

Who is mentally ill?

Psychiatry and the Individual in the Interwar Period in Germany<sup>1</sup>

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### Abstract

Sixteen nations were involved in the First World War with over 65 million soldiers in active service and nearly one million soldiers suffered, according to medical documentation, from psychic consequences of war. The authors are historians who analyzed historical sources and present psychic consequences of the First World War from two aspects: on the one hand, from the viewpoint of German psychiatry, which denied the vulnerability of the human psyche; on the other hand, from the viewpoint of an individual (Hungarian politician, Loránt Hegedüs), who was an inpatient of an elegant Berlin sanatorium between 1921 and 1924 and argued critically against war. The question posed by the title, *Who is mentally ill?* will be examined. Norms can also be insane if they do not serve man but instead they are inhuman. How do people react to these expectations? The normative order of the state and of psychiatry expected soldiers to die a heroic death for the nation and stigmatized “weaklings” as “abnormal”. Hegedüs, the Hungarian minister of finance was faced with the issue of normality as he failed with his financial program in 1921, in other words he “collapsed” under the weight of responsibility for the nation. Researching these social phenomenon adds to our understanding in the history of Central European societies.

## Who is Mentally Ill?

## Psychiatry and the Individual in the Interwar Period in Germany

Sixteen nations were involved in the First World War with over 65 million soldiers in active service. Nearly nine million of them lost their lives, 21 million got injured, almost eight million disappeared or fell into captivity and approximately one million sustained long-term psychic damage.

This study article deals with the psychic consequences of the First World War presenting them from two aspects. On the one hand, it applies the approach of the German psychiatry of the time, which denied the vulnerability of human psyche; on the other hand, it examines the issue from the viewpoint of a Hungarian politician, Loránt Hegedüs, who was an inpatient of an elegant Berlin sanatorium between 1921 and 1924.



Postcard: Sanatorium Schlachtensee Berlin in the 1920s

The writings of Hegedüs (1926), who gained first-hand experience of what the Great War, in his words the “great murderer” (pp.118–119), had done to human psyche, is interesting not only because it provides us with a lifelike picture of the everyday life of a mental hospital in

the 1920s, but also because it highlights the fact that the psychic consequences of the war went far beyond front-line fighters and affected a much bigger circle of the society than we have thought before.

The question put in the title, “Who is mentally ill?” was closely related to the issue of normality and as such it did not only mean a challenge for German psychiatrists but it can also be interpreted as part of a more wide-ranging discourse. According to the interpretation of eugenics, the soldier who could not overwhelm his fright was a degenerated person. On the contrary, Hegedüs regarded the war as the great evildoer, which had made people sick. Similar arguments were shared by several psychoanalysts including especially Sándor Ferenczi (1919), who called the war a “mass-experiment” that led to severe neuroses. (p.10)

In the following chapter we will examine the *consequences of war on soldiers and civilians as well*. Every war has inevitable impacts: dead and injured persons, war invalids and orphans. However, every war has invisible consequences as well. Numerous studies (EMRO 2002, WHO 2003) have documented that conflict situations, especially war, cause more mortality and disability than any major disease. The impact of war includes long-term physical and psychological harm to soldiers, women and children as well. However, the masses of fallen soldiers are only the tip of the iceberg. Other consequences, besides death, are not well documented. Thus, the descriptions 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, sociology in London, where Herbert Spencer was his professor – one of the leading sociologists of that time. Having finished his study abroad Hegedüs became an MP for the town of Pápa from 1898, the Director of the Confederation of Hungarian Industrialists from 1905 and its Vice President from 1912 and also the President of the Hungarian Commercial Bank of Pest from 1913. For two decades he

was the editor of the *Economic Review*. In the Teleki and the Bethlen governments he became the minister of finance (1920–1921). In the autumn of 1919 he played a leading role in organising the Savings Bank and Bank Association and became its President in 1925. As a chief contributor to the *Pesti Hírlap* he worked as a publicist but was also engaged in economic and literary activities. He was author of over fifty books. He was a Protestant theologian as well, although not an ordained one. His father a member of the generation of modern Hungary's founders was a self-made man, who married Jolán Jókay, the well-known writer Mór Jókay's niece, 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 a member of the heirs' generation. (Lengyel, 1989, p. 73)

Beside his professional competence, his personal network and his ability to adjust to new situations also played an important role.



Loránt Hegedüs minister of finance

Important personal documents about Hegedüs were recently found, most of which had lain intact in the cellar of a villa in Buda. Furthermore highly informative memoirs and a family chronicle were provided to us by Zsuzsanna Zsindely (now Lazáry), a granddaughter of Loránt Hegedüs. The author of the memoirs is the recently deceased other grandchild of Loránt

Hegedüs, Sándor Zsindely. This rich and varied source material is supplemented by a great amount of published documents and unpublished documents linked to the work and the public, scientific and literary activities of Loránt Hegedüs. As these documents show, Loránt Hegedüs spent three years in a sanatorium near Berlin in Schlachtensee. Hegedüs also wrote about his illness in his published books, which can be categorized as pieces of introspective prose. These were our most important sources: the *Book of Tears* from 1929 (Hegedüs, 1929), and the *Way of Deathless* from 1926 (Hegedüs, 1926). Hence, readers now have now a first hand opportunity to discover study of patients of a Berlin sanatorium in the 1920s.

The illness of Hegedüs was described as an emotional disorder in that period. It was described as switches between spiritual exaltation and spiritual depression. The first is a disorderly elevated mood in which the patient shows extreme delight often in connection with a pathological thought for a shorter or longer period and which mood is unjustified for a reasonable observer. The second is emotional depression, which is characterized by permanent sadness, hyperirritability, distrust and especially anxious obsessional ideas. It seems that Hegedüs was more often in a state of elevated mood than in a state of despair.

He got into the most severe mental state when he failed as a minister of finance. His daughter Mária Hegedüs's memoirs (1977) revealed that he was ill for over three years, from October of 1921 to December 1924. He underwent treatment in Berlin-Schlachtensee in Germany and in Lasnitzhöhe in Austria. At the moment I cannot identify the period of treatment 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 Charles IV made an attempt to be reinstated on the Hungarian throne in the middle of October 1921. Moreover, when he was informed about the king's action, he attempted suicide. He himself gave a detailed account of it.

His therapist was the well-known Siegfried Kalischer. It is also known from Mária's memoirs that his daughter Margit (Mária's elder sister) visited her father in the sanatorium at Christmas 1922 and he was already at home in 1924's Christmas. (pp. 3–4)

The Pesti Hírlap reported (21 February 1923) 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.”

He was taken home from Germany to Budapest by Margit and they were accompanied by nurse Margarete. (Hegedüs, M. 1977) At Christmas 1924, Mária and Margit took him a bottle of liqueur and this was the first time they had seen him laughing since his illness. He was soon visited by his friends as well, first by Mari Jászai, the Hungarian actress, one of the greatest Hungarian tragediennes, and then by Lajos Zilahy, the Hungarian novelist and playwright. Hegedüs started to write articles for the Pesti Hírlap and his health began to improve rapidly. The Pesti Hírlap of 22 January 1925 reported that he took his first walk. In the following day's Pesti Hírlap, we can read about the funeral of the industrialist Ferenc Chorin, Sr.. “We should note here how moving it was when one of the best friends of the deceased, the former minister of finance, Loránt Hegedüs, who is just recovering from his illness, appeared in the mourning house.” The next Sunday (25 January 1925) an article was published in Pesti Hírlap. Its title was: A visit with Loránt Hegedüs. “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-ready ‘red house’ on Gellért Hill after he had fully recovered. His first article, entitled “The enchanted country”, was published in Pesti Hírlap on a Sunday, on 22 February, 1925. He also delivered public scientific lectures from March 1925.

We are fortunate that Hegedüs wrote about his experiences in the sanatorium, describing the relationships between therapist and patient, nurse and patient, and between patients. These documents are authentic sources of that time, because they inform us about who were separated and placed under therapy and control. One of the topics in his biographical writings was the impact of war on civilians, which can broaden our historical knowledge as well.



Nurse Margarete, Loránt Hegedüs and his brother, Sándor Hegedüs Jr.

Pesti Hírlap Jan. 22. 1922.

## The Impact of war on Human Psyche in WWI

### *The impact of war on soldiers*

During the Great War the phenomenon of mass killing and mass suffering were a completely new experience both for soldiers and psychiatrists. Right after the war had broken out, numerous soldiers suffered from somatic symptoms. Some were blinded or died, some shrugged, trembled, fell silent or had a mental collapse. As the number of those suffering in consequence of the war increased, there were more and more medical debates on this issue, which were given coverage in the special journal *Wiener Medizinische Wochenschrift* (1916, p. 944). In 1917, Robert Gaupp, a renowned German professor of psychiatry reported



on the phenomenon as follows (Ulrich & Ziemann, 1994): “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.” (pp. 102–103)

The wide diversity of terms defining this phenomenon reflects the disagreement of the scientific community during and after WWI. The English terms *soldier's heart*, *shell shock*, *war neurosis*, the German terms *Granatschock*, *Psychopathie*, *Psychose*, *Neurose*, *traumatische Neurose*, *Neurasthenie*, *Angstzustände* and the French term *traumatique de guerre* are not only medical terms in different European countries but also reveal different points of view concerning the origins of shell shock. As Hans-Georg Hofer, a German medical historian pointed out (Hofer, 2012, pp. 209–210), the phenomenon of “Kriegshysterie” opened 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 as well.

Contrary to the highest promoted ideal “pro patria mori”, fear was stronger than fighting spirit. Fear of death, fear of being wounded, fear of day or of night, of attack or of waiting penetrated the soldiers on both sides of the trenches (Fassin & Rechtman, 2009. p. 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. p. 203).” As Robert Gaupp, the well-known German psychiatrist and neurologist reported in 1914 (Ulrich & Ziemann, 1994), 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.” (pp. 102–103)

The mass of traumatic casualties challenged army doctors everywhere in Europe. Since psychiatric knowledge was based fundamentally on the theory of the outgoing 19<sup>th</sup> century, the discourse on soldiers’ fear shaped actually the discourse on trauma as well. John E. Erichsen, a Danish surgeon was the first who described the clinical symptoms manifested by survivors of railroad accidents. The term of “trauma neurosis” did not appear in clinical accounts at that time and the disturbances following railroad accidents were not linked with any psychological etiology. The cause was thought to be an attack to the nervous system, and was further attributed to micro lesion of the spinal cord resulting from the railroad accident (Fassin & Rechtman, 2009, p. 31). Hermann Oppenheim studied (Crocq & Crocq, 2000, pp. 47–55) the “railway spine” syndrome again and his new term “trauma neurosis” was an important contribution to the discourse of trauma. According to him (Oppenheim, 1889, pp. 123–127) the nervous symptoms indicate a well-defined illness. It was caused by invisible microscopic changes in the brain, which could be triggered by a shocking accident.

The organic theory of Oppenheim lost more and more importance during the years of war (Köhne, 2009, p. 19.) and the discourse on trauma neurosis resulted in a “hysterical turn”. This interpretation penetrated the majority of army doctors who were “convinced that war neurotics were simply ‘hysterics’ or ‘malingerers’ who intentionally used their pretended symptoms in order to flee from front service and to gain some benefits or pensions; or they suffered from some sort of hereditary, degenerative disease which caused their inability to cope with stress, lack of physical and psychological strength, will, bravery, patriotism, and self-sacrifice.” (Erős, 2014, pp. 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 (Ferenczi, 1919, pp. 9–30.) soldiers with mental disturbances had a weak will and they malingered to receive a disability pension.

Emil Kraepelin, one of the founders of modern scientific psychiatry believed the primary origin of psychiatric diseases to be biological or genetic malfunction and this theory penetrated the dawn of modern psychiatry as well. He reported (Kraepelin, 1983) about his experience with war neuroses during WWI in his autobiography. It was published posthumously in German in 1983.

“[As early as 1917], the question of war neuroses was raised. We mad-doctors all agreed that we should try to limit an excessively liberal granting of compensations 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 a 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-shakers” [*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.” (p. 189)

This conference in 1916 was an extremely important event in the history of scientific psychiatry because it shaped the psychiatric trend during and after the WWI. Since then it was the responsibility of German psychiatrists to detect fraudulent war pension applications. 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 healthy and stronger men who were more valuable for the national community.

In opposition to these trauma politics representatives of the emerging psychoanalysis (Freud et al., 1919), 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. Contrary to scientific psychiatric discourses, which did not question the political and military goals of the war itself, Loránt Hegedüs, a Hungarian politician and author reported very critically on the sense and consequences of war in his autobiographical writings. (1926, 1929)

*The Impact of War on Civilians*

Hegedüs observed (1926) those whose nervous system was damage 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 Berlin-Wannsee. This latter calls 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, were at places closer to the railway. Those, about whom the doctors thought they would never come out, were locked up farther back in the forest.” (p. 120)

As Hegedüs claimed in his biographical writing (1926), the war affected far more people than soldiers having died or been injured on the battlefields or suffering from war neurosis. In his wording, the war left its fingerprints in everybody's nervous system.

“We all, who live these days, can see such a thing that mankind has never ever! seen so far. A horrible rogue 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 10 million people killed, not only did Europe decay

(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 in Europe.” (pp. 118–119)

Although by 1914 nearly everybody had surmised that there would be a war, the news of its outbreak was cheered by the Spirit of 1914 (in German: Augusterlebnis). However, war enthusiasm soon faded away and everyday life on the front not only disillusioned the soldiers but often shocked them. What they lived through was actually the crisis of crises since a war is always the manifest consequence of a great crisis causing further severe crises.

It is also apparent from the writings of Hegedüs that apart from the war the social and economic processes in Europe also had a sickening effect on some of his contemporaries. Parts of his autobiography were written about the period 1921–1923 thus they deal with the effects of the war and its aftermath. Rapid enrichment could make one sick, just as rapid impoverishment can. 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 of these phenomena, since he got into the most severe psychiatric state when he failed as a minister of finance and *failure at the service of the nation* was considered the sign of *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 weight to 330 lbs. Another case did not occur in the institute but farther back in the forest from where nobody came out usually.

“It was a German porcelain merchant who acquired an 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.” (p. 123)

The case of Hegedüs was not independent from the changing political and economic circumstances. He had three traumas in his life. As he wrote (1926, pp. 117–118), he passed through three hells: the first as he was held in prison as a hostage during the Soviet Republic; the second the period when he was minister of finance and the treaty of Trianon turned his ministry “into a torture chamber for someone who wanted to save the middle class in Hungary”; and the third was the painful experience of 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 approach. His main trauma was his unsuccessful economic plan in 1920. He wanted to consolidate the Hungarian economy. When he failed, he went into self-imposed exile.

In his writings he described what kinds of therapy were applied. However, we have to distinguish the treatments applied during and after the war, furthermore treatments applied by soldiers and civilians, although these were in some cases very similar. Hegedüs reported (1929, p. 8.) on a case in which for some weeks his physician (Siegfried Kalischer) was substituted by a military physician who prescribed such a strong medicine for his fits of nerves that Margarete was really concerned for the functioning of his heart. She refused to obey. She locked up the strong medicine and later showed it to Kalischer, who said the patient wouldn't be alive if he had taken it. Margarete saved his life once again. Incidentally, this case shows 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 contributed the institutionalization of scientific psychiatry as well. (Lengwiler, 2000)

On the other hand not every treatment was so dangerous. 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...” (pp. 122–123)

He reported (1929) 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, of which no German can boast, as not even the parties know their own programs. Sister Margarete had to bring in each paper at a pre-determined hour from the reading room decorated with Biedermeier curtains.” (p. 13)

The common aim of all treatments using placebo or 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 handhold in a disintegrating world and could have guaranteed the integrity and intactness of traditional communities and values. Sister 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 and is now left in poverty though she grew up in affluence, whose homeland has been destroyed, German glory has been trampled down, yet, she 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 Frederic the Great and Kant) towards Kaiser and the country. The French king said, I am the state, while the Prussian feels, I am the state’s.” (p. 12)

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

War psychiatry, like Margarete, was intended to offer efficient solutions to the challenges posed by the “weaker” soldiers. Military psychiatrists were convinced (Fassin & Rechtman, 2009) that authoritarian methods combined with electrotherapy would “transform weaklings into true fighters with a hunger for victory.” (p. 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, its concept of normality cannot be separated from the great political discourses of the time.

### **Emerging Psychiatry in the Period of Modernity**



The period of modernity was burdened with crises and the experience of rapid progress. Since the end of the 19<sup>th</sup> century, the reactions to the impacts of economic and political modernization were a frequent issue in the discourse of the German educated middle-class (Bildungsbürgertum). The core of the discussion was the collapse of traditional structures (Rinn, 2005, p. 347), the isolation of the individual, simply the fear of modernization. Psychiatry and neurology reacted to the fears of losing harmony and the unity of human psyche in the age of modernity. In Wundt's laboratory man seemed to have been reduced to his functions, since he tried to provide objective measurements of conscious processes by using reaction time techniques.

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

The method of Jaensch (1927) (*eidetic* magery and typological methods of investigation) examined the human character extremely thoroughly in every detail. He looked for individual differences and not for general psychological characteristics. His aim was (Jaensch, 1928) to classify his subjects into different eidetic types aware of the uniqueness of their worldview. 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, p. 361). On the other hand all these positive aims provided grounds for social inclusion and exclusion and for military fitness as well. (Ash & Hau, 2000, pp. 12–31) According to Jaensch, Spranger and Krueger capitalism destroyed the harmonious human existence; people became greedy and lost their communities. Hence, according to Jaensch (1922, p. 36) the main task of psychology was to *be the leader of life and culture*, furthermore to become the *protector of the common good*. The utopistic aim was to help man return to his community. But this 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, what is whole is harmonic, original 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 the disciplines, 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 connection to the 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 it also experienced a crisis. Patriotism was the justification for using brutal therapeutic methods to treat “malingerers” and “weaklings” so these methods were not questioned by military psychiatrists. However, while electrotherapy found its most widespread application in the Austrian and German

armies, it was also in these countries that the first military psychiatrists questioned these methods (Fassin & Rechtman, 2009, p. 51). In the trial of Wagner von Jauregg, Freud challenged the etiological hypothesis of his colleague, but this trial seems to be unique in Europe. Although psychiatrists in Britain protested against the stigmatization of psychically wounded soldiers since 1917, their view became widely accepted only after the war and particularly in the US (Fassin & Rechtman, 2009). In France there was never any official condemnation of inhuman psychiatric practices; French psychiatrists never questioned the brutality of their supposed treatments.

The stigma of “weakling” and “malingerer” was not fully removed in the interwar German Empire. However, in many cases the ministries of the Weimar Democracy re-examined the medical opinion of psychiatrists concerning war pensions, but in the controversy over the defeat in 1918 Hitler and other national minded groups (*völkisch*), among them renowned German psychiatrists like Julius Roßbach, Emil Kraepelin, Robert Gaupp and Eugen Kahn, used the term of weakling for stigmatizing war invalids, women and left-wing politicians. They represented the group of scapegoats in the postwar German society (Kiss, 2015, pp. 62–74). Eugen Kahn delivered a lecture at the conference of German psychiatrists in 1919 in Munich titled “Psychopathic leaders of the revolution” and he analyzed the character of fifteen German contemporary revolutionists. He identified (Kahn, 1919, pp. 90–106) the following categories: ethical defect, fanatic psychopath, hysterical, manic depressive. According to his analysis all of them were *weak, egoistic, unable to be objective and anti-social*. This description shows excellently the continuity of the concept of malingerers in German mainstream psychiatry. Concepts of normality inherited from the Wilhelmine era flourished continuously during the period of the Weimar Democracy till the end of WWII.

The concept of the normality of violence changed only gradually and unevenly after WWII, since warfare had been (and in many circles still is) considered normal and as a necessary

evil. Furthermore, fighting and heroic soldiers had high social reputation before and after WWI. War as scourge appeared only in the decade following the war and particularly in France but not in Germany. The German interwar period was burdened with crises and the desire for a strong hand penetrated the society. Violence was the tool of power and order in states. Private violence was evil (Schnell, 2014) and only state violence was considered rational. Thus, in the autobiographical work of Hegedüs (1929, p. 13) Sister Margarete handled the situation in a rational, normal and legitimate way when she broke the walking stick of the Polish patient. Violence in its broader sense was accepted by many during and after WWI and was legitimized by the state. In this order, psychiatry (in the role of the keeper of normality) was only a part of the whole, which Johan Galtung (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 show the fact that diminished empathy and remorse, sadistic tendencies and firmly holding to the belief that one is better than others were accepted as being “normal”. German interwar psychiatry wished to be the keeper of normality, but rather it was the keeper of abnormality.

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