírlap reported that he took his first walk outside. The following day, the paper reported on the funeral of the industrialist Ferenc Chorin, Sr.: “We should note here how moving it was when one of the deceased's best friends, former Minister of Finance Loránt Hegedüs, who is still recovering from his illness, appeared at the funeral parlor.” The next Sunday, January 25, 1925, the paper published an article entitled “A Visit with Loránt Hegedüs.” It quoted him as saying: “I feel nervous walking into the library. What is awaiting me, what great sorrow? I have always regarded the former Minister of Finance of Hungary as the Hungarian genius of our time. Who will I meet again on the sick-bed in the neighboring room after these four years? . . . The body is still fallible and weak but the spirit is already flying high and desires to create. It will definitely create.”

Hegedüs purchased a half-finished “red house” on Gellért Hill in Buda after he fully recovered. His first article, entitled “The Enchanted Country,” was published in Pesti Hírlap on Sunday, February 22, 1925, and he also started to deliver public science lectures in March 1925.

We are fortunate that Hegedüs wrote about his experiences in the sanatorium, describing the relationship between therapists and patients, nurses and patients, and among the patients themselves.

The Impact of War on the Human Psyche in World War I

THE IMPACT OF WAR ON SOLDIERS

During the Great War, the mass killing and mass suffering were a completely new experience both for soldiers and psychiatrists. Right after the war broke out, numerous soldiers suffered from somatic symptoms. Some were blinded or died, some hunched over, trembled, went mute, or had a mental collapse. As the number of those suffering from war-related illnesses increased, there were more and more medical debates on these mental symptoms, which were covered in the special journal Wiener Medizinische Wochenzeitschrift (1916, 944). In 1917, Robert Gaupp, a renowned German professor of psychiatry, reported on the phenomenon as follows: “The big artillery battles of December 1914 . . . filled our hospitals with a large number of unscathed soldiers and
officers with mental disturbances. From then on, that number grew at a constantly increasing rate” (Ulrich and Ziemann 1994, 102–103).

The wide diversity of terms used to define this phenomenon reflects the disagreement within the scientific community during and after World War I. English terms like soldier’s heart, shell shock, war neurosis; German terms such as Granatschock, Psychopathie, Psychose, Neurose, traumatische Neurose, Neuroasthenie, Angstzustände, and the French term traumatique de guerre are not simply alternative translations of uniform medical terms in different European languages; they reveal different understandings of the origins of mental illness due to war. As the historian of medicine Hans-Georg Hofer points out (Hofer 2012, 209–210), the phenomenon of “Kriegshysterie” opened up a wide discourse on trauma involving many different medical-psychiatric concepts, and these explanation systems provide valuable information on the cultural-historical contexts of the interwar period.

Contrary to the highest promoted ideal pro patria mori, fear was stronger than the fighting spirit. Fear of death, fear of being wounded, fear of day or night, fear of attack, or fear of waiting in the trenches (Fassin and Rechtman 2009, 40–41). “For tens of millions of men, death became visible (it was everywhere), they could smell it (it stank), they could hear it—and this was completely unexpected. . . . The soldier in the Great War was no more prepared than any other man of the early twentieth century to confront such horror” (Rousseau 1999, 203). As Robert Gaupp, the well-known German psychiatrist and neurologist reported in 1914, psychiatric patients made up by far the largest category in the German and Austro-Hungarian armed forces: “the main causes are the fright and anxiety brought about by the explosion of enemy shells and mines, and seeing maimed or dead comrades. . . . The resulting symptoms are states of sudden muteness, deafness, . . . general tremor, inability to stand or walk, episodes of loss of consciousness, and convulsions” (Ulrich and Ziemann 1994, 102–103).

The sheer number of traumatic casualties challenged army doctors everywhere in Europe. Since psychiatric knowledge was based fundamentally on the theories from the fin de siecle, the discourse on soldiers’ fear actually shaped the discourse on trauma as well. John E. Erichsen, a Danish surgeon, was the first person to describe the clinical symptoms manifested by survivors of railroad accidents. The term “trauma neurosis” did not appear in clinical accounts at that time, and mental disturbances following railroad accidents were not linked to any psychological etiology. The cause was thought to be an attack on the nervous system, and was further attributed to microlesions on
the spinal cord resulting from railroad accidents (Fassin and Rechtman 2009, 31). Hermann Oppenheim studied the “railway spine” syndrome again, and his new term “trauma neurosis” was an important contribution to the discourse of trauma (Crocq and Crocq 2000, 47–55). According to him, nervous symptoms indicated a well-defined illness. It was caused by invisible microscopic changes in the brain triggered by a shocking accident (Oppenheim 1889, 123–27).

Oppenheim's organic theory increasingly fell out of favor during the war (Köhne 2009, 19), and discourse on trauma neurosis resulted in the “hysterical turn.” This interpretation was held by the majority of army doctors who were “convinced that war neurotics were either simply ‘hysteric’ or ‘malingers’ who intentionally invented symptoms in order to escape frontline service and gain some veterans’ benefits or military pensions; or they suffered from some sort of hereditary, degenerative disease that caused their inability to cope with stress, and their lack of physical and psychological strength, will, bravery, patriotism, and self-sacrifice” (Erős 2014, 33–58). In the fall of 1916, the topic of the Psychiatric Conference in Munich was the origin of mental disturbances. There gathered well-known psychiatrists such as Robert Gaupp, Max Nonne, and Karl Boenhoeffer, who challenged Oppenheim’s theory. According to them, soldiers with mental disturbances had a weak will and they malingered in order to receive a disability pension (Ferenczi 1919, 9–30).

Emil Kraepelin, one of the founders of modern scientific psychiatry, believed the primary origin of psychiatric diseases to be biological or genetic malfunctions, and this theory penetrated early modern psychiatry as well. He reported about his experience with war neuroses during World War I in his autobiography, published posthumously in Germany in 1983:

[As early as 1917], the question of war neuroses was raised. We mad-doctors all agreed that we should try to limit the excessive granting of compensation, which might lead to a sharp rise in the number of cases and claims . . . the fact that all kinds of more or less severe psychiatric symptoms could lead to a lengthy stay in a hospital, or even to discharge from the military with a generous disability pension, had disastrous consequences. This was compounded by the population's feeling of pity for the seemingly severely ill “war-tremblers” [Kriegszitterer], who drew attention to themselves on street corners and used to be generously rewarded. In such circumstances, the number of those who believed that a “nervous shock” or, especially, having been buried alive entitled them to discharge and continuous support increased dramatically. (Kraepelin 1983, 189)
This conference in 1916 was an extremely important event in the history of scientific psychiatry because it shaped psychiatric trends during and after World War I. After that meeting, it became the responsibility of German psychiatrists to detect fraudulent applications for war pensions. Mainstream psychiatrists firmly believed that those who died were heroic and normal, and those who survived were of inferior value, in other words “social parasites” and “miserable hypochondriacs” (Kraepelin 1919). When soldiers broke down, they left the fighting to healthier and stronger men who were more valuable to the national community.

In opposition to these trauma politics, representatives of the emerging field of psychoanalysis, particularly Sándor Ferenczi, Karl Abraham, and Ernst Simmel developed their own conception of hysteria, neurosis, and trauma, which seemed to be a humanizing alternative to the dominant German theory (Freud et al. 1919). Contrary to scientific psychiatric discourses, which did not question the political and military goals of the war itself, Loránt Hegedüs did criticize the war and its consequences in his autobiographical writings (1926, 1929).

THE IMPACT OF WAR ON CIVILIANS

Hegedüs observed those whose nervous system was damaged by the war:

If you take a train at Potsdamer Bahnhof, you can get to Berlin via two routes. Either on the main line or on the Berlin-Wannsee. The latter stops at the sanatoria located in wonderful forests and gardens one after the other. We, who were allowed to walk out and were considered depressed, melancholic, and curable by the doctors, stayed at places closer to the railway. Those whom the doctors thought would never be released were locked up farther back in the forest. (1926, 120)

As Hegedüs claimed in his biographical writing, the war affected far more people than just the soldiers who died, were injured on the battlefield, or suffered from war neurosis. According to him, the war left its fingerprints on everyone’s nervous system.

We all who are living during these days can see such a thing that mankind has never ever seen before! A terrible criminal has passed over us. Now the police can easily detect rogues on the basis of fingerprints,
dactyloscopy. . . A horrible murderer walked among us, he was called World War, and the fingerprints of this murderer are there in our nervous systems. Not only were ten million people killed, not only did Europe destroy (waste, damage, destroy, or allow its own soul . . . to decay?) its own soul, that is, its middle class, . . . but we have managed what nobody has ever managed to do, we have trampled down the future generation of Europe. (Hegedüs 1926, 118–19)

Although by 1914 nearly everyone believed that there would soon be a war, the news of its outbreak was cheered by the Spirit of 1914 (in German, Augusterlebnis). However, enthusiasm for the war soon faded away, and everyday life on the front not only disillusioned the soldiers, it often shocked them. What they lived through was actually the crisis of all crises, since a war is always the consequence of earlier crises causing a greater and more severe catastrophe.

It is also apparent from the writings of Hegedüs that, apart from the war, the social and economic processes of Europe also had a sickening effect on some of his contemporaries. Parts of his autobiography were written between 1921 and 1923 and thus with the aftermath of the war. Rapid enrichment, just like rapid impoverishment, could make one sick. In other words, social circumstances can lead to illness, as Durkheim suggested in his well-known work on suicide. The case of Hegedüs is one example of these phenomena, since his most severe psychiatric state occurred when he failed as a minister of finance, and failure at the service of the nation was considered a sign of (psychological) abnormality.

In his autobiographical writing, Hegedüs reported (1926) on examples of civilian casualties among his fellow patients. He described some cases where the human nervous system could not bear rapid enrichment. A woman who became rich very quickly felt ill, could not sleep, and gained so much weight she reached 330 pounds. Another case did not occur in the institute where Hegedüs was staying, but farther back in the forest from which nobody usually emerged: “It was a German porcelain merchant who acquired enormous wealth during the war. Then he believed he was the Prince of Wales. He took a bath every half an hour, etc., until a great turn occurred in 1923: hyperinflation. When the Mark deteriorated, he realized he was not the Prince of Wales. He began selling cups again” (1926, 123).

Hegedüs's experience was not independent from the changing political and economic circumstances of the war and postwar period. He had three
traumas in his life. As he put it in his writings, he passed through three hells: the first when he was held in prison as a hostage in 1919 during the Hungarian Republic of Councils (Hungarian Soviet Republic or the Commune); the second while he was Minister of Finance, when the Treaty of Trianon (the partition of Hungary) turned his ministry “into a torture chamber for someone who wanted to save the middle class in Hungary” (Hegedüs 1926, 117–18); and the third his long illness. As already mentioned, he wrote about these traumas in his books (1926, 1929), and in the former, he interpreted the Bible from a neurological perspective. His main trauma was his unsuccessful economic plan in 1920, in which he attempted to consolidate the post-Trianon Hungarian economy. When he failed, he went into a self-imposed exile.

In his writings, he described the types of therapy he received. However, we have to distinguish treatments received during and after the war, and furthermore, treatments used on either soldiers or civilians or both, although these were in some cases very similar. Hegedüs reported on a case in which, for some weeks, his physician (Siegfried Kalischer) was replaced by a military physician who prescribed such a strong medicine for his fits of nerves that his nurse Margarete was concerned about his heart function (1929, 8). In fact, she refused to obey the doctor’s orders; she locked up the strong medicine and later showed it to Kalischer, who said his patient would not be alive if he had taken it. Margarete saved Hegedüs’s life once again. Incidentally, this case shows that military psychiatrists were at times officially assigned to civil psychiatric clinics. These intersections between military and civil psychiatry were important for military psychiatry because it also contributed to the general institutionalization of scientific psychiatry (Lengwiler and Ramsauer 2000).

Not every treatment was as dangerous as the one recounted above. As Hegedüs reported (1926), the lady who became rich too fast complained to the doctor that she was overweight and could not sleep. Then she got the following instructions:

Get up at 8 in the morning, hoe for an hour and weed for an hour, then work in the kitchen till noon, and walk for two hours without a gentleman in the afternoon. This was her treatment. In the evening she had to take some liquid sealed in a blue bottle (pure water) against insomnia. She sweated and underwent the treatment for four weeks. She recovered... (122–23)
He reported on his own treatment in the following way:

I, as a journalist, had to undergo the most terrible treatment; nobody has ever undergone a similar course of treatment. In order to divert my attention, I had to read foreign newspapers all day. I read through everything from the Russian *Piech* to the daily paper of the spiritualists of Chicago; on Sundays, I added up the charity donations collected by the *Berliner Tageblatt* and I know the programs of twenty-two German parties by heart, which no German can boast, as not even the parties know their own programs. Nurse Margarete had to bring in each paper from the reading room decorated with Biedermeier curtains at a predetermined hour. (Hegedüs 1929, 13)

The common aim of all treatments using placebos, electrotherapy, or strong medicine was to establish order and *bring patients back to the world of normality*. The strict adherence to social norms could have provided a fortress in a disintegrating world and could have guaranteed the integrity and entirety of traditional communities and values. Nurse Margarete was an example of a successfully socialized member of an authoritarian order, the Kaiserreich:

She had a Prussian spirit. How is it [asked Hegedüs] that, having become disappointed in my race and in myself, I went to pieces while Margarete, the Prussian nurse sitting next to me; whose country also lost the war; who is now left in poverty though she grew up in affluence; whose homeland has been destroyed; whose German glory has been trampled down; cannot give way to despair. For this, she has no talent. . . . The point of crystallization in the Prussian spirit is undoubtedly the same unconditional fulfillment of duties (ingrained by Frederick the Great and Kant) towards Kaiser and country. The French king said “I am the state,” while the Prussian feels, “I am the state’s.” (Hegedüs 1929, 12)

Hegedüs described her with masculine features. She was not afraid, she ran in a hail of gunfire, she was virtuous because she did not accept her salary, she strenuously performed her duties, and most of all, she had no fear. As Hegedüs wrote (1929, 12), Margarete’s task was nothing else but to lead him back to normality.

War psychiatry was intended to offer efficient solutions to the challenges posed by “weaker” soldiers. Military psychiatrists were convinced that author-
itarian methods combined with electrotherapy would “transform weaklings into true fighters with a hunger for victory” (Fassin and Rechtman 2009, 50). In other words, they had the promise of making a man who was different into a man who was normal. The ability to extract a confession from weaklings was crucial in these treatments. They convinced their patients to give up their “trivial, individualist motives, which were incompatible with the moral values underpinning patriotism.” Military psychiatry served the state and its goals to the fullest possible extent, and its concept of normality cannot be separated from the major political discourses of the time.

Emerging Psychiatry in the Modern Period

The modern period was burdened with crises and rapid progress. Since the end of the nineteenth century, reactions to economic and political modernization were a frequent topic in the discourse of the educated German middle-class (*Bildungsbürgertum*). The core of the discussion was the collapse of traditional structures (Rinn 2005, 347), the isolation of the individual, and simply the fear of modernization. Psychiatry and neurology reacted to the fear of losing the harmony and unity of the human psyche in the age of modernity. In Wilhelm Wundt’s laboratory, man seemed to have been reduced to only his functions, since he tried to provide objective measurements of conscious processes by using reaction time techniques.

The critics of natural science, like Felix Krüger (founder of the Leipsiziger School), his colleague Eduard Spranger (founder of the Marburg School), Erich Rudolf Jaensch, and Max Wertheimer (founder of the Berlin School of gestalt psychology), fought for the human psyche and argued against psychology without a soul. They rejected (Rinn 2005, 354) the idea of using a model formulated exclusively by the natural sciences as a means to explain psychological phenomena in terms of cause and effect or as a mechanism of interchangeable parts. These psychiatrists argued, similar to Dilthey’s approach, for understanding the human psyche as a unity of body and soul. In 1925, Eduard Spranger wrote about two psychological trends: the holistic approach and research on individualism. Although in the interwar period all three of the above-mentioned schools flourished, the viewpoint of military psychiatry was fundamentally influenced by the methods and theory of Rudolf Jaensch.

Jaensch’s method (1927) (eidetic imagery and typological methods of investigation) examined the human character in detail. He looked for indi-
vidual differences and not for general psychological characteristics. His aim was to classify his subjects into different eidetic types aware of the uniqueness of their worldview (Jaensch 1928). Moreover, his effort to interpret the individual character of man as precisely as possible reveals the fight of modern psychiatry against the loss of the individual in the mass (Rinn 2005, 361). Yet, all these positive aims also provided grounds for social inclusion and exclusion and for military fitness (Ash and Hau 2000, 12–31). According to Jaensch, Spranger, and Krueger capitalism destroyed harmonious human existence; people became greedy and lost their communities. Hence, according to Jaensch (1922, 36), the main task of psychology was to be the leader of life and culture, and furthermore, to become the protector of the common good. This utopian aim was to help man return to his community. But the desired value of community became a norm, which was a must for any individual.

However, the paradigm of the primacy of the whole and the community is embedded in a much broader context. It embraces nearly all fields of life because it is a value orientation as well. According to the holistic interpretation, that which is whole is harmonious, singular, and healthy. In this approach, the dominance of the parts (for instance, democracy) is chaotic, modern, and pathological. According to a few psychologists, the main purpose of psychology was to lead, control discipline, to be the keeper of normality and common good (Rinn 2005). Jaensch, Krueger, and Spranger firmly believed that the crisis of the individual can only be solved if he returns to the community. These utopian aims easily found their way to Nazi ideology. Jaensch was the leader of the German Psychological Association until 1940.

Normative Order and Violence

The war ended in 1918 with the defeat of the German Empire and the Austro-Hungarian Monarchy, and the national and patriotic ideals that underpinned them also experienced crisis. Patriotism was the justification for using brutal therapeutic methods to treat “malingers” and “weaklings,” so military psychiatrists did not question these methods. However, while electrotherapy found its most widespread application in the Austrian and German armies, it was also in these places that military psychiatrists first questioned these methods (Fassin and Rechtman 2009, 51). In the trial of the Austrian psychiatrist Wagner von Jauregg, Freud challenged the aetiological hypothesis of his colleague, but this trial seems to have been unique in Europe. Although
psychiatrists in Britain protested against the stigmatization of psychically wounded soldiers beginning in 1917, their view became widely accepted only after the war, and particularly in the United States (Fassin and Rechtman 2009). In France there has never been any official condemnation of inhuman psychiatric practices; French psychiatrists never questioned the brutality of their treatments.

The stigma of “weakling” and “malingerer” was not fully removed in interwar Germany. However, in many cases, the ministries of the Weimar Republic re-examined the medical opinion of psychiatrists concerning war pensions, but in the controversy over the 1918 defeat, Hitler and other völkisch groups, among them renowned German psychiatrists like Julius Roßbach, Emil Kraepelin, Robert Gaupp, and Eugen Kahn, used the term “weakling” to stigmatize war invalids, women, and left-wing politicians; these groups became scapegoats in the postwar German society (Kiss 2015, 62–74). Eugen Kahn delivered a lecture at the conference of German psychiatrists in Munich in 1919, entitled “Psychopathic Leaders of the Revolution,” in which he analyzed the character of fifteen German contemporary revolutionaries. He identified the following categories: ethically defective, fanatic psychopath, hysterical, and manic depressive (Kahn 1919, 90–106). According to his analysis, all of them were weak, egoistic, unable to be objective, and anti-social. This description clearly shows continuity in the conceptualization of malingers in German mainstream psychiatry. Concepts of normality inherited from the Wilhelmine era flourished persistently during the period of the Weimar Republic until the end of World War II.

The concept of the normality of violence changed only gradually and unevenly after World War II, since warfare had been (and in many circles still is) considered normal and a necessary evil. Furthermore, fighting and heroic soldiers had high social status before and after World War I. The idea of war as a scourge appeared only in the decade following the war, especially in France but not in Germany. The interwar period in Germany was burdened with crises and the desire for a strong, authoritative hand penetrated deeply into society. Violence was the tool of power and order in states. Private violence was evil (Schnell 2014); only state violence was considered rational. Thus, in the autobiographical work of Hegedüs (1929, 13), Margarete handled the situation in a rational, normal, and legitimate way when she broke the walking stick of a Polish patient. Many accepted violence in its broader sense during and after World War I, and it was legitimized by the state. In this order, psychiatry (in its role as the guardian of normality) was only a part of the whole,
which Johan Galtung (1990) called structural violence. According to him, structures do not generate violence, but inhuman structures are violent because they reproduce inequality and prevent the development of individuals. The norms of psychiatry in the interwar period were actually military norms. They demonstrate that diminished empathy and remorse, sadistic tendencies, and firmly maintaining a belief in one’s superiority over another were accepted as “normal” qualities. German interwar psychiatry sought to be the guardian of normality, but it was in fact the warden of abnormality.

REFERENCES


