The Holocaust under the Nazi regime is probably the most traumatic catastrophe of our century and even of history in the civilised world. Its deepest abyss consumed the lives of one-third of the world's Jewish population, who were selected and murdered in a cold-blooded industrialised machinery of death in this their 'Shoa'. The Jewish people represent the victims of the Holocaust more than any other group of human beings who suffered this iniquity. The Holocaust has left in its wake few survivors, and many invalids in body and in mind, who remain compelled to live with a trauma that surpasses any other deliberately caused by fellow humans: and it has left in its wake an entire nation in shame and bewilderment, stigmatised and traumatised by the horrifying crimes that were committed in its name, faced with the task of analysing what happened, so that it may never be repeated, forbidden by the enormity of the horrors from repressing the past, and obliged to integrate deeds that cannot be undone.

The vast majority of Holocaust victims were Jews; but many other groups were segregated from society and sent to death or mutilated, tortured, deprived of their human rights because they did not conform to the Nazi ideals of 'desirable members' of their hypothetical race. The first victim group of the Nazi extermination policy was that of the chronically mentally ill and disabled. How were German psychiatrists involved in these crimes? Did they not even try to prevent them? How has the Holocaust affected German psychiatry? These questions necessarily interest German psychiatrists, and are the subject of this paper.

Karl Jaspers had already said in 1945: "We need a knowledge of history, of its facts and meaning, in order to see through our moral political position". Since the end of the war, the process of bringing the facts to light has been continuous, and the evaluation of the data for the past ten years has received wide publicity in the so-called Historikerstreit, that is, the public debate among historians. This general discussion among experts, the uncensured inquiry into the moral impact and historical location of National Socialism and the ensuing crimes have been followed with intense interest in Germany. As to psychiatry, there have recently been many publications, some by authors outside the medical field, in both parts of Germany, and abroad. We hope gradually to learn and understand what happened.

German psychiatry was involved in the Nazi extermination programme. An estimated 100 000 mentally ill or disabled patients were murdered under the Nazi regime. Only one-fifth of all psychiatric patients of the time survived. Half a century later, we still ask how psychiatrists could have become an instrument of such inhumane domination, so far removed from all moral and ethical principles, as members of a nation that brought forth philosophers who verbalised these very principles. Recent publications have offered various theories. Robert Jay Lifton in his book The Nazi Doctors (1986), in the chapter on the 'Psychology of genocide' focuses on what he calls "the psychological pattern of doubling", by which he means "the division of the self into two functioning wholes, so that the part self acts as an entire self". Hans Walter Schmuhl (1987) has offered what he calls the 'theory of polycracy', that is, the accumulative effect of autonomous centres of power in Nazi bureaucracy, to explain the radicalisation in which the murders were euphemistically called 'euthanasia'. Orders came from various ministries, and laws were passed to reinforce as right what normal human conscience considered wrong, pressing doctors into compliance.

The first law was the 'Erb-Gesundheitsgesetz', that is, the law concerning hereditary health, passed in 1933, the first year of Nazi rule. It was declared necessary for the "protection of the race" and became the basis for forced sterilisation, which began in 1936. The unqualified term 'unworthiness' was first applied to the incurably mentally ill and disabled, and later to all members of society who were considered undesirable by racial criteria. This law was not the first manifestation of racial Darwinism in human society. In Sparta, ill-born or deformed offspring were thrown down a chasm below Mount Taygetus —I quote Plutarch, 'Life of Lycurgus', Chapter 16—"out of the conviction that the life of that which nature had not well equipped at the very beginning for health and strength, was
of no advantage either to itself or the state’. Long before National Socialism, various ideological backgrounds in Europe and Asia gave rise to ideas of selection. The names of Plato, Darwin and Nietzsche carry associations of this kind, to name but a few. Friedrich Nietzsche, whose work had a fateful influence, called for ‘the extermination of millions of failures’. Following World War I, and particularly during the subsequent economic crisis, the call for ‘racial hygiene’ was heard in the Weimar Republic, and the attitude towards psychiatric patients became increasingly hostile, so that from the beginning of the Nazi regime there was an element of political and social thought which condoned the segregation of psychiatric patients. The monstrous apparatus of National Socialist jurisdiction, its terror-infested bureaucracy, supported this ‘solution’ to a social problem. Human beings were suddenly judged by what was considered the most economic aspect for the society to which they belonged. Individuals were deprived of their innate right to life, and pro-generation became a process of manipulated breeding. The culmination of utilitarian and pseudoscientific thinking under the auspices of perverted humanity ultimately led to industrialised mass murder. Since the hideous phrase ‘life unworthy of life’ was never clearly defined, it was soon extended to encompass any social group which was considered undesirable by Nazi racial doctrine.

Few Germans had the courage to speak out against the narrowing of intellect to the dimensions of Nazi ideology as openly as did the poet Ricarda Huch in 1933, when she objected to the expulsion of Jewish members from the Prussian Academy of Arts and Science and wrote: ‘the national way of thinking which the present government prescribes is not my idea of being a German. I consider the centralization, the force, the brutal methods, the defamation of people of different mind, the bragging and self-praise to be un-German and disastrous’.

Mass sterilisation of psychiatric patients marked the beginning of the Holocaust. Card registers were made, a whole gigantic system of observation and discrimination registering hereditary factors that threatened the weakest members of the community. How were medical doctors induced to comply with the hereditary-health law, thereby violating their ethical codes? During the first two years of the Nazi regime, 1200 university professors were removed from office, 412 of them from medical faculties; 61 of these were professors of neuropsychiatry. In 1934, Rudolf Hess set up a university commission to examine the political ‘reliability’ of professors, many of whom were sent to camps for indoctrination courses. A much larger number of doctors, all of Jewish extraction, was driven from the country before 1938. By a decree dated April 1933, Jewish doctors were denied the right to private practice, and in 1938 they were stripped of their approbation as medical doctors. Of the doctors who emigrated during these years 10.7% were neuropsychiatrists. By 1939, one-third of the remaining doctors in Germany were alleged to be ‘reliable members’ of the National Socialist Party. Important medical posts in universities and bureaucratic institutions were reserved for these so-called reliable doctors. Presidencies of medical and scientific associations were also manipulated.

Systematically, political directives infiltrated the medical sphere, hospitals and research. From 1936 to 1939, psychiatrists were expected to see to the sterilisation of their patients for the sake of so-called racial hygiene, rather than to minister to their individual treatment and improvement. The perfidiousness of Nazi ideology, supported by unscrupulous scientists, and the absurd biologism of the time, soon produced the hypothesis that the human mind, its mechanisms and contents are determined genetically. On this basis, it was possible to stretch the classification of ‘unworthy of life’ from bearers of incurable hereditary diseases or what was declared to be such, to encompass all groups whose minds did not conform to the horrific political and racial goals of Nazism. In this way, such heterogeneous groups as Jews, capitalists, democrats, liberals, communists, social democrats, gypsies and members of the Slavic people could all be discriminated against under the same heading as being a genetic threat to the hypothetical Nordic-Teutonic race, and therefore enemies of the Germans. We are all painfully aware of the subsequent consequences of this perversion of pseudobiological reasoning.

From 1936 to 1939, psychiatric patients were systematically submitted to forced sterilisation, regardless of age. The youngest reported victim was a two-year-old girl. On 2 September 1939 this was stopped, and Hitler issued an order, in his own handwriting, on his personal writing paper, saying the two addressees were to be responsible for authorising doctors, whom they were to specify by name, to extend their competence in such a way that patients who were to human knowledge incurably ill, after a very critical appraisal of their state of illness, were to be granted a merciful death. It was no accident that the date of this order coincided with the beginning of World War II; in fact Hitler appears to have deliberately backdated it in October to cover the murder of over 2000 Polish patients on 29 September 1939. He had allegedly always intended to begin with the ‘elimination of life unworthy of life’ with the onset of the war, when public attention
would be diverted, and economic reasons could serve as an additional excuse. This order marked the beginning of the organised mass murder not only of the incurably ill, but of all the groups within society who had been branded as 'undesirable'. Hitler carefully avoided trying to pass a law to this effect, and yet his mere personal order was obeyed. From February 1939 onwards, this plan had been in the making. A board of professors of neuropsychiatry was consulted, and pharmacologists decided that carbon monoxide should be used for killing, as the doctors refused to give lethal injections or medicines.

Following Hitler's order in September, a staff of doctors chosen from various fields of medicine secretly organised the death machinery, equipping special new centres to which doomed patients were to be taken to their death. In November 1939, the heads of all asylums were ordered to fill in sheets on those patients whom they considered incurably ill. Special transport collected them from the asylums – children and adults, including many old people who were simply frail from old age.

The communities in or near where the death centres were set up were deliberately deluded to believe these institutions were intended for 'special treatment'. The removal of the patients was a state secret for which the directors of the asylums were held personally responsible. Yet there can be no doubt that those who filled in the sheets knew that they were signing a death sentence for every patient declared incurably ill. The majority of psychiatrists involved in this infamous 'euthanasia' did nothing to protect their patients, or try to protest, or stop the action. Generally, the attitude varied between supporting assent, helpless giving in, and indifferent co-operation. However, detailed inquiries into the history of psychiatry during the Third Reich in recent years have revealed the biographies of at least some psychiatrists who resisted the Nazi order, who tried to flaunt the general passivity within the system, and risked or sacrificed their own lives rather than betray their professional ethics. We, the next generation of psychiatrists, should uphold their memory. These few are figures for identification for German psychiatrists faced with the task of finding a link in the history of psychiatry during the Nazi years with the times before and after these horrifying events.

One psychiatrist whose memory should be honoured was Dr John Karl Friedrich Rittmeister. Born in 1898, he was deeply concerned with humanitarian and social philosophy throughout his life. From 1940 onwards, he was director of the 'polyclinics' in the Berlin Institute for Psychological Research and Psychotherapy. He was an active opponent of National Socialism, and unlike many others he refused to remain neutral. In Switzerland, he was at first fascinated by C. G. Jung's theories, but soon distanced himself because he could not bear Jung's intolerable political and anti-Semitic kowtowing to the Nazis as early as 1933.

Rittmeister's chief aim was to inform people, in order to make them aware of what was happening and think for themselves. He pleaded for a 'new humanism', for the necessity to help 'lonely individuals'. For him, his profession as a psychotherapist was closely linked with his social goals: the mental welfare of the individual was to him the basis for any community. He could not and would not bow to orders such as that given to the universities by the Reich's Minister of Culture (Rust) saying: "do not think of the individual, only think of the nation as a whole". He could not agree with his fellow psychiatrists, who did not contradict when Carl Schneider said during a meeting of the psychiatric association in Heidelberg: "the people must be rid of the social, moral, and economic burden of psychiatric diseases. Therefore, measures must be taken against useless inmates of asylums". For him, psychotherapy had to be based on "the obligatory anthropology of the individual human being"; he considered it not only a science, but also a humanitarian art, and he used this art in helping people survive, beyond his professional sphere. He and his wife hid Jewish citizens in Berlin, and helped many of them to emigrate before the war. He supported politically persecuted men and women wherever he could, giving them food and clothing. He saw his ideals most closely reflected in Marxist and socialist philosophy, and in 1941, Rittmeister joined a left-wing resistance movement called 'Die Rote Kapelle' (The Red Chapel). In it, people from all walks of life and political denominations, including four other doctors, were united in their uncompromising anti-Nazi principles. As co-author of the group's famous leaflets (called AEGIS leaflets after the 3rd-century BC Spartan king who was throttled for giving slaves and citizens their freedom), he openly condemned "the horrible tortures and atrocities" that he was witnessing around him. For this he was arrested, was interrogated for nine months by the Gestapo in various prisons, condemned to death by the Volksgerichtshof, and executed by guillotine on 13 May 1943, at the age of 44. To my knowledge, Rittmeister is the only German psychiatrist who lost his life for adhering to his ethical principles.

At a conference of experts in Berlin on 15 August 1940, which discussed the systematic extermination of psychiatric patients, only one psychiatrist (Gottfried Ewald) left in protest and refused to take part in the project; one other refused later (Dr Kuhn from Reichenau). The psychiatric expert from the Rhine
Province, Walter Creutz, had the courage to publish a memorandum against the euthanasia campaign under discussion.

Dr Karsten Jasperson, head of the psychiatric department in Bethel and member of the National Socialist party since 1931, repeatedly refused to comply in “aiding and abetting what according to existing criminal law is plain murder”. He wrote a memorandum to Hitler and leading party members protesting against the registration-sheet orders, and having received no answer, in 1940 filed a law suit for murder and assisting in murder, informing fellow psychiatrists in various parts of the country. He raised the alarm to Count von Galen, the Cardinal of Münster, who then held his famous sermon in the Lamberti church on 3 August 1941, in which he openly denounced the murders and called for a law of Munster, who then held his famous sermon in the Lamberti church on 3 August 1941, in which he openly denounced the murders and called for a law suit against those whom it might concern. von Galen’s courageous sermon had an enormous impact. It did in fact put an official stop to the murdering of patients; but we now know that the Nazis continued their infamous action secretly. Following Count von Galen’s sermon, the Nazis issued a notorious circular in which they ventured to proclaim that Christianity and National Socialism were incompatible, saying:

“It is clear that the Christian churches try to keep alive even creatures unworthy of life, those who are totally and incurably mentally ill. But it is equally clear that we National Socialists must see things from a different point of view. . . . To keep them alive is completely against nature, because by nature they are in no way enabled to stay alive on their own.”

Dr Jasperson’s courageous and repeated attempts to rally a united opposition among psychiatrists against the Nazi murders failed. Only a few university professors supported Jasperson. To my knowledge, they were Boestrom in Leipzig, Behringer in Freiburg, Braun in Rostock, Gottfried Ewald in Göttingen, Karl Kleist in Frankfurt, and Jasperson’s old teacher Oswald Bumke in Munich, who publicly denounced the euthanasia programme. However, they were unable to prevail against the powerful psychiatric establishment represented by Carl Schneider in Heidelberg, Kihl in Jena, Heyde in Würzburg, and the Swiss Ernst Rüdin in Munich. Rüdin was responsible for genealogy and demography in the Research Centre for Psychiatry in Munich, and since 1935 was also president of the leading neuropsychiatric societies which were united by order of the ministry in the “Society of German Neurologists and Psychiatrists”, a precursor of the present Deutsche Gesellschaft für Psychiatrie und Nervenheilkunde (DGPN). Rüdin personified that fateful collaboration between science and politics which denied the right to life of so many patients. His demonstrative engagement in the racial political aims of the Nazi regime is one of the darkest chapters of our scientific society and German scientific history. (A clear picture of his personal stance regarding all this has not yet been obtained (Plötz et al., 1988).) It was Ernst Rüdin who wrote the medical comment to Nazi sterilisation law, saying: “The individual right to physical integrity is subjected to the primacy and authority of the state with regard to life, maternity, and family”. This point of view pulled down the last barrier against the campaign for “exterminating unworthy lives”.

Individual doctors (Frau Dr E. Meyer, Professor Willige in Warendorf, Dr Willige in Lindenhau asylum, Brake) tried to save their patients by deliberately faking the diagnosis, or by lying about patients’ fitness to work. Only those who could rely on their staff not to denounce them were successful. They needed the help of others if they were to protect their patients. Even so they were in constant danger of being caught, since 20% of the patients from every institution were potential victims for euthanasia. The director of the Hildesheim asylum, Dr Grimme, as soon as he became aware of the criminal actions in 1941, wrote in indignation and despair about what he had found out, among others again to the Society of German Neurologists and Psychiatrists; like Jasperson, he received no answer. The psychiatric establishment remained silent, as did the law courts.

Among those who opposed the euthanasia programme, I would like to mention H.-G. Creutzfeld, director of the neuropsychiatric clinics in Kiel from 1938 to 1954. He was one of the few non-party members among university psychiatrists of the time, and was dedicated to uncompromising medical ethics. Creutzfeld refused to allow sterilisation of his patients, and later defied Gestapo attempts to take them away to be murdered. He constantly endangered his own life, even defending his patients in courts and courts martial. His wife (daughter of the outspoken national economist and sociologist, the ‘red Professor’ W. Sombach) was imprisoned for political dissent, and Creutzfeld was isolated and discriminated against by his university colleagues. According to Lifton (1986), his outspokenness – so rare in those days – led people to consider him eccentric if not slightly mad; paradoxically, this stigma probably saved his life. It was Creutzfeld who, after the war, was chiefly responsible for hounding down and bringing to justice Werner Heyde, the Nazi psychiatrist who had lived under the false name of Dr Sawade in Schleswig Holstein and written thousands of expert reports for law courts of the Federal Republic. But important though all
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these individual refusals, protests and attempts at opposition are, they did not succeed in rallying a united, political opposition of psychiatrists against the systematic euthanasia campaign. The Holocaust of psychiatric patients went on.

The complicity of psychiatric research during these years is evident. Analogous to the racial dogma and so-called racial hygiene, psychiatric heredity was the chief object of research. Science was manipulated by politics, and psychiatric research, with its stubborn blindness to what was happening, shares responsibility for the atrocities. A typical and shocking example is the uncritical use made in the Munich Institute of Psychiatric Science of an ever-increasing number of children's brains from the asylum in Haar near Munich during the war.

A famous speech by the Freiburger pathologist Franz Büchner on the Hippocratic Oath in 1941, and Count von Galen's sermon, both of which openly condemned the murdering of patients, had a great influence on medical students, who formed an opposition group in Munich called "the White Rose". Five student members and their professor were executed in 1943 for circulating courageous statements like the following: "For some months we have been hearing that patients, who are chronically ill and may seem incurable, are being removed by force from psychiatric asylums by order from Berlin. Regularly, the relatives are notified shortly thereafter that the ill person has died, that the corpse has been burned, and that the ashes may be collected".

Towards the end of the war, a Hamburg branch of the White Rose was formed. The Hamburg group was sentenced to prison by the Volksgerichtshof in 1945. I mention this group because Rudolf Degkwitz, later a professor of psychiatry in Freiburg, and President of the DGPN, was one of its members.

The names and efforts of the psychiatrists I have spoken of have been revealed slowly in the course of the past few years, often researched by authors from outside the psychiatric field, and in the local institutions where they worked. Although they did not succeed in forming a massive opposition which was effective enough to stop the deadly Nazi machinery, we are grateful that they tried, and feel they should be honoured in our memory. There were no instances of such heroic martyrdom as that suffered by the Polish psychiatrist Dr Halina Jankowska in the Warsaw ghetto. She stayed with her patients in hospital during the Warsaw uprising and was killed with them on 23 August 1942. The perfidious Nazi system of removing designated patients from their asylums, from the care and presence of their psychiatrists, and taking them to remote institutions to be murdered by gas, prevented the occurrence of such situations. The Nazi regime appears to have been careful to avoid publicity of any kind regarding its euthanasia campaign, otherwise opposing psychiatrists would surely have been persecuted as relentlessly as any other citizen who voiced dissent. When the Nazis invaded the Netherlands, 82% of Dutch doctors united in opposition to the regime. In Germany, the Nazis had for six years carefully selected conformists for the leading medical positions before they dared to launch the hideous Holocaust on psychiatric patients, thereby forestalling a collective protest and making it possible to quell individual efforts to stop the murders by simply ignoring them. The centralisation of power, together with the doctors' traditional lack of political awareness, enabled the Nazis to carry through their racial policy in psychiatric institutions. The psychiatric Holocaust was the starting point for the unspeakable genocide of the Jews. The methods and the lethal gases were used first on psychiatric patients, then the Jewish 'Shoa'. The failure of psychiatrists, scientists and medical societies to insist on basic ethics regarding the right of the individual to live, opened the way for the perverted pseudo-scientific policy aimed at breeding a purely Teutonic race.

After the end of the Nazi regime, psychiatrists in the Federal Republic gradually took actions to guard against any repetition of what had happened during the dark years. They found it difficult at first to face the truth when it was revealed in its full enormity. For example, an honorary member of the DGPN, Gerhard Schmidt, was unable in 1947 to publish two papers called "Report following the night of destruction", and "Selection in asylums 1939 to 1945", because Kurt Schneider and Karl Jaspers were reluctant. Karl Jaspers wrote: "There is in me something of an infernal disposition in wishing that these matters be known to the smallest detail, and yet not wanting to be the one responsible for making them known. Thus I cannot encourage this publication". A temporary 'silence' was agreed; Schmidt's work was not published until 1965.

For many years, psychiatrists were involved in the procedures of indemnification for survivors of the Holocaust. The psychic damage suffered by every one of the victims had to be ascertained. Doctors and lawyers alike were confronted with the suffering of tens of thousands of individuals, one by one, as witnesses to the unspeakable suffering of the millions who had been killed anonymously and in masses, far away from public sight. The bureaucracy entailed was very painful to the victims, who often had to encounter the very people who once inflicted their tortures; the grim phrase the "second road to sacrifice" was coined. Christian
Petty War Against the Victims gives a shocking report. German psychiatrists were called upon to improve this painful procedure and were able to do so to an extent that received acceptance. The process is still going on: the gypsies, many of those who suffered forced sterilisation, and those who were deported for forced labour, have still not all received the symbolic indemnification that money can offer. As a result of all these encounters, there is now a much higher awareness of, and respect for, the problems of minorities. And the experience gained by psychiatrists from the individual analysis of Holocaust victims is bearing fruit in helping immigrant foreign minorities with their problems.

Decentralisation of power and transfer of responsibility to the federal states (Länder) were an important step in many fields, including psychiatry, since plurality and diversity are a safeguard against political monopolisation. A series of laws and regulations was aimed at making psychiatry more humane for the patient. The strictest laws are now concerned with the admission to hospital of the mentally ill. Research in medicine which involves patients in any way is subject to a series of restrictions and safety measures against unethical practice, and the general public has finally become a critical observer. Following the students’ revolt of 1968 with its call for liberation of the individuals as a basis for a humane society, there was a surge of interest in conditions for psychiatric patients, which were found to be inadequate by modern standards. Since then, asylums with their chronic mental patients have become more integrated. Following the recommendations of an Enquête commission and an expert paper, community psychiatry is increasingly practised.

There are now more psychiatrists in private practice than ever before, ensuring individual out-patient care. There is still much to be done, but psychiatry is receiving more and more political attention. A Foundation for the Mentally Ill is being inaugurated at the instigation of the DGPN to offer quick, unbureaucratic help where needed, and to serve as a lobby for psychiatric patients’ interests, and to support research in relevant areas.

The failure of the majority of German psychiatrists during the Nazi regime to prevent the Holocaust of so many of their patients is a trauma which we are still trying to overcome. The DGPN has formed a special commission to document the history of psychiatry, and of the Society itself, during the Nazi years. We confidently hope to have learnt our lesson, and to be ever aware of signs of abuse in our country and elsewhere. We have seen how vulnerable medical ethics became, when doctors were compliant servants of the state. We must always keep track of political developments, to make sure that the rights and welfare of the individual, particularly of our patients who by the very nature of their illness represent the weakest of all minorities, are never endangered again. We have to take special care of the chronically ill, the addicted, and the elderly psychiatric patients. In their interest, dogmatism should be avoided. With the generous help of our Western friends, the Federal Republic of Germany has become a democracy, and a pluralistic society – not merely in form, but in its heart. The citizens today are critical towards authorities of any kind. The humiliation and shame over the crimes our country committed under the Nazi regime are deeply felt, in both parts of Germany, as the plea for forgiveness from the East German parliament during its first session after the first democratic elections showed. We trust in our ability to prevent a repetition of the past and overcome the difficulties ahead of us. The one thing we know with certainty is that we all abhor our Nazi past, for which the Holocaust is the everlasting and scarring symbol.

Acknowledgements


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