Central European Psychiatry: World War I and the Interwar Period

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Summary

During World War I, soldiers from all warring countries suffered from mental disorders caused by the strains and shocks of modern warfare. Military psychiatrists in Germany and the Austro-Hungarian Empire were initially overwhelmed by the unexpected numbers of psychiatric patients, and they soon engaged in fierce debates about the etiology and therapy of “war neuroses.” After early therapeutic approaches relying on rest and occupational therapy had failed to yield the necessary results, psychiatry faced increasing pressure by the state and the military. After 1916, the etiological debate coalesced around the diagnosis of “war hysteria,” and psychiatric treatment of war neurotics became dominated by so-called active therapies, which promised to return patients to the frontline or the war industry as quickly and efficiently as possible. War psychiatry became characterized by an unprecedented rationalization of medical treatment, which subordinated the goals of medicine to the needs of the military and the wartime economy. Brutal treatment methods and struggles over pensions led to conflicts between patients and doctors that continued after the war ended.

Keywords: Central Europe, World War I, trauma, military medicine, psychiatry, traumatic neurosis, hysteria, neurasthenia, Germany, Austro-Hungary

Subjects: History and Systems of Psychology

Introduction

The epidemic of so-called “war neuroses,” the ensuing debates about etiology, the therapeutic experiments of military psychiatrists, and the conflicts between doctors and patients that continued after the war make World War I an important episode in the history of modern psychiatry. The aim of this article is to outline the main aspects of the rich historiography of Central European psychiatry during World War I and into the interwar period. The focus is on Germany and the Austro-Hungarian Empire with its Austrian successor state, and military psychiatry will take center stage.

Historians first turned their attention to psychiatry during the World War I in the late 1980s. In Germany, the previous decade had brought new attention to the medical crimes that Nazi doctors had perpetrated against psychiatric patients and other vulnerable groups, while historians and reform-minded psychiatrists took their cues from Michel Foucault and Erving Goffman to critically reexamine the history of the discipline. Taking place in a setting shaped by military hierarchy and ideology, and pitching politically conservative medical officers against traumatized soldiers, the history of military psychiatry lent itself to narratives centered on abuses of psychiatric power and the alliance between psychiatry and the state at war. Early studies stressed the ideological continuities between the treatment of mentally injured soldiers in World War I and the dehumanization and mass murder of psychiatric inmates during World War II (Komo, 1992; Prüll, 2017; Riedesser & Verderber, 1996; Roth, 1987). The treatment methods of military psychiatrists were denounced as torture and juxtaposed on the more humane approaches advocated by psychoanalysts and psychotherapists, often reflecting contemporary struggles between different psychiatric and psychotherapeutic schools as much as historical ones. However, even as the continuities between psychiatric theory and practice in the two world wars and the long-term consequences of wartime military psychiatry for civilian patients in the 20th century continue to be relevant historical questions, by the end of the 1990s, the narratives gradually grew richer and less teleological (Brunner, 2000; Kaufmann, 1999; Mosse, 2000).

By the turn of the millennium, historians had brought new perspectives to bear on the history of military psychiatry. This was not exclusive to the history of Central European psychiatry, but an emerging international field of research that also included the flourishing British historiography of “shell shock” (Crouthamel & Leese, 2017; Micale & Lerner, 2001; Winter, 2000). Using approaches from social, cultural, and gender history, historians took a closer look at the sources and placed war neuroses, trauma, and military psychiatry in the context of early 20th-century concerns about modernity, nervousness, and masculinity. Two books still stand out: Paul Lerner’s 2003 *Hysterical Men* was the first comprehensive English-language monograph about German psychiatry in World War I; and in 2004, Hans-Georg Hofer’s *Nervenschwäche und Krieg* (Neurasthenia and War) examined Austro-Hungarian psychiatry in the years before and during the war. Both had a scope that went well beyond war neuroses and their treatment and are still rightly considered as the authoritative accounts (Hofer, 2004; Lerner, 2003). In place of simplistic stories about sadistic and warmongering psychiatrists mistreating their patients and laying the ideological groundwork for the extermination of the mentally ill in Nazi Germany’s “euthanasia” program, both studies showed how national politics, wartime pressures for the rationalization of medical treatment, psychiatrists’ professional politics, and public debates shaped psychiatric responses to the war and the subsequent controversies.

Since then, World War I psychiatry has become one of most thoroughly researched topics in medical history, with new chapters, articles, and books published every year. As in Britain, in Germany and Austria the centenary of the war brought about renewed interest in military, political, cultural, and medical aspects of the war, among professional historians as well as the public. The wartime experiences of psychiatrists and their patients have found their place in the wider medical history of the war and in the historiography of the war in general (Eckart, 2014, pp. 136–161). A plethora of studies have added to our understanding of the psychiatric experiences of World War I, and while they have not upended the stories told by Lerner and Hofer, they have introduced many new perspectives and helped to draw a more nuanced

picture (although, it needs to be said, as in every popular field of research the abundance of studies has also led to some redundancies and recurrent clichés). Using new sources from different kinds of archives, historians have increasingly shed light on patient experiences, local conditions at different hospitals and asylums, mentally wounded veterans' continuing struggles for compensation, and the ideological, cultural, and medical afterlife of wartime psychiatry. They have also gained a more complex understanding of how the theories and treatment methods discussed by military psychiatrists were put to practical use (Becker et al., 2018; Crouthamel & Leese, 2017; Gahlen et al., 2020; Hermes, 2012; Kaes, 2009; Quinkert et al., 2010).

Nervousness and Traumatic Neurosis: Psychiatry Before World War I

As the first industrialized and total war of the 20th century, World War I marks a caesura in European history. However, in medical as in political history, the response to this unprecedented situation was shaped by earlier ideas and developments. When faced with an epidemic of war neuroses in the first months of the war, psychiatrists deliberately reached back to the medical debates of the previous century. The theories that shaped war psychiatry in Germany and Austria had originated in the second half of the 19th century as medical reactions to the challenges of social and technological modernization.

In the second half of the 19th century, psychiatry found itself in a paradoxical situation: Psychiatrists had successfully established themselves in a professional and medical specialty and yet remained unable to copy the diagnostic and therapeutic breakthroughs, the optimism, and the increasing prestige of other medical specialties that were revolutionizing medicine and public health at the same time (Blasius, 1994; Engstrom, 2003). Instead, psychiatry became increasingly concerned with civilization at large. As a recently unified Germany rapidly transformed into a modern industrial and urban society, the number of asylum inmates was exploding, and so were worries about the detrimental effects of modern civilization on physical and mental health. While psychiatrists were notoriously unable to effectively treat individual patients, they became receptive to theories of degeneration, eugenics, and concerns about the collective health of the nation. The biologizing of perceived deviance and "inferiority," and a social Darwinist understanding of individual and collective health and fitness brought psychiatry into closer proximity to the interests of the state, and formed the ideological background from which many psychiatrists encountered their patients in the fall of 1914 and afterward (Roelcke, 2005).

The most direct way in which psychiatrists tackled the discontents of modern society was "neurasthenia." Invented in the United States in the late 1860s, the diagnosis quickly spread to Europe, where George M. Beard's "American nervousness" was eagerly adopted by German and Austrian audiences, psychiatrists and laypeople alike. Members of the social elite, such as businessmen, doctors, and military officers, were quick to self-diagnose, but neurasthenia was also found among the less privileged at the forefront of technological progress, such as female switchboard operators (Hofer, 2004, pp. 162, 171; Killen, 2003, 2006). With its ambiguous symptomatology and loaded symbolism, neurasthenia fed into a larger discourse about nervousness and the "nerves," in which the latter became a metaphor largely untethered from human physiology (Ulrich, 1992, 2020). Recognizing themselves and their own societies as suffering from a nervous condition caused by the political, economic, social, and cultural

upheaval at the end of the 19th century, many contemporaries saw neurasthenia as the defining trait of their historical era, individual and collective. Nevertheless, and despite its central importance in late-19th-century culture, neurasthenia remains elusive, and historians have long debated its shifting meanings among class, gender, sexuality, politics, technology, and the rise of racial anti-Semitism (Hofer, 2004; Killen, 2006; Radkau, 1998; Roelcke, 1999). Even before 1914, the nerve discourse shaped expectations of a future war as a struggle in which the nation with the "strongest nerves" would prevail (Lerner, 2003, p. 40). When the war actually broke out, many doctors espoused visions of a cathartic experience that would help the nation overcome its nervous affliction and reinvigorate a sense of masculinity (Hofer & Prüll, 2011, pp. 18–19; Radkau, 2020).

While military psychiatry is mostly associated with the wartime treatment of mentally wounded soldiers, psychiatrists had already established a foothold in the military in peacetime. Following the wars of German unification in the 1860s and early 1870s, the military made increasing use of psychiatric expertise in the medical examination of recruits and in court martials, and psychiatrists eagerly seized the possibility to advance the professionalization of their specialty and to tap an inexhaustible source of cases for their studies (Lengwiler, 2000, 2003; Ulrich, 2020, p. 34). Degeneration theory provided psychiatrists with a range of bodily and behavioral signs that could be used to diagnose recruits and defendants as biologically "inferior." During the war, however, the presence of psychiatrists in military courts also led to relatively mild judgments for soldiers accused of desertion, insubordination, or unauthorized absence in the German army as compared to other nations (Ulrich, 2020, pp. 34–35).

Like neurasthenia, the concept of mental trauma that would initially shape war psychiatry was a product of the rapid technological modernization of Western societies toward the end of the 19th century. As Esther Fischer-Homberger has shown in a now classical study in 1975, early railway travel frequently involved railway accidents, which had major ramifications for psychiatrists' understanding of the causes of mental illness (Fischer-Homberger, 1975; Leed, 2000). Among the passengers, railway workers, and bystanders involved in derailments and collisions, some individuals appeared physically unhurt and would go on to demonstrate a range of symptoms, including partial paralysis, speech disorders, headaches, confusion, dizziness, and amnesia, that defied simple classification and explanation. British doctors named the condition "railway spine" and proposed a range of somatic and psychological theories to explain the connection between somatic shock and neurological symptoms. The French neurologist Jean-Martin Charcot introduced the diagnosis of "traumatic hysteria," thereby linking the debate to an international obsession of fin-de-siècle psychiatrists while at the same time challenging the view that hysteria was an exclusively female malady. Sigmund Freud brought Charcot's ideas with him from Paris to Vienna, where they became part of early psychoanalytic theory. In Germany, the neurologist Hermann Oppenheim responded to Charcot by proposing "traumatic neurosis" as a distinct diagnostic entity, shifting the emphasis away from the wishes and fears associated with hysteria to the direct pathogenic effects of traumatic events. He assumed that posttraumatic symptoms were caused by somatic lesions in the nervous system, but Oppenheim was not a strict somaticist, and the psychological consequences of shock and fear also factored into his etiology of traumatic neurosis (Lerner, 2003, p. 29).

Traumatic neurosis quickly became the issue of heated controversy in Wilhelmine Germany's medical circles. As Paul Lerner has argued, widespread anti-Semitism among German doctors was one reason Oppenheim's theory was met with opposition, while Germany's emerging welfare state was another (Eghigian, 2001; Holdorff, 2011; Lerner, 2003, pp. 27–39). The accident insurance plan created by Chancellor Otto von Bismarck in the 1880s also entitled workers to compensation if an accident left them nervously incapacitated for work. Oppenheim's diagnosis offered a framework that causally linked a traumatic event to neurological symptoms, but his detractors soon argued that traumatic neurosis was impossible to distinguish from simulation and would thus create false incentives for malingering workers. They feared that healthy workers would use it as a way to receive pensions, which would lead to an epidemic of "pension neuroses" that would undermine Germany's economic strength in an era of Great Power competition. In their fight against traumatic neurosis, German psychiatrists increasingly adopted theories that stressed the psychic roots of mental disorders and patients' hysterical predisposition instead of traumatic events. Hysteria had always existed at the intersection of medical knowledge and normative judgment, and this was also true when the term was refashioned from a distinct diagnosis to a pathological mode of reaction at the end of the 19th century. In this understanding, which often went along with a Nietzschean concept of the "will" and substituted some of hysteria's older association with gender for class prejudice, posttraumatic mental disorders could be interpreted as expression of a patient's constitution and as purposeful behavior, thereby relieving the employer or the state from financial obligations (Lerner, 1996, 2003, pp. 36–38). Psychiatry faced similar questions again in 1914, but even two decades before the war the question of mental trauma was already fiercely politicized, and the psychiatric community entrenched in the camps of traumatic neurosis and hysteria.

Military Psychiatry in World War I

By Christmas 1914, reports about psychological breakdowns among the troops at the front could no longer be ignored (Lerner, 2003, p. 54). Military doctors increasingly saw their hospitals flooded by large numbers of soldiers exhibiting a broad range of unsettling symptoms. While often physically unhurt, they presented strange tics, paralyzed limbs, grotesque contortions, violent convulsions, uncontrollable trembling and shaking. They also suffered from amnesia and anxiety, stuttered, or were mute or blind. Austrian and German military psychiatrists had done little to prepare for mental disorders among the troops. Nevertheless, antiwar sentiment was exceedingly rare in the medical profession, and psychiatrists routinely claimed that the war would invigorate nervous minds and nations (Lerner, 2003, pp. 40–52). These hopes of the war as a cathartic cure were soon shattered as these mental conditions turned into a mass phenomenon that challenged treatment capacities and psychiatric theories alike. As the fighting drew on, men with shaking bodies became a frequent sight at the home front and a symbol of the devastations that the violence of industrialized war inflicted on vulnerable human souls (Hofer, 2020, pp. 123–124; Lerner, 2003, p. 42). The initial confusion about these symptoms found its semantic expression in a host of different terms coined by psychiatrists in different countries. In the British army, "shell shock" became the most frequently used description, whereas French doctors spoke of *commotion cerebrale, accidents nerveux*, and *obusite*, and their Italian colleagues of *shock da esplosione*. German-speaking doctors used "nerve shock," "shell concussion," "war neurosis,"

“war psychosis,” and “war hysteria,” while the public often referred to *Kriegszitterer*, “war tremblers” (Lerner, 2003, p. 61; Reid, 2019). None of the many terms used to describe these men was truly neutral and each conveyed specific assumptions about the causation and character of their affliction—as do the designations used by historians today. Over the following years, war neuroses became the issue of medical controversy, experimentation, and of political conflicts that would continue long after the armistice.

Although “shell shock” has, in many regards, become the iconic diagnosis of the war, psychiatry was only one part of the broader medical history of World War I, and needs to be situated in this larger context. An ever-growing corpus of studies tells an increasingly rich and complex history of wartime medicine, shedding light on the role of many medical specialties (Eckart, 2014). The trenches stretching from the Vosges to the North Sea still shape the memory of World War I, but there also is a growing awareness that the war was a global conflict, and other theaters, the colonies among them, are receiving increasing attention (Eckart, 2014, pp. 319–379). Yet, even as the recent historiography has complicated the geographies of the war, the Western front remains most closely associated with the history of mental trauma in Germany, Great Britain, and France. For the Austro-Hungarian and the Italian experience and memory of the war, the alpine landscape of the Dolomites along the rivers Isonzo and Piave, which was the site of numerous fiercely fought battles, played a similar role (Hofer, 2004, pp. 277–281). Another area that has received comparatively little attention is the home front, where nonmilitary psychiatry was hit hard by wartime deprivations. In Germany, starvation and illness caused the death of about 70.000 psychiatric patients between 1914 and 1918 (Faulstich, 1998, pp. 25–68).

Connecting the history of war psychiatry to a broader medical history of the war elucidates the degree to which military psychiatry shared the general characteristics of military medicine. Two aspects were particularly important: First, World War I was the first “total war,” in which all resources available to the nation had to be mobilized (Horne, 1997). Medicine became an integral part of the war effort, to such an extent that medical historians have convincingly argued that without the therapeutic and prophylactic capabilities of modern medicine, this kind of warfare would not have been possible. This also meant that significant portions of the medical community were integrated into the military, and that the goals of medicine had to align with the needs of the nation at war (Lerner, 2003, p. 42). Psychiatrists and their patients encountered each other in a setting structured by military hierarchies, in which medical doctors were simultaneously military officers. Second, the mass mobilization of soldiers and resources and the massive use of modern weaponry, such as machine guns, barbed wire, heavy artillery, poison gas, and the first tanks, was an industrialization of violence that directly led to an industrialization of medical treatment (Hofer & Prüll, 2011, pp. 17–18). To manage the number of sick and wounded soldiers, medicine itself became subject to rationalization. Paul Lerner has eloquently shown how, over the course the war, the development of German military psychiatry followed a pattern similar to that of the war economy, adopting an increasingly unified and centralized system for the treatment of war neuroses geared toward therapeutic speed and efficiency (Lerner, 2003, pp. 124–126).

War Hysteria

At the beginning of the war the medical approach to war neuroses was anything but systematic. Psychiatry and the medical corps were unprepared, military hospitals had no psychiatric wards, and most medical officers had little knowledge and no experience in treating psychiatric patients. As military operations became bogged down in trenches and barbed wire and patient numbers kept rising, any hopes that the war would be over quickly were shattered, and so were hopes that the war neurosis problem would resolve by itself. Doctors responded with a patchwork of theories and practices. Initially, treatment options were limited. The prominent psychiatrist Karl Bonhoeffer saw prophylaxis as the most promising approach, arguing that mentally unstable soldiers had to be removed from their units and discharged before their mental disorders could affect others and grow into an epidemic (Lerner, 2003, p. 55). Therapeutic methods aimed at calming the patients through warm baths, massages, or sedatives, or resorted to earlier cures to replenish depleted nerves, such as hydrotherapies, bed rest, or low electric currents. In southwestern Germany, occupational therapy on farms and in forests was implemented in 1915 (Lerner, 2003, pp. 56–57; Söhner, 2018). But these cures were rarely effective. Patients were often discharged unhealed, or remained in army reserve hospitals where they occupied space that became an increasingly scarce resource after the large battles of 1916. Few were able to return to their units or into their prior occupations. Soon, these initial approaches to the treatment of psychiatric cases in the military began to draw criticism and older concerns about malingerers and unjustified pension claims resurfaced.

The medical and political challenges presented by the war neurotics led to a replay of the late-19th-century controversy about the mental consequences of industrial accidents. When first faced with the confusing array of symptoms in soldiers early in the war, German doctors, lacking established diagnostic categories, often assumed a direct somatic connection between their patients' nervous symptoms and the powerful explosions that modern weaponry unleashed on the battlefield (Lerner, 2003, p. 61). One important voice was still Hermann Oppenheim's, whose experiences in the treatment of nervous casualties led him to revive his theory of traumatic neurosis (Lerner, 2003, p. 63). This elicited a familiar response: Military brass and doctors feared that considering mental injury as caused by or being equivalent to physical injury would lay the basis for an unending flow of pension claims, drain manpower from frontline troops and the war industry in a time of national need, and create incentives for shirkers. Military psychiatrists rallied around the diagnosis of "war hysteria," which rejected a direct link between the traumatic experience and the nervous symptoms, and viewed soldiers' symptoms as a means to get away from the front line and receive a pension. Even the most horrific frontline experiences, they argued, could not by themselves cause a persistent neurosis if there was no underlying hereditary "inferiority" and no defective volition (for contemporary accounts, see Binswanger, 1922; Kretschmer, 1920; see also Brunner, 2000; Michl, 2007, pp. 202–213). This theory conveniently answered the needs of the military and shifted the focus of the treatment away from protracted causal cures to the quick removal of the apparent symptoms, introducing a full range of therapeutic methods targeting psychogenic symptoms through means of subtle or forceful suggestion. The debate was framed in nationalist and military language, and male hysteria carried the negative stigma of

unmanliness, weakness, and constitutional inferiority. As the controversy continued over the first two years of the war, Oppenheim found himself fighting a losing battle (Lerner, 2003, pp. 62–74).

The debate reached its dramatic climax at the War Congress of the German Association for Psychiatry in Munich in September 1916 (Lerner, 2003, pp. 74–79; Michl, 2007, pp. 187–192; Rauh, 2018). With the massive battles of Verdun and the Somme still raging, concerns over economic and military manpower made war neuroses and pensions issues of national importance. After Oppenheim had laid out his views, and even made some concessions to his critics about the importance of psychological factors, he was met with unified opposition by his colleagues. In the following lectures psychiatrists Max Nonne and Robert Gaupp vehemently argued against traumatic neurosis and in favor of war hysteria as a diagnosis. To prove that war neuroses were in fact a form of hysteria, Nonne employed a powerful performance and demonstrated his hypnosis technique on a number of patients in the front of the assembled audience. Gaupp reiterated a common and persuasive argument against the assumption of a somatic causation by pointing to the fact that war neuroses were common neither among seriously wounded soldiers nor among prisoners of war—two groups that, as Gaupp argued, had nothing to gain from exhibiting nervous symptoms. In the exchange that followed, discussant after discussant piled on Oppenheim and traumatic neurosis. Contemporaries remembered the congress for the bitter and emotional confrontation between Oppenheim and his critics, and in the historiography of German war psychiatry, it is usually depicted as the pivotal moment. The immediate result was that the conflict between the different approaches had been decided and war hysteria had emerged as the dominant paradigm in military psychiatry (Lerner, 2003, pp. 79–85).

Hypnosis and Electricity: Active Treatment in German War Psychiatry

The consolidation of German military psychiatry around the war hysteria diagnosis led to the creation of a comprehensive treatment regime for war neuroses. One surprising addition to psychiatrists' therapeutic arsenal was a method that to many had seemed an outdated and unscientific sideshow antic: hypnosis. The main proponent of the revival of hypnosis was Max Nonne, who not only demonstrated the powers of hypnosis at the Munich congress and in many other venues but also produced a training film showing his success in the treatment of war hysteria (Köhne, 2009, pp. 200–236, 2017). Nonne presented hypnosis as akin to magic—able to perform rapid cures with success rates as high as 95%, even for patients with long-standing and recalcitrant symptoms—at a time when German military psychiatry was still stuck in a therapeutic crisis. Despite lingering doubts about the method, hypnosis became the first in a series of "active treatments": wonder cures that promised the quick and efficient removal of hysterical symptoms. The underlying assumption common to these methods was that war hysteria was a psychogenic disease, and that the road to the cure had to run through patients' minds. Exploiting the power imbalance between doctors and patients due to class, education, and military rank was part of the suggestive setting, as well as elaborate performances of medical treatment to get patients to give up their hysterical symptoms. Military psychiatrists devised a range of different and sometimes eccentric cures to persuade, trick, or force patients out of their illness (Lerner, 2003, pp. 86–123; for a contemporary synthesis, see Nonne, 1922).

Many military psychiatrists used means that were much more forceful than Nonne's hypnotic performances, and even brutal to the point that some historians have characterized them as forms of torture or "therapeutic violence" (Brunner, 2000, p. 309; Roth, 1987). The most influential and controversial among these methods was the one developed by the neurologist Fritz Kaufmann. Like Nonne's, Kaufmann's method relied on suggestion, but instead of hypnosis he used the military environment and electric currents to achieve rapid cures. The eponymous "Kaufmann cure" consisted of four elements: First, a suggestive preparation, in which the patient had to be convinced of how successful the following treatment would be; second, the application of strong alternating electric current in bursts of several minutes in combination with continued verbal suggestion about the success of the treatment, followed by physical exercises; third, strict military discipline and hierarchy had to be maintained during the entire procedure, with the verbal suggestion delivered in form of military commands; and finally, the treatment had to be firmly conducted in a single session until the cure had been completed and the hysterical symptoms had been removed (Kaufmann, 1916, p. 803). Kaufmann's method, which had to overcome the patient's will in order to be effective, worked, and made it unnecessary to distinguish between cases of genuine mental illness and simulation. However, it also had the adverse effect of antagonizing patients and politicians. Incidents of death during the application of the method were reported as early as 1916. By the end of 1917, the Prussian War Ministry banned electrotherapy with strong electric currents like the ones used by Kaufmann, and Austria-Hungary issued a similar decision in 1918 (Lerner, 2003, pp. 103–104). In the final weeks of the war the practitioners of active treatment faced increasing resistance by patients and popular protest (Lerner, 2003, p. 106).

German military psychiatry entered a new phase when active treatment became integrated into a comprehensive system for the treatment of war neuroses. This new system of special neuroses clinics, linked to institutions for work therapy and rehabilitation, is at the heart of Paul Lerner's argument. Military psychiatry became centralized, standardized, and rationalized; geared toward treating large numbers of nervous causalities as quickly and efficiently as possible. Against the backdrop of attrition warfare and a total mobilization of national resources, medicine had to serve wartime economic needs, and soldiers suffering from nervous afflictions were seen as potential workforces for a war industry hampered by chronic labor shortage (Lerner, 2003, p. 124). The network of specialized military psychiatric facilities that emerged in Germany in the second half of the war strictly separated psychiatric cases from the physically wounded, channeled them into active treatment, and provided work opportunities in industry and agriculture (Lerner, 2003, pp. 125–126). The goal of active treatment was not to help patients overcome their mental trauma, but primarily to restore their ability to work, transforming idle patients into productive workers (Lerner, 2003, pp. 129–155).

However, the reality on the ground may have been more complicated and messier. Statements by leading psychiatrists and political and military decision makers clearly paint the picture of a fully mobilized psychiatric apparatus centered around the idea of war hysteria, active treatment, and rapid mass treatment, but some newer studies show a different picture. Drawing on patient files from military hospitals, historians have argued that even after the Munich congress, the diagnostic categories of military psychiatry were often used inconsistently and that, more important, painful electric treatments such as the Kaufmann method were only used in a minority of cases (Rauh, 2020). Instead, rest and relaxation persisted as frequently used treatment options until the end of the war. Even psychiatrists like

Robert Gaupp, one of the most fervent voices in favor of harsh treatment methods, appear to have been more willing to issue lenient diagnoses and grant pensions than their public statements indicate (Bennette, 2020, pp. 161–167). Taken together, these studies point to a considerable discrepancy between discourse and practice in war psychiatry. While the leaders of the psychiatric profession envisioned an integrated treatment system reflecting their diagnostic and therapeutic positions, the actual implementation was lagging and incomplete. Local doctors in the military hospitals used the available leeway to employ their own methods, creating a treatment system that was more fragmentary and eclectic than it appeared in published sources and the historiography based on them (Peckl, 2014).

War Psychiatry in the Austro-Hungarian Empire

The trajectory of military psychiatry in Austria-Hungary mirrored the German experience in some regards. Like their German colleagues, many Austrian psychiatrists had initially greeted the war as an event that would reinvigorate and remasculinize a nervous and effeminate nation threatened by degeneration, only to find out that the war in fact had a detrimental effect on the mental health of soldiers. The inflow of physically and mentally wounded soldiers brought an unprepared military medical system to the limits of its capacity, and doctors were uncertain about how to explain and treat the psychiatric symptoms exhibited by many soldiers. By 1915, however, military pressure on medicine rose to the point that a more systematic approach emerged. Hectic improvisation gave way to increasing centralization and rationalization, as smaller military hospitals were closed in favor of larger clinics with specialized medical expertise (Hofer, 2011, p. 60). Eager to prove their worth to the nation, Austrian psychiatrists created a mass treatment regime in which electrotherapy was the method of choice. While electricity had a long tradition in Austrian psychiatry, its wartime use was based on the same theory as the Kaufmann method in Germany, in which the cure was not ascribed to any physiological effect of the current, but to the suggestive psychological power of the sensory impression (Hofer, 2020, pp. 129–130).

Despite these evident parallels, there were at least two important differences between war psychiatry in Germany and in the Habsburg Empire. First, Austro-Hungarian wartime medicine was much more centralized: Many military hospitals and about half of the nerve centers were localized in the empire’s capital. The concentrated presence of military psychiatrists and their patients in Vienna increased their visibility to the public and contributed to the controversies that evolved around the treatment of war neuroses (Hofer, 2020, pp. 125–126). Second, suggestive treatments other than electrotherapy played a minor role in the therapeutic arsenal of military medicine. The main reason was that, in the army of the multiethnic Habsburg Empire, most soldiers spoke languages other than German. The ensuing communication problems were further exacerbated by the fractured national politics in the empire and the centralization of medical services in Vienna, where most psychiatrists identified as German-Austrians (Hofer, 2011, pp. 62–64; Kučera & Leidinger, 2020). The linguistic barrier between doctors and patients directly impaired the use of hypnosis and other suggestion therapies and led psychiatrists to adopt electric currents as a kind of universal language (Hofer, 2011, p. 64). However, the pervasive use of electrotherapy in Austro-Hungarian war psychiatry also led to fierce medical and political controversy.

After the end of the war and the collapse of the Habsburg monarchy, Austrian military psychiatrists stood accused of brutally mistreating patients. The trials against Julius Wagner-Jauregg, the most prominent Viennese psychiatrist and a key figure in military psychiatry, and six other doctors in the autumn of 1920 are a crucial part of the historiography of Austrian psychiatry in World War I. This was the only investigation of its kind into the treatment methods of war psychiatry in postwar Europe, and public interest was considerable (Hofer, 2011, pp. 50–51). The importance of the trial was also due to the fact that, in the parliamentary investigative committee that had been set up for the high-profile case of Wagner-Jauregg, Sigmund Freud served as the main expert witness (Eissler, 1979). However, the simple dichotomies of Robert Eissler's influential 1979 portrayal of the trial as a clash between academic psychiatry and psychoanalysis has since been replaced by a more complex image. Even as Freud used the opportunity to publicly paint psychoanalysis as a viable alternative to academic psychiatry, his rejection of electrotherapy in military psychiatry was far from absolute, and he spoke in favor of Wagner-Jauregg, who was eventually exonerated of all charges. And Freud was not the only psychoanalyst for whom the war posed challenging questions about psychological theories and professional politics.

Psychoanalysis and War Psychiatry

The increasing importance of the hysteria diagnosis in war psychiatry presented psychoanalysts with an ambiguous situation. On the one hand, the psychogenic explanation of war neuroses offered a point of entry for a psychoanalytic concept of neuroses into military and mainstream psychiatry. On the other hand, wartime pressures for rapid mass treatment ran counter to the tenets of psychoanalytic therapy, which was time-consuming, individualized, and reliant on voluntary participation (Lerner, 2003, p. 165). Nevertheless, some psychoanalysts, as well as some military psychiatrists not affiliated with the institutions of psychoanalysis, began to adapt elements of Sigmund Freud's theory and treatment methods to the specific conditions of war psychiatry. Even as the "talking cure" was sped up, simplified, or combined with hypnosis, the goal remained to cure patients through a catharsis achieved by uncovering and working through the repressed memories that lay behind the symptoms. War psychiatry also entered psychoanalytic theory: Psychoanalysts discussed the role of sexuality and unconscious desires in war neuroses, while for Freud, the experience of the war led to a new trauma theory and the concept of the death drive (Lerner, 2003, pp. 175–189). But even as psychoanalytic treatment was more sophisticated and less brutal than mainstream "active therapy," it was not necessarily more politically progressive. As part of wartime medicine, psychoanalysis could not escape the military rationale of returning patients to the field or to work and took place in a framework shaped by military hierarchies (Lerner, 2003, p. 171).

In many cases, psychoanalytic treatments turned out to be successful, and recidivism was less frequent than with the usual methods. In the final months of the war, medical officials began taking an interest in psychoanalysis as an alternative to active therapy, which was then increasingly coming under attack (Lerner, 2003, pp. 174–175). When psychoanalysts from countries of the Central Powers met for the Fifth International Psychoanalytic Congress in Budapest in late September 1918, they were joined by high-ranking medical officials—a clear sign of the increasing importance ascribed to psychoanalysis (Freud et al., 1919). After the congress, German, Austrian, and Hungarian administrations appeared open to the idea of

establishing specialized psychoanalytic military hospitals. For Freud and his followers, these developments promised a major success in their struggle for recognition. However, as the war ended in the defeat of the Central Powers and the Hohenzollern and Habsburg monarchies collapsed, so did psychoanalysts' hope for a closer cooperation with the state. Psychoanalysis returned to its marginal position, but attempts to extend its therapeutic reach beyond a bourgeois patient population continued in the interwar period as psychoanalytic polyclinics were founded in Berlin and Vienna (Danto, 2005).

After the War: Revolutionary Psychopaths and Pension Neuroses

Even as the war ended, the struggles around war psychiatry continued. For many conservative psychiatrists who had put themselves in the service of the nation and the war effort, the military defeat of the Central Powers and the German revolution appeared as an existential catastrophe. Many prominent representatives of the discipline framed their interpretations of the recent upheaval in the form of medical diagnoses. In the leaders and participants of the revolution, psychiatrists recognized their patients: The former war neurotics and malingerers, they claimed, had suddenly shed their symptoms and now filled the ranks of the revolutionary "psychopaths" (Freis, 2019, pp. 33–72; Lerner, 2003, pp. 193–222). In a continuation of medical wartime propaganda targeted against the Entente nations, psychiatrists turned their clinical gaze onto their own nation and diagnosed the political unrest as a collective "nervous breakdown" and mass hysteria (Freis, 2020). As psychopolitical diagnoses abounded, even Germany's exiled emperor, Wilhelm II, became the object of a fierce psychiatric debate revolving around questions of mental illness, accountability, and political leadership (Freis, 2018). These diagnoses of society and politics went hand in hand with far-reaching proposals for collective treatments, which usually included social reforms, eugenics, and early forms of mental hygiene. Faced with a fraught political situation that threatened their status and power, prominent psychiatrists styled themselves as saviors of the nation in a time of crisis and as spiritual leaders in the "mental reconstruction of the German people" (Beddies, 2020; Stransky, 1920).

For the hundreds of thousands of former soldiers who had been treated for mental disorders during the war, reintegrating into postwar society and economy could be challenging. Many remained unable to work and reliant on state welfare, but receiving compensation for mental trauma was often more difficult than for physical injury (Crouthamel, 2009, pp. 54–156; Lerner, 2003, pp. 223–248; Neuner, 2011; for a contemporary account, see Stier, 1922). As part of its sweeping welfare reforms, the nascent Weimar republic had introduced a new pension law in 1920 that recognized mental injury in compensation claims. However, due to cost-cutting, political pushback, medical concerns, and turf battles between legal and medical experts, the law was constantly contested, and the practice of pension allocation remained shifting and inconsistent. The result was that, for many veterans, the quest for compensation turned into years-long bureaucratic battles with recurrent examinations and changing assessments of their claims (Neuner, 2018, pp. 389–391). Pensions for mentally wounded veterans became a central part of the broader fight about the political future of the Weimar welfare state. Eminent psychiatrists positioned themselves against the law, which they attacked for creating incentives for shirkers to receive unwarranted compensations, and

dismissed the symptoms of claimants as “pension neuroses.” These conflicts often unfolded along and were reinforced by class divides between proletarian veterans and medical experts who belonged to the educated bourgeoisie (Lerner, 2003, p. 226).

The pension issue was driven by material concerns, but it also touched on the contested memories of a devastating war and the defeat of the Central Powers (Crouthamel, 2020). While political parties on the left were generally sympathetic to the claims of mentally wounded veterans and considered their symptoms as a consequence of the brutality of the war, the right saw them as outsiders to the national community, as unmanly, and as threats to the collective health of the German nation (Crouthamel, 2020, p. 253). Individual claims for compensation became entangled in the ideological struggles of the interwar period, and historians such as Paul Lerner, Stephanie Neuner, and Jason Crouthamel have used richly sourced case studies of veterans’ protracted quests for pensions to unearth the “patient’s view” on war, trauma, and politics and the considerable agency of claimants in shaping their own narratives of war and suffering. With the transfer of power to the National Socialists in 1933, the situation of mentally wounded veterans of World War I deteriorated. Even as combat veterans played a central role in the memorialization of the war, and the Nazi veteran organization pushed for a recognition of the pension claims of its members, a revision of the pension law in 1934 rejected any link between war experience and mental illness in an attempt to purge war neurosis from the official memory of the war (Crouthamel, 2010). Stripped of their status as war invalids, veterans of World War I suffering from severe forms of mental illness became part of the general population of mental hospitals, where many of them became victims of the Nazi mass murder of psychiatric inmates (Rauh, 2010).

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