

THE PSYCHIATRIST AS THE LEADER OF THE NATION: PSYCHO-POLITICAL EXPERTISE AFTER THE GERMAN REVOLUTION, 1918–19

David Freis

The history of psychiatry and its diagnoses has always been a history of social and political norms, beliefs and imaginations. This observation, now somewhat of a truism in the historiography of psychiatry, is especially true in the case of a particular sort of writings in which the diagnostic tools of psychiatry were not used to understand individual pathologies, but rather to explain the condition of society and the causes of political events. This theme can be found both in the professional discourse of medicine and psychiatry, as well as in political journalism from the early nineteenth century onwards. Volker Roelcke has argued that these writings should be understood as a medium of a 'bourgeois interpretation of the world and the self' and as a reaction to the crisis of bourgeois self-perception in the long nineteenth century.¹ However, the 'psycho-political' diagnoses can also be considered as a noteworthy example of a performance of scientific expertise in a socio-political context. As I will show with the example of the period immediately after the First World War, the diagnosis of social and political events as symptoms of psychopathological processes entailed psychiatrists' claim for an extension of their medical expertise onto socio-political matters.

The aftermath of the First World War saw a dramatic surge in the socio-political writings of psychiatrists in Germany and Austria. Shortly after the military defeat and the revolution, leading psychiatrists resorted to the concepts of their discipline to diagnose the current events as the work of anti-social 'psychopaths' and as the result of a national nervous breakdown and collective hysteria.² While intellectual and political elites imagined the national body (*Völkskörper*) as a sick body, psychiatrists offered a psychological version of this metaphor.³ Many of the concepts used after 1918 had already been discussed in the nineteenth century, such as, for example, Cesare Lombroso's figure of the 'born criminal' or Gustave

Le Bon's crowd psychology (*psychologie des foules*). Yet, while these concepts had been the expression of the diffuse fears of an educated bourgeoisie towards the anonymous masses and criminal 'inferiors' in the late nineteenth century, they now seemed to offer an accurate scientific explanation for the very urgent socio-political crisis of the post-war period.

In a way typical for interwar cultural and political discourses, pessimism and optimism were inextricably linked with each other.⁴ In a social and political situation in which many conservative psychiatrists saw the nation in a state of existential crisis, older concepts were not only updated and politicized but were also used to legitimize demands for far-reaching socio-medical interventions in the service of the rescue and regeneration of the national collective. Diagnosing the political crisis as a medical situation, and with a profound belief in the ability of the modern sciences to shape society, psychiatrists claimed for themselves the role of socio-political experts.

The politicization of psychiatric expertise in Germany and Austria was a consequence of the discipline's history before and during the First World War. Although it only became part of the medical curricula in 1901, psychiatry had successfully positioned itself close to core functions of the state, including the confinement of the insane and expert testimonies in the courtroom in the second half of the nineteenth century. At the same time, psychiatric concepts played an important role in the discourse on the bourgeois self. But unlike many fields of somatic medicine, psychiatry was unable to gain social prestige or financial resources from the contemporary breakthroughs in the laboratory sciences, like bacteriology and physiology. Despite important advances in the nosology of mental illness, psychiatry remained notoriously unable to effectively heal its patients. The First World War offered considerable chances for psychiatric experts to improve their position: the war marked a new height in the prestige and political relevance of the discipline.⁵ The 'active treatment' of the so-called 'war neurotics' seemed to be a therapeutic breakthrough. It promised to end psychiatry's notorious inability to heal its patients and to usher an era of 'heroic therapies'. With the military stalemate along the Western Front, the mental health and resilience of the fighting troops and the nation were regarded as decisive strategic assets. After the defeat and the armistice, as well as against growing patient discontent and public protest against the often brutal methods of 'active treatment' and the allocation of veteran pensions, the discipline's war-time gains were in danger of unravelling. Psychiatrists' claim for expertise may well be understood as an attempt to defend and extend the wartime gains of their profession in the time following demobilization.⁶

Needless to say, this 'psychiatric need for expansion', as the 'anti-psychiatric' journal *Die Irrenrechts-Reform* put it in 1919, needs to be examined in the context of broader developments in the interwar period.⁷ Psychiatrists' alarmist diagnosis of a collective 'nervous breakdown' and their warnings of an immi-

nent collapse of German culture were also part of an ubiquitous discourse on the 'crisis' of the Weimar Republic and a general 'dramatization of the political imaginary'.⁸ This alarmism mobilized and legitimized visions of national regeneration and a profound restructuring of society and politics with rational and scientific methods. Psychiatrists' aspirations for becoming socio-political experts led the discipline into a contested field, in which experts from other disciplines had already successfully staked their claims in the ongoing process of a 'scientization of the social'.⁹ For example, Erwin Stransky, whose programme of 'applied psychiatry' was certainly the most radical attempt to extend psychiatry's expertise into all fields of social and political life, was convinced that psychiatrists' expert status had to be achieved not only against the anti-psychiatric bias of the 'public opinion' but also against the established expertise of jurists.

This chapter examines the socio-political writings of German and Austrian psychiatrists in the immediate aftermath of the First World War and the German Revolution of 1918/19. A first section focuses on the diagnosis of individual participants of the upheaval as 'psychopaths', showing how an already morally charged criminological concept became explicitly politicized in the wake of the revolution. A second section turns to the transfer of concepts of individual pathology to the national collective and examines how psychiatrists used the converging of clinical and political phenomena to cast themselves in the role of doctors of the nation. A third section will concisely discuss the further history of psychiatric expertise in the interwar period, and ask how and if these psychiatrists could actually capitalize on their psycho-political diagnoses of the revolution.

Throughout this chapter, the focus will be almost exclusively on the mainstream of German and Austrian psychiatry. Its protagonists were members of a conservative and educated bourgeoisie (*Bildungsbürgertum*), which was united by its common rejection of the revolution and the new republican order, as well as by its fierce nationalism. Although those psychiatrists, who published explicit socio-political diagnoses after the armistice and the revolution, were only a small minority of the professional group, their views were probably shared by a majority. This assumption is also underpinned by the fact that some of the psychiatrists who wrote about the psychopathology of political events were among the most prominent and renowned representatives of the discipline, such as the professors Robert Gaupp, Karl Bonhoeffer and Emil Kraepelin.

The Revolutionary Psychopaths

Eugen Kahn argued in the Munich medical weekly in August 1919:

It has long been known that in times of turmoil, those prone to mentally disorders (*psychisch anfallige*) come forward, and after the experiences we psychiatrists have

made during the war, it did not come as a surprise to us that in the latest upheaval such people have stood in the fore'.¹⁰

In the short period following the end of the war and the revolution, a number of articles in different professional journals made an almost identical claim, pointing out that 'inferior' or 'psychopathic' individuals had been a driving force of the recent upheaval. As a member of Emil Kraepelin's psychiatric clinic in Munich, Kahn had been in a particularly good position when it came to examining the psychopathological dimension of the revolution. Munich had been one of the centres of the German Revolution and, for a short time in the spring of 1919, the capital of a Bavarian Soviet Republic. After loyal troops of the German army and right-wing *Freikorps* militia had violently crushed the revolution in May 1919, many of the survivors were imprisoned and thus came to be the objects of forensic examination by local psychiatrists such as Kahn, Kraepelin and Ernst Rüdin.¹¹

On 3 August 1919, Kahn presented his findings at the yearly conference of Bavarian psychiatrists. He positioned himself as a scientific expert outside and above political struggles: to speak about recent events, Kahn argued, obviously held the danger of being caught up in the current political disputes. However, 'the idea that the psychiatrist always has to be ready to provide his judgment impartially and to the best of his knowledge, can and must help us to get over these concerns'.¹²

Although Kahn explicitly stated that he did not consider the revolution as such to be a pathological event and that not every revolutionary was necessarily 'mentally inferior', he had little doubt that 'psychopaths' had played a most important role during the upheaval. Of the sixty-six revolutionary leaders who constituted his sample, 'scarcely one could be seen as being overall mentally intact' and all the fifteen cases on which he reported in detail were to be considered as model types of the 'revolutionary psychopath'.¹³ Among them were prominent leaders of the Munich Soviet, thinly disguised by pseudonyms: Otto Wasner (alias Kurt Eisner), Werner Leidig (Erich Mühsam) and Erwin Sinner (Ernst Toller).¹⁴

However, the concept of the 'psychopath' was far from being precisely defined and was mainly used as a description for a whole range of perceived 'abnormalities' in the grey area between normality and full-blown mental illness. As Kahn argued in the Munich medical weekly, the diagnosis mostly applied to personalities who would not appear as mentally ill, but nonetheless had mental deficits 'which lead them to make wrong life decisions often enough and to fail with them'.¹⁵ The diagnosis of 'psychopathy' relied mostly on a necessarily normative assessment of a person's general decisions in life in terms of right and successful or not. For a conservative like Eugen Kahn, joining a socialist revolution obviously was a wrong choice. The notion of 'psychopathy' had replaced the older, and equally broad concept of 'mental inferiority' in the years following the First World War. But nonetheless, it was hardly sufficient for an encompassing,

scientific description of deviant behaviour. In order to come to a more precise definition of the perceived abnormalities, numerous, sometimes rather arbitrary types of 'psychopaths' were introduced.¹⁶

In the case of the Munich revolutionists, Kahn did not exactly follow the influential classification introduced by his teacher Emil Kraepelin in 1903, but distinguished four basic types of 'psychopaths': 'ethically defective psychopaths', 'hysterical personalities', 'fanatic psychopaths', and 'manic depressives'.¹⁷ Nonetheless, and despite all attempts of conceptual differentiation, the 'psychopath' remained a vague category, and once the light of 'psychopathy' fell on a person every aspect of his or her physiognomy or life could easily be read as a sign of abnormality. Against the background of wartime psychiatry and the growing criticism of its methods by patients and the public, it comes as no surprise that Kahn drew a direct line between the experiences of military psychiatrists and the revolution, claiming that the 'revolutionary psychopaths' belonged to the same group that had previously 'filled the military hospitals as war neurotics of all kinds' and had kept the military courts busy 'as elements that exceedingly threatened discipline'.¹⁸

Kahn was only one, but a largely representative example of a broader psychiatric discourse.¹⁹ In the immediate post-war period, the assumption that 'psychopaths' had played an important, if not decisive role in the upheaval, seems to have been a largely undisputed consensus, as can be seen both in a number of articles explicitly dealing with the topic, and in casual remarks in many other publications.

When applying the diagnosis of 'psychopathy', psychiatrists used the conceptual framework of forensic psychiatry and criminal biology, asking for the pathological causes of individual deviant behaviour. In several cases, the examination of participants of the revolution took place in the context of criminal proceedings and thus at the contested interface of penal law and psychiatry, two institutions occupied with abnormal and deviant behaviour. However, more than by juridical motives, the use of the vague category of 'psychopathy' in the diagnosis of revolutionaries was driven by questions of politics and normalcy. Even when not used for political adversaries but for 'common criminals', the concept of 'psychopathy' was inherently political. Despite all attempts to introduce finely nuanced categories, and regardless of the replacement of the notion of 'inferiors' by the more scientific-sounding 'psychopaths' after the end of the war, the concept remained part of a morally charged 'dispositive of normality'.²⁰ In the grey area between madness and normality, the concept of 'psychopathy' allowed psychiatrists and criminal biologists to identify, construct and pathologize perceived threats against bourgeois society and morality.²¹

In the tumultuous situation of the immediate post-war period, 'psychopathy' offered the possibility to reframe perceived political threats as the object of medical and psychiatric expertise. Seeing the nation and the moral and political order of bourgeois society in peril and, at least in some cases, fearing for their own

careers, positions and even lives, German psychiatrists eagerly used the propagandistic potentials of their diagnostic tools to discredit the revolution and its protagonists.²² The diagnosis of 'psychopathy' for political adversaries offered the possibility to delegitimize their political claims by ascribing their actions not to any rational response to the current political situation, but rather to egoism, lust for power, the need to stand out, hysteria, or even to outright insanity. By shifting the analytical focus from the political to the clinical sphere, psychiatrists claimed for themselves the status of experts in a heated public debate.

As Paul Lerner has pointed out, this discourse must also be understood against the backdrop of military psychiatry during the war, and as a reaction to the public attacks against the practitioners of 'active treatment': by equating the revolutionists with their former patients, psychiatrists identified them as 'enemies of society' and as the ones responsible for the military defeat as well as for the violence and turmoil of the post-war period. In doing so, they not only denied their patients the status of victims but depicted them as the true perpetrators.²³ When the 'psychopaths' threatened society, German psychiatrists saw their duty not in the healing of the mentally ill but in defending society against them. Doris Kaufmann has claimed that this 'labelling and marking out of a group of so-called inferiors for their "failure in the war" has to be seen as highly significant for the scientific legitimation and acceptance of some practices of later national socialist population policy'.²⁴

However, identifying the revolutionists as 'psychopaths' was not only a form of right-wing polemics or a way to make sense of a situation that seemed to challenge many of the certainties of pre-war society. By depicting society as being threatened by the 'psychopaths', psychiatrists positioned themselves in the first line of defence, claiming for themselves the status of socio-political experts. For the psychiatrist Hans Brennecke, the observation that 'psychopaths' had played an important role in the revolution directly led to the question of how to defend society: 'How can we effectively protect the general public against the dangerous, anti- and asocial psychopathic personalities and mentally inferior? The answer to this question lies equally in criminal law and in practical psychiatry'.²⁵ The measures proposed by Brennecke mainly consisted in the possibility to detain 'psychopaths' not for juridical or medical reasons, but for the protection of society in specialized institutions under the direction of psychiatrists – an idea that had already been controversially discussed by psychiatrists, lawyers and criminologists in the decade preceding the war.²⁶ The establishment of specialized institutions for the custody and 'socialization' of 'psychopaths' was also advocated by Kahn.²⁷ Referring to the psychiatric debates on the reform of criminal law, which had gained new momentum after the end of the war, he highlighted the new importance of psychiatric expertise: 'When during the rearrangement of things our laws undergo the long-planned reform, we will be there

to participate and we will not forget what the revolution has told us about psychiatry.²⁸ For Kahn, this new claim for social and political expertise also meant that psychiatry's long-lasting process of professionalization was finally complete. Psychiatry, he reminded his fellow doctors in the Munich medical weekly, 'is no longer the poor cousin among the medical disciplines.'²⁹

A National Nervous Breakdown

It was not only the actions of a group of anti-social 'psychopaths' that worried many German and Austrian psychiatrists after November 1918. In a 'medical emergency call' (*Ärztlicher Notruf*) published at the end of 1918, Professor Robert Sommer from Gießen warned that the German nation's nervous system itself had suffered a serious shock.³⁰ With hunger and economic and political crisis driving the German people deeper and deeper into a 'nervous epidemic' (*nervöse Massenkrankheit*), Sommer found the collapse of civilization to be imminent and expected mass suicides, upheaval, overall destruction and, ultimately, the descent into Bolshevism.

In the months to follow, other psychiatrists, among them leading representatives of the discipline such as Emil Kraepelin, Robert Gaupp and, as late as 1923, Karl Bonhoeffer, joined in with Sommer's diagnosis and discussed the current events as symptoms of a collective 'nervous breakdown', 'mass suggestion', collective neurasthenia, psychosis and hysteria.³¹ This use of psychiatric categories had been prepared by the rhetorical mobilization of both professional and general public discourses during the war. As early as 1915, Freud had complained about his colleagues' eagerness to diagnose the enemy nations as 'inferior' or 'degenerated'.³² Three more years of war and a revolution did little to cool down the minds. In 1919, diagnostic terms were ubiquitously used in public political debates throughout all political camps, in the press and in the National Assembly. The 'anti-psychiatric' journal *Irrenrechts-Reform* tried to intervene and clarified: 'There is no such thing as political madness, no war psychosis and no revolutionary psychosis, no legal madness [*Rechtswahnsinn*], and also there is no mass madness.'³³

When diagnosing contemporary political events, psychiatrists not only proposed easy and seemingly scientific interpretations to an unsettled and disoriented public, but also legitimized a popular discourse with their professional authority. By projecting their medical categories from the individual patient to a collective 'national soul' (*Volksseele*) and by discussing the social and political order in medical terms, psychiatrists extended their expertise on society and the nation as a whole, claiming a formative role in the protection of the nation's collective health and the prevention of future 'hysterical' endemics. Ultimately, this discourse not only added momentum to the bio-political project of eugenics, but also to the establishment and institutionalization of new fields of psychiatric research and practice, namely 'applied psychiatry' and 'mental hygiene'.

The mental state of the collective had played an important role in the examinations of 'psychopaths as revolutionary leaders'. While pathologizing individual protagonists of the revolution, the respective psychiatrists also elaborated on the relationship between the leaders and the crowds, using their diagnoses not only to delegitimize the political claims of the revolutionists, but also to expound their conceptions of the right political and social order. Contrasting the 'psychopathic' leaders of the revolution with the ideal of the 'true leader', they propagated a clear hierarchical order of the state – a model that suited not only the conservatives' wish for the restoration of monarchy or right-wing radicals' hopes for a dictatorial corporative state, but also mirrored a more general preoccupation of Weimar political culture with the figure of the 'leader'.³⁴

To answer the question of how 'psychopaths' came to play such important roles during the recent events, Kahn argued, one had to take into account 'the psychology of the two components which, in quiet and in tumultuous times alike, incarnate the lives of the peoples: the psychologies of the leaders and those led, that is, the crowd'.³⁵ Kahn's thinking about collective psychology was clearly influenced by Gustave Le Bon's popular concept of crowd psychology. A characteristic example of the anti-socialist and elitist positions of late-nineteenth-century French conservatives who saw the political and social order challenged by the emergence of an age of mass politics and the growing influence of the workers' movement, Le Bon's concept could easily be transferred from the French Third Republic to the situation in post-war Germany.

Kahn found the exact opposite of the 'psychopathic' leaders of the revolutionary crowd in the 'true leader', a larger-than-life figure whose psyche was characterized by 'his outstanding creative and critical intelligence, by his unbending, unflinching and pure will and by the total control of all emotions, by the balance of his mind'.³⁶ Unlike the 'psychopath', whose relation with the crowd is symbiotic, the 'true leader' stands apart from and above the mass of the people, and only because of this total difference is he followed, 'in awe and love, or in hate and fear'.³⁷ For Kahn, Brennecke, Kraepelin and others the image of the crowd and its 'collective soul' stood in for the mental state of the whole nation. It is here that the anti-democratic and elitist implications of the psychiatrists' discourse on the revolution became most apparent. In the political imagination of many conservative Germans in 1918/19 the incarnation of the 'true leader' was not the former German emperor Wilhelm II, but rather Otto von Bismarck.³⁸ Hoping for the re-establishment of an authoritarian order, Kraepelin – a representative of the conservative German *Bildungsbürgertum* – projected his ideals of leadership from Bismarck into the future: 'Why should [the German people] not again be able to bring forth a man who can satisfy our longings?'³⁹

Some of the psychiatrists who basically agreed with the idea that 'psychopathic personalities' had played an important role in the revolution, declared

that this was not a sufficient explanation for the recent events. Robert Gaupp, professor of psychiatry at the University of Tübingen, pointed out that from a medical perspective, it would be unjust to claim that 'the instigation of the masses by radical demagogues was the *only* source of the nameless distress which threatens to swallow Germany'. Instead, he pointed out, the true question was why the 'greatest part of our otherwise so thoughtful and thoroughgoing people has gotten into a state of mind in which it could fall prey to the influence of Russian agents and unscrupulous coffee house writers'.⁴⁰ The answer to this question, Gaupp argued, could be found in the collective mental state of both the German army and the people. Hunger, deprivations and suffering both among the fighting troops and on the 'home front' had brought about a mental state well-known from clinical psychiatry: a collective 'neurasthenic' condition caused by fatigue and exhaustion and leading to 'nervous weakness, emotional instability and rootless surrender to the excitement of the moment'. Eventually

the suffering of the last years, the despair of the lost and costly war, the anger about the years of deception have robbed the quivering nervous psyche of a half-starved people from all interior restraints against the red flood sweeping over it.⁴¹

After having thus diagnosed the nation, Gaupp suggested a treatment: similar to Sommer, who in his 'medical emergency call' had argued that it was first and foremost the hunger that had driven the German people into 'nervous depression' and 'anarchistic political madness', Gaupp insisted that no recovery was possible without bread and economic and political security. Moreover, he wrote, it was the responsibility of the elites to sacrifice their money and their strength for the benefit of the nation as a whole in order to restore the people's faith 'in its spiritual leaders, [...] the German men and women who by their formation and their education are entitled to win absolute authority and to impart the German culture to the whole of the people'. Without this sacrifice, 'Germany's culture will perish and all will sink into chaos'.⁴²

Gaupp's visions of the future were far from limited to a restoration of the Wilhelmian order and its elites. When addressing the medical students of Tübingen on 23 October 1919, he took the medicalization of the political situation to the next level: if political and social problems were caused by individual and collective medical conditions, the only one able to save the nation was the doctor. With a profound sense of mission, Gaupp exclaimed: 'All call for the doctor, the strong-nerved leader [*den starknervigen Führer*] and the saviour of a desperate people'.⁴³

In an existential medical and psychological crisis, the doctors had an important role to play because they were the ones who actually knew the people's soul. Propagating a novel and far-reaching expert status for his profession, Gaupp demanded the physicians' 'right to be heard in all public questions'.⁴⁴ To save the nation, they had to become the 'educators of the people' and promote its regeneration in many ways: by combatting infant mortality, by propagating marriage and

temperance, by opposing abortion, by hygiene education and by calling for a land reform. Moreover, Gaupp not only invoked the importance of medical scientific expertise in all fields of social life but also demanded that physicians acquire charismatic leadership. In a time in which large parts of the population had lost their religious orientation, he saw it the duty of the physicians, and in particular of the psychiatrists, in becoming the spiritual leaders and advisers of the people.⁴⁵

Thomas Mergel has accurately observed that the Weimar Republic's structures of political expectation (*politische Erwartungsstrukturen*) were characterized by a 'constant, sometimes obsessive search for leaders', to the point of 'a messianic search for "Germany's saviour", who would lead the nation out of degradation and up to new glory' – a desire that was anything but limited to the political right.⁴⁶ Yet even against this backdrop, it is striking how Gaupp constructed the doctor-leader as an authoritative public expert, and as an actual alternative to an unfit political leadership. Rejecting both the wartime government and the new democracy, both of which he saw as controlled by a bureaucracy that was ignorant of the people's psychological needs, Gaupp claimed that the 'destiny of our people' finally had to be handed over to those who really understood the people's mind. Against the fragmentation of the nation by interests and parties, he postulated an anti-political vision of a government of medical experts, legitimated by scientific knowledge as well as a deeper understanding of the human condition and a specific ethos of the profession:

Above all the narrow and antiquated party systems, above all pathetic politics of interest, above all parliamentarian shallowness and vanity, based on a rich knowledge of human nature and a deep love of mankind stands the doctor's way of thinking, which in a daily struggle against poverty and distress and in daily sight of the driving forces of human action teaches how to rightly judge human concerns.⁴⁷

For Gaupp's teacher, Emil Kraepelin, the end of the monarchy and the revolutionary events of the winter of 1918/19 had been a political catastrophe: 'The enormous events that have befallen the German people have deeply shocked its inner life', Kraepelin wrote shortly after the end of the Munich Soviet in an article in the right-wing conservative *Süddeutsche Monatshefte*. Trying to make sense of the recent events, he turned to the diagnostic categories of his discipline and produced one of the most exhaustive psychiatric analyses of the political and social situation in post-war Germany.⁴⁸

Referring to the Paris Commune of 1871 and the Russian Revolution of 1905, Kraepelin saw a historical regularity at work in the current events and applied the categories of clinical psychiatry to the collective level:

Every persistent and intense pressure on the collective psyche produces stresses which ultimately explode with enormous power and which in their blind rage can no longer be controlled by the forces of reason. In day-to-day psychiatric practice *hysterical disorders* are the counterpart to this behaviour.⁴⁹

To Kraepelin, this analogy was more than just a metaphor: in every mass movement, he pointed out, one could easily find traits which were closely related to hysterical symptoms.⁵⁰ As Eric Engstrom has noted, this link between the collective, political events and individual mental disorder played a double role in Kraepelin's argument. By drawing 'the revolution into the clinic', he could not only subject it to a scientific analysis, but bolster his 'psychiatric observations of contemporary events' with his scientific legitimacy as a renowned psychiatrist.⁵¹

Kraepelin saw more than one reason for the 'hysterical' dimension of the revolution. Apart from the effects of crowd psychology and the leading role of 'psychopathic personalities', he found the participants of the upheaval themselves to be an important factor for the collective hysteria. The revolution had mainly been supported by workers and other members of the lower classes, and in Kraepelin's biologicistic worldview class was not a matter of political or economic power relations, but rooted in biological facts.⁵² Consequently, he supposed that the revolutionary masses had largely consisted of 'mentally underdeveloped compatriots' (*Völksgenossen*). Unfit to be rational political subjects, they lacked the 'ability for cool calculating consideration, self-control, foreseeing of future events, and the guidance of the will by rational insight'.⁵³

The political implications of Kraepelin's polemical article went far beyond the rejection of the revolution and the new political order or a call for the restoration of the pre-war Wilhelmine society. In the rule of the revolutionaries he saw only the last consequence of the belief that all men were equal in their abilities, and only hindered from developing their potentials by external factors such as oppression and exploitation.⁵⁴ Kraepelin was convinced that the exact opposite was true and that the stratification of society by and large mirrored the hereditary biological characteristics of its members: on the one hand, he argued, nobility would not have become the ruling class if their ancestors had not had outstanding traits which they could pass on to their descendants. On the other hand, 'it is obvious that the ancestors of those who today belong to the lower social classes by and large did not have any traits that allowed them extraordinary achievements and thus they could not pass down such characteristics'. Nonetheless, this social Darwinist model of a social hierarchy based on a biologic meritocracy was not totally static but allowed for some degree of social mobility: 'We see old and glorious dynasties degenerate and [...] descend into the proletariat', Kraepelin pointed out, and at the same time 'new and vital families emerge without pedigree'.⁵⁵ As Eric Engstrom has rightly observed, Kraepelin's social theory was 'conveniently double-edged' and

reflected the conflicting interests of Kraepelin's own class, the *Bildungsbürgertum*. Confronted with a mass society which ultimately threatened to undermine its own social position, the *Bildungsbürgertum* erected barricades against the supposedly irrational threat from below, while simultaneously ensuring its own asset and hence the selective permeability of the social hierarchy.⁵⁶

'The rule of the people has to become the rule of the best', Kraepelin summarized the consequences of his social theory. Yet, like many other psychiatrists and eugenicists, Kraepelin was convinced that the war had led to a negative selection, robbing the German nation of 'the men most gifted and most willing to sacrifice themselves' while sparing 'the unable and self-serving'.⁵⁷ As he did not want to content himself with the best to emerge by chance or nature, he advocated an active intervention and a far-reaching programme for the recovery of the nation. In order to avert degeneration, Kraepelin proposed a number of measures, most of which had already been part of social hygienists' and Kraepelin's own agenda before the war: early marriage, fertility, the fight against alcohol, syphilis and the distresses of urban life. What was necessary now, he wrote, was 'by all means, to breed outstanding personalities who in the arduous days to come, may guide our fortunes'.⁵⁸ But at the same time, Kraepelin also stated that the 'good parts of our *Volk* should not be ruined by the inferior ones' and that the 'inferiors' should not be a burden to the national collective. Here, Kraepelin's socio-political ideas already show the outlines of a 'negative' approach to eugenics which, following another radicalization after the World Economy Crisis, would ultimately lead to the forced sterilizations and the 'euthanasia' programme of Nazi psychiatry.⁵⁹

Yet, the most vociferous propagandist of psychiatry's claim to political and social expertise was Erwin Stransky, professor of psychiatry at the University of Vienna. Shortly before the end of the war, Stransky had already published his manifesto for a new way of psychiatric research and practice which he had labelled 'applied psychiatry' (*Angewandte Psychiatrie*). Even more explicitly than Gaupp or Kraepelin, he found the psychiatrist to be the ultimate social and political expert:

There is no other human being, no other physician, no one, whose work would allow him such deep insights into the deepest psychic matters of life, of individual men, of groups of men and even of the peoples ... than the psychiatrist!

Yet, Stransky asserted, only too few psychiatrists were aware of the potentials and responsibilities of their profession and most of them remained stuck in the unworldly isolation of the asylum and the laboratory.⁶⁰ Sharply criticising his colleagues for their readiness to compromise and their lacking self-confidence, he called for a 'healthy imperialism of the doctors' in the service of the protection of society and of racial hygiene.⁶¹ As a first objective in psychiatrists' campaign for 'power politics', Stransky propagated the conquest of the legal system. Step-by-step, psychiatrists had to expand their current status as expert witnesses, up until the 'dethronement of law' (*Jurismus*): 'Historia docet! After Pippin followed Charlemagne and the sons of today's consulting experts will be tomorrow's leaders and judges of mankind'.⁶² Going beyond mere rhetoric, Stransky – a dedicated propagandist of ethnic Pan-German nationalism in Austria – merged the language of national power politics with the professional policies of his dis-

cipline, calling for an 'imperialism of the doctors', professional 'power politics' (*Machtpolitik*) and a '*großärztliche* propaganda' (greater medical propaganda).⁶³

The expansion of psychiatry's field of activity as envisaged in the agenda of 'applied psychiatry' was not limited to the conquest of institutions and the strongly increasing presence of psychiatric expertise in all areas of social and political life. In order to become what Stransky called (with a hardly translatable German concept – a 'five-star' general expert) '*Generaloberstsachverständiger*' for all forms and ways of life of the individual and the collective, the psychiatrist had to open up new fields of research.⁶⁴ In particular, the topics of ethnography and the social sciences had to be re-examined from a psychiatric perspective in order for the psychiatrist to become the 'teacher and guide of future statesmen and diplomats'.⁶⁵ History was to play a particularly important role for the psycho-political expertise offered by 'applied psychiatry': whereas the historians, ethnologists (*Kulturforscher*), economists and politicians lacked the psychological knowledge to learn anything valuable from history, Stransky found the psychiatrist to be the one who could understand history and draw the right conclusions for the future.⁶⁶

What had already been a far-reaching agenda for the renewal of the psychiatric profession and for the extension of its field of activity seemed even more urgent after the military defeat and the ensuing upheaval. To Stransky, the immediate post-war period had made even clearer how important the understanding of 'practical psychology' (*Seelenkunde*) by both the people and its leaders would have been to avoid this 'gruesome catastrophe'. Lecturing at the meeting of German psychiatrists in Hamburg in May 1920, he renewed his call for 'applied psychiatry', which now had to be placed in the service of the 'mental reconstruction of the German people'.⁶⁷ 'Applied psychiatry' was now redrafted as an expansive programme for the bio-political and psycho-political reform and re-education of the common people and the elites. Many of the demands that Stransky presented in a characteristically overheated rhetoric differed neither in kind nor in degree from the socio-medical interventions propagated by Gaupp, Kraepelin and others: education of the people in *völkisch* (ethno-racialist) virtues, positive eugenics, temperance and the fight against syphilis. Yet, more than other doctors, Stransky not only advocated an expansion of psychiatrists' socio-political expertise, but also postulated that psychiatry had to change its professional profile in order to claim this authority.

It was Stransky's far-reaching plan for the expansion of the discipline's psycho-political expertise that provoked one of the few critical public statements by a fellow psychiatrist. In a 1921 article, Arthur Kronfeld used Stransky's approach as an occasion for a broadside against the more general tendency to extend the reach of psychiatric diagnoses into social and political matters, describing 'applied psychiatry' as one of the greatest threats to 'the objective and logical integrity of our discipline'.⁶⁸ Although he insisted that he was motivated only by a concern for the objectivity of science, his rejection of 'applied psychiatry' was also due to political

reasons: Kronfeld was a member of the Social Democratic Party and, in late 1918, had been a delegate in the Freiburg Soviet, a political alignment that strongly differed from the prevalent right-wing nationalism of German psychiatrists.⁶⁹

Outlook: Psychiatric Expertise in the Interwar Period

The persuasiveness of psychiatrists' visions of a national nervous breakdown and rampaging 'psychopaths' was closely linked to the specifics of the post-war situation. With the gradual economic and political consolidation of the Weimar republic and the Austrian First Republic during the 1920s, this kind of explicit socio-political diagnosis largely disappeared from the major psychiatric and neurological journals, while conservative psychiatrists reluctantly made their peace with the new state of things. Nonetheless, the general idea of translating the concepts of psychopathology into tools for the analysis of society remained very much alive. Apart from the activities of Erwin Stransky and the Association for Applied Psychopathology and Psychology in Vienna, examples also include Karl Birnbaum's layout of a 'psychopathology of culture' (*Kulturpsychopathologie*) published in 1924, or the works of Arthur Kronfeld, who – despite his severe criticism of Stransky's approach – ventured into the field of 'sociological psychopathology' and 'psychopathological sociology' in 1923.⁷⁰ However, the most influential actualization of Le Bon's ideas on mass psychology came from the young discipline of psychoanalysis. Sigmund Freud's seminal *Massenpsychologie und Ich-Analyse* dates from 1921 and can be read in the wider context of psychiatrists' increased interest in socio-political matters in the early interwar years.⁷¹

Beyond the boundaries of the medical and 'psy'-disciplines, the idea of a malady of the collective body became one of the essential topoi of right-wing conservative discourses in the interwar period. Conservatives of every shade commonly evoked the image of national illness and national regeneration in order to advocate their political agendas.⁷² This discourse often had a distinctly psychiatric dimension: the frequent use of concepts like the 'national soul' or collective nervousness shows how psychiatric knowledge had been adopted by a wider public. Although the use of such concepts can be traced back at least to the first third of the nineteenth century, the events of the post-war period endowed this discourse with both urgency and plausibility.⁷³ When Hermann Oppenheim and Emil Kraepelin published their diagnoses of the revolution in high-circulation media like the *Berliner Tageblatt* and the *Süddeutsche Monatshefte* respectively, they clearly had this kind of dissemination into a broader educated public in mind.⁷⁴ Yet, what direct impact their ideas had and if their authors could capitalize on them in terms of social and scientific prestige remains difficult to assess.

As a discipline, psychiatry could successfully consolidate both its standing as a scientific discipline and its role as an interpretative authority in social and political affairs during the interwar period. Apart from the creation of new uni-

versity departments and the expansion of existing ones, the incorporation of the German Research Institute for Psychiatric Research (*Deutsche Forschungsanstalt für Psychiatrie*, DFA) in Munich into the Kaiser Wilhelm Society in 1924 reveals the increasing scientific and socio-political relevance of psychiatry.⁷⁵ Founded in Munich in 1917, the DFA quickly became one of the most important institutions in German psychiatry even before its integration into the major umbrella organization for scientific research in Germany. Its creation was, more than anything else, the result of the organizational efforts of Emil Kraepelin, who had already begun campaigning for a psychiatric research institute in 1912. Kraepelin's lobbying for a psychiatric research institute was closely linked to his social and political ideas. When presenting plans for the future institute in 1915, the main reason he gave for its creation was the necessity of fundamental research in psychiatry for the fight against the 'devastations that mental illness causes to our national body'.⁷⁶ Even more than about the mentally ill he was concerned about the many 'slightly abnormal people, who we describe as "nervous", eccentrics, psychopaths, or as feeble-minded, inferiors, degenerates, and enemies of society'.⁷⁷ However, he argued, the 'weapons' against these dangers which threatened the very existence of the nation and society could not be developed in the messy, everyday practice of insufficiently equipped psychiatric clinics and asylums.

Kraepelin's plan for a research institute moved considerably closer to its realization in 1916, when a large donation by the Jewish-American philanthropist James Loeb provided a financial basis. In April 1918, practical research activities by the DFA commenced, shortly before the end of the First World War and the revolution in Munich. Both Emil Kraepelin and Eugen Kahn – members of the institute's staff – were among the most aggressive psychiatric commentators on the 1918/19 revolution. During the interwar period, the institute became a national and international centre of psychiatric and neurological research. Kraepelin's emphasis on the role of psychiatry in the process of national regeneration was reflected in the DFA's organizational structure, which, since the institute's foundation, included a department for genealogy and demography led by Ernst Rüdin, one of the most important representatives of racial hygiene and eugenics in Germany.⁷⁸ Under the direction of Rüdin, who was appointed head of the DFA in 1931, research in heredity, eugenics, and genetics, as well as in criminal biology and 'psychopathy', became increasingly important for the whole institute.⁷⁹ After 1933, he was one of the most important psychiatric experts in the Third Reich, and played an important role in the scientific legitimization of the National Socialists' medical policies, both domestically and abroad.⁸⁰

The interwar period opened up new possibilities for expert activity, and psychiatrists were able to occupy important positions. In particular, the expansion – and bureaucratization – of social welfare created a new market for scientific expertise from different disciplines, both in Weimar Germany and in Austria.⁸¹ The question

of which pensions mentally injured veterans should be entitled to had already been one of the key topics in the controversial debates on the so-called 'war neuroses' before 1918. In Germany, the passing of the pension law (*Reichsversorgungsgesetz*) in 1920 finally promised pensions in the case of mental disorder due to war experiences or work accidents. But as crucial passages of the law were relatively open to interpretation, its implementation required the participation of psychiatric experts on all levels, from testimonies in individual cases to high-level policy advice. With health officials in need of expertise and psychiatrists eager to extend their socio-political influence, the welfare system of the early Weimar Republic may well be described as a situation in which science and politics functioned as 'resources for each other'.⁸² As Stephanie Neuner has recently shown, the pension question mobilized a highly active and stable network of health officials and psychiatric experts, in which a small and exclusive circle of conservative psychiatrists was able to exert some influence on national health and welfare policies in Germany.⁸³

Another field on which psychiatrists could defend, and in some regards even extend, their expert status was the judicial system. Beyond the continuous importance of forensic expert testimonies in the court room, the post-war period saw an increasing institutionalization of psychiatric expert knowledge in the penal system. The debates led by psychiatrists during and after the war had a strong influence on the theory and practice of criminology in the interwar period. Richard F. Wetzell has shown that the increasing importance of 'criminal biology' in Weimar Germany was closely connected to psychiatry's expansion beyond the clinic and into society, as well as to psychiatrists' increasing concern 'with the welfare and protection of society as a whole rather than the individual patient'.⁸⁴

More than anything else, the concepts of 'mental inferiority' and 'psychopathy' were a crucial factor in the gradual 'medicalization of penal law', constructing a criminal, moral and political menace to bourgeois society that only trained specialists could safely identify and assess.⁸⁵ Notably, the allegation that 'psychopaths' had been the protagonists of the revolution was also adopted by political decision makers in the post-war period. In September 1920, the Prussian minister of welfare, Adam Stegerwald, prompted the establishment of specialized counselling offices for 'psychopaths'. Although these offices were clearly not the institutions for the custody of 'psychopaths' that Eugen Kahn, Hans Brennecke and others had envisioned, Stegerwald basically used the same arguments to back his initiative: the recent upheaval, he wrote, had most clearly shown that 'juvenile psychopaths are to be found in the frontline of politically extreme movements'. Yet, although the 'psychopaths' were thought to be a threat to the whole nation, Stegerwald was convinced that forced medical treatments would not be successful. In contrast, counselling offices, which had to be strictly separated from the asylums, would offer the possibility to more effectively reach and treat 'psychopathic' individuals with their own consent.⁸⁶

Counselling offices for 'psychopaths' were but one outcome of a more general tendency towards the prophylaxis and prevention of mental illness. Against the background of psychiatry's notorious inability to heal its patients, psychiatrists discussed a wide range of different approaches for the prevention of mental illness and the preservation of both individual and collective mental health. As I have shown in the previous sections, different forms of socio-medical interventions had already been an integral part of psychiatrists' psycho-political diagnoses of the immediate post-war period, where the threat of mass-hysterical endemics and the need for national regeneration could serve as a legitimization for the expansion of psychiatry's field of activity. Although the debate lost some of its alarmist edge, it continued during the interwar years and led to the emergence of a movement for *psychische Hygiene* or *Psychohygiene* ('mental hygiene') in the German-speaking countries. Together with parallel and related projects in many European and non-European countries, it was part of an international movement for 'mental hygiene', founded in the United States before the war.⁸⁷ An important step in the institutionalization of this loosely defined concept was the creation of a German Society for Mental Hygiene (*Verband für psychische Hygiene*) in 1925 through the initiative of Robert Sommer, who also became its first president. The first conference of the society, held in Hamburg in 1928 not only attracted leading psychiatrists but also state officials and representatives of the welfare authorities and the police.⁸⁸

Many of mental hygiene's approaches to collective mental health prophylaxis, such as outpatient care, counselling and recreation, were soon gradually pushed aside by calls for more resolute socio-medical interventions. As the example of the Society for Mental Hygiene shows, the concept of mental hygiene itself was increasingly reduced to eugenics. Since the establishment of the society, its concept of mental hygiene and the prophylaxis of mental illness had explicitly comprised eugenics. These concepts had already been prevalent among German psychiatrists before and during the war and had gained additional momentum against the backdrop of the war and the post-war crisis. As Paul Weindling has argued: 'Virtually any aspect of eugenic thought and practice – from "euthanasia" of the unfit and compulsory sterilization to positive welfare – was developed during the turmoil of the crucial years between 1918 and 1924'.⁸⁹ Yet, eugenic concepts only came to dominate the psychiatric discourse both inside and outside of the Society for Mental Hygiene in the late 1920s, when the impact of the World Economy Crisis increased the economic pressure on the welfare system and brought an end to many reform-oriented projects in psychiatry.⁹⁰ In the early 1930s, eugenic thinking increasingly displaced alternative approaches to psychiatric prophylaxis. After the Nazis' rise to power, the society's understanding of mental hygiene became more and more indistinguishable from racial hygiene and eugenics, since Ernst Rüdin was appointed president of the society.

Conclusion

What can the example of psychiatrists' psycho-political diagnoses in the aftermath of the First World War tell us about the history of scientific expertise in the first half of the twentieth century? First, it certainly provides us with one of the most striking examples of the connection of scientific expertise with political commentary, and of how inherently political psychiatric categories of normalcy and deviance could become explicitly politicized. Second, it clearly shows the ambivalent situation faced by scientific experts at the end of the war: in the case of psychiatry, the war had offered considerable chances for the improvement of the discipline's standing. The epidemic of so called 'war neuroses' had made psychiatry an essential part of the war effort, and their apparently successful treatment promised the end of psychiatry's 'therapeutic nihilism'. Defeat and revolution threatened to unravel these wartime gains: the conflicts created by the often brutal treatment of 'hysterical' soldiers erupted both in the clinics and in political debates, while at the same time psychiatrists anxiously observed the dissolution of the old social and political order. Nonetheless, the post-war situation presented considerable chances for mental health experts: the extension of the welfare state offered new possibilities to implement socio-medical interventions, which were further legitimized by the prevalent rhetoric of crisis and 'national reconstruction'.

In this context, psychiatrists' psycho-political diagnoses served a double function. On the one hand, the spectre of the revolutionary 'psychopath' and a national 'nervous breakdown' gave utterance to the fears of an educated middle class, while at the same time delegitimizing its political adversaries and their claims. On the other hand however, behind the bleak pessimism of these diagnoses, psychiatrists tried to seize the opportunities that the situation offered and called for large-scale public health programmes under their own leadership. Based on the claim that psychiatry had a privileged insight into all human affairs, they presented themselves as the only ones truly able to analyse and understand the current situation – and to prevent its future repetition. To some extent this strategy was successful, and psychiatric proposals of the immediate post-war period as counselling offices for 'psychopaths' were taken up by state officials. However, the 'active treatment' of wartime psychiatry had not led to the hoped-for therapeutic breakthrough. During the interwar period, the promise of prophylaxis was the strategy of choice to maintain psychiatry's position in the contested field of public health. Although other approaches were also discussed, the eugenic paradigm proved to be the most successful, securing considerable funding for psychiatric research institutions long before it became part of the official 'racial hygiene' policy of the Nazi state.⁹¹