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Psychiatry's role in the holocaust *

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German psychiatrists proposed the extermination of mental patients before Hitler came to power. Then in Nazi Germany, organized psychiatry implemented involuntary eugenical sterilization and euthanasia, ultimately killing up to 100000 German mental patients. The six psychiatric euthanasia centers utilized medical professionals, fake death certificates, gas chambers disguised as showers, and the mass burning of corpses.

Psychiatrists from the euthanasia program also participated in the first formalized murders in the concentration camps. Inmates were "diagnosed" on euthanasia forms and sent to the psychiatric euthanasia centers. These facilities later provided the training, personnel and technology for the larger extermination camps.

Medical observers from the United States and Germany at the Nuremberg trials concluded that the holocaust might not have taken place without psychiatry. This paper summarizes psychiatric participation in events leading to the holocaust, and analyzes the underlying psychiatric principles that anticipated, encouraged, and paved the way for the Nazi extermination program.

Psychiatry played a key role in the events that unfolded in Nazi Germany leading up to the mass murder of the Jews and other groups considered alien to the German state. According to many observers at the Nuremberg trials, psychiatry was the "entering wedge" [1] into the holocaust and the tragedy might not have taken place without the profession's active leadership. This paper summarizes psychiatry's role and attempts to answer the question, "What psychiatric principles could have led to these abuses?"

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What psychiatry did in Nazi Germany

In July 1945 the war had been over for more than 3 months in his sector when a young officer, Robert Abrams, was approached in a U.S. Army public relations office in occupied Germany by a demobilized German army physician [2,3] [1]. The physician had returned from the front to find that German psychiatrists were killing mental patients in the state hospital in his home town of Kaufbeuren.

On arriving at Kaufbeuren, Abrams asked some of the children in the street about the hospital and they replied, "Oh, that's where they kill people". Most of the records of the mass murders [2] had been destroyed; what remained showed a death rate of 25% during the previous year. The lethal methods were poisoning and slow death through starvation on "scientific diets". The victims included 100 children.

The crematorium ovens had been active up to the arrival of the American soldiers, with an admitted 350–400 cremations during the first 6 months of 1945. But unlike the extermination camps, which shut down with the impending arrival of allied troops, the psychiatrists had maintained their extermination program.

Abrams reported that a psychiatrist who led him through the hospital showed no remorse. He was not a Nazi party member, and believed that he had acted in the name of medicine. The nurses belonged to religious orders. The psychiatric director of the institution hanged himself in reaction to Abrams' arrival.

Records uncovered by Abrams confirmed what we now know about the systematic murder of mental patients that began in late 1939 and early 1940 before the large-scale extermination of the Jews ([5,6]; also, see ahead). Hundreds of euthanasia forms had been filled out by two doctors in the hospital and then sent to Berlin for evaluation by professors of psychiatry. When one of the Berlin professors approved euthanasia, the sentence was carried out. Chronicity and incapacity for work were key criteria. The selected patients were then shipped to holding facilities and then ultimately to one of the six psychiatric extermination centers — Hartheim, Hadamar, Sonnenstein, Grafeneck, Brandenberg, and Bernberg [5]. Up to 100 000 German psychiatric inmates were killed before Hitler ended the official program late in 1941 [6,7].

In response to criticism from the public and religious leaders, Hitler withdrew his official approval from the euthanasia program and turned his attention to the holocaust. However, local state hospital doctors continued killing the patients within the state hospitals themselves, destroying another 70 000 inmates [8]. Thus, with the end of the euthanasia bureaucracy organized from Berlin, psychiatrists resumed the program as they had originally begun it [6], on their own in individual mental hospitals. New patients continued to be admitted and then exterminated.

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[1] This important episode has never been described in the professional literature, except for Proctor's [4] brief quotation from an earlier publication of mine in a popular magazine. Therefore, a more detailed description is warranted.

[2] *The Trials of War Criminals* [5] concludes that "the Euthanasia Program can only be described as mass murder" (p. 804).

Eventually, 250 000 to 300 000 patients were murdered throughout Europe according to the Allied estimate at the Nuremberg Doctors' Trial [5], p. 66). By the end of the war, some of Germany's large psychiatric facilities were empty. Hitler's views on the unofficial continuation of the euthanasia program are not known.

In *A Sign for Cain* [9], psychiatrist Fredric Wertham lays the blame for psychiatry's activities fully at the feet of the profession:

> The tragedy is that the psychiatrists did not have to have an order. They acted on their own. They were not carrying out a death sentence pronounced by someone else. They were the legislators who laid down the rules for deciding who was to die; they were the administrators who worked out the procedures, provided the patients and places, and decided the methods of killing; they pronounced a sentence of life or death in every individual case; they were the executioners who carried out or — without being coerced to do so — surrendered their patients to be killed in other institutions; they supervised and often watched the slow deaths. (p. 161)

From euthanasia centers to extermination camps

The euthanasia centers played a central role in developments leading to the larger holocaust. They pioneered approaches later used in the extermination centers: medical experts to justify the killings as medical procedures [3], gas chambers disguised as showers, and the mass cremation of bodies to avoid legal entanglements over corpses [8,10].

In *The Murderers Among Us* [11], Simon Wiesenthal observes that the psychiatric euthanasia centers were structured like medical schools:

> Hartheim was organized like a medical school — except that the "students" were not taught to save human life but to destroy it as efficiently as possible. The deaths of the victims were clinically studied, precisely photographed, scientifically perfected. (p. 315)

Wiesenthal's description may be exaggerated. There was little or no actual medical training taking place [10]; yet the pretense of medical authority and treatment helped to justify the murders, and to inure the personnel to committing atrocities.

Wiesenthal raises the question that has puzzled if not plagued many observers of the Nazi atrocities: How had the perpetrators of the holocaust become emotionally hardened to performing their grim tasks?

> Machines broke down, but the people handling them never did. How could it be that the people operating the gas chambers and ovens were more reliable than the machines? Had they been trained mechanically *and* psychologically to stand the terrific strain? The question bothered me for years. ... All facts pointed toward the conclusion that special cadres of technically skilled and emotionally hardened executioners were trained somewhere. Castle Hartheim and the other euthanasia centers were the answer. (p. 315)

[3] The presence of physicians and other health professionals in the euthanasia centers gave a false security to the victims who did not realize their fate until the very end. Faked death certificates were intended to disguise the deaths as natural in origin in order to hide an inmate's fate from his or her family and the public.

When the giant extermination centers were set up in the east, a psychiatrist from the euthanasia program was, for a short time, one of the first commandants [6]. Consultants from the euthanasia program helped set up these extermination camps and personnel from the program initially staffed them [1,6]. Christian Wirth, who supervised the euthanasia center at Hartheim, was designated supervising inspector in the early stages of the extermination camps, including Belzec, Sobibor and Treblinka. Wirth's role demonstrates the direct relationship between the euthanasia program and the holocaust ([10], pp. 53–54; [11], p. 314). Wirth's successor at Hartheim, Franz Stangl, later became commandant of Treblinka ([11], p. 314). Asked how he became inured to killing people, Stangl explained that he had been trained by doctors in the euthanasia program in 1940.

Not only the personnel but the physical plants became utilized in the holocaust. Equipment from the psychiatric murder centers was dismantled and shipped east for the larger camps [7]. In another direct link, the first extermination camp, Chelmno, "was originally planned as a euthanasia institute" ([10], p. 86).

Furthermore, the first systematic murders of concentration camp inmates took place in the euthanasia centers under the direction of teams of psychiatrists led by Werner Heyde. These teams "diagnosed" and selected victims using the psychiatric euthanasia forms, then had the inmates transferred and sent to their deaths at the psychiatric extermination centers [5,6]. The criteria were now "racial" and political. As Mitscherlich and Mielke [12] stated, "... in the concentration camps prisoners were selected by the same medical consultants who were simultaneously sitting over the destiny of mental institution inmates" (p. 117). Meyer [8] estimates that 10 000 were killed in this early stage of the holocaust.

In camps that combined slave labor and extermination, physicians continued to play a role in performing "selections". As many observers have noted, physicians decided who would go to the gas chambers and who would temporarily survive to perform labor at Auschwitz and directed the murder program, determining at a glance who were healthy and strong enough to become slave laborers and who would die immediately [13]. However, psychiatric specialists were no longer heavily involved. The new doctors often came directly from the Nazi-dominated medical schools without advanced specialty training.

From eugenics and euthanasia to the holocaust

Mitscherlich, who was the official representative of German medicine at Nuremberg, and his co-author Mielke [12], concluded that the eugenics and euthanasia programs paved the way for the holocaust. After describing the eugenics law and the supporting commentary on it written by psychiatrists Ernst Rudin and other eugenicists, they commented:

> This became the starting point for a line of development that inexorably led to enforced "mercy death" for the incurably insane on the one hand, and, during the war, on the other, to plans for exterminating races declared to be inferior — Poles, Russians, Jews, and gypsies. (p. 90)

Leo Alexander [1] was the United States Army representative at Nuremberg. Although himself a staunch supporter of electroshock, lobotomy and eugenics (see ahead), he too concluded that the euthanasia program was a stepping-stone on the way to the larger holocaust:

> According to the records, 275 000 people were put to death in these killing centers. Ghastly as this seems, it should be realized that this program was merely the entering wedge for exterminations of far greater scope in the political program for genocide of conquered nations and the racially unwanted. The methods used and personnel trained in the killing centers for the chronically sick became the nucleus of the much larger centers in the East, where the plan was to kill all Jews and Poles and to cut down the Russian population by 30 000 000. (p. 402)

The representative from the American Medical Association, physician Andrew Ivy [12], observed:

> Had the profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea of technique of death factories of genocide would not have taken place. (p. xi)

Psychiatry was not only critical in implementing "scientific" extermination, it proposed and discussed the possibility openly before Hitler came to power. In 1920 the German professor of psychiatry, Alfred Hoche, with co-author law professor Karl Binding [14], published the first academic treatise justifying large-scale medical exterminations. They called for destroying "lives unworthy of living", namely, incurable mental patients. This led to a lively debate within German medical, legal and theological circles during the 1920's, preparing the way for later acceptance of the murder program when Hitler took power.

Eugenics and Nazi Germany

Eugenics, or the prevention of life deemed unworthy, led in Germany to euthanasia or the termination of life after birth. Numerous observers have seen eugenics as a step toward euthanasia [4,7,8,15]. In Nazi Germany, the involuntary sterilization program begun in earnest in the mid-1930s was replaced by euthanasia in the late 1930s and early 1940s [4].

Hitler's *Mein Kampf* [16] was not written until 1924, and its theories and even its language clearly borrow from those of scientific eugenicists. Speaking of the future Nazi State, Hitler declared:

> It has to make the child the most precious possession of a people. It has to take care that only the healthy beget children .... Thereby the State has to appear as the guardian of a thousand years' future, in the face of which the wish and the egoism of the individual appears as nothing and has to submit. It has to put *the most modern medical means* at the service of this knowledge. It has to declare unfit for propagation everybody who is visibly ill and has inherited a disease and it has to carry this out in practice. (p. 608) [italics added]

> The prevention of the procreative faculty and possibility on the part of psychiatry degenerated and *mentally sick people*, for only six hundred years, would not only free mankind of immeasurable misfortune, but would also contribute to a restoration that appears hardly believable today. (p. 609) [italics added]

Hitler reportedly read the leading German eugenic textbook while writing *Mein Kampf* in prison ([4], p. 60; see also [17]). A copy of Hoche's autobiography [18], published in Germany during the war, contained an advertisement quoting Hitler in lavish praise of Hoche's life and work.

While eugenics initially developed outside psychiatry, its most staunch support eventually came from within the profession. Throughout the Western world, including Germany and the United States, mental patients were by far the most frequent victims of sterilization and castration. Most of the several hundred thousand people sterilized between 1934 and 1939 in Nazi Germany were labelled mentally ill [8].

The international psychiatric leadership of the early twentieth century, from Kraepelin to Bleuler, largely supported eugenics. Peter Lehmann [19] located an advertisement from Bleuler in praise of a leading eugenics textbook that in turn specifically supported Hitler's programs.

Ernst Rudin was a leading figure in international psychiatry, the recipient of Rockefeller funds, the author of many articles on the genetics of schizophrenia, and the director of the Department of Heredity of the Kaiser Wilhelm Institute of Psychiatry. He strongly influenced Hitler's 1933 sterilization law and helped write the official commentary on its interpretation. On his 70th birthday in 1944, the psychiatrist was given a medal by Hitler as "the path finder in the field of hereditary hygiene" ([20], p. 26).

Parallel events and parallel attitudes in America

Hitler's eugenics program, including the involuntary sterilization of hundreds of thousands of people, received international support from psychiatry and the eugenical movement. As one of the authors of *Eugenical Sterilization*, an official report of the American Neurological Association [4] [21], Leo Alexander himself had praised the program. Since he was German-trained and German-speaking, Alexander probably bears primary responsibility for writing "it is fair to state that the Sterilization act is not a product of Hitler's regime, in that its main tenets were proposed and considered several years earlier, before the Nazi regime took possession of Germany" (p. 22).

The authors of *Eugenical Sterilization*, led by Abraham Myerson, one of America's most respected psychiatrists, praised Hitler's legislation:

> It will be seen that this law is very precise and, as appears later, conforms closely with the present knowledge of medical eugenics. The law is hedged around with safeguards and

[4] The report was supported by the Carnegie Foundation.

> official intervention. Provisions are made for trial, appeal, and execution of the law with characteristic German thoroughness. (p. 22)

The authors of *Eugenical Sterilization* also cited a publication by W.W. Peter in which Hitler's sterilization program is justified as a political and social necessity. In the article, Peter [22] stated "The present load of social irresponsibles are liabilities which represent a great deal of waste" (p. 190). The authors cited no criticism of Hitler's eugenical program and they would have found it difficult to locate any.

Rudin was encouraged about the feasibility of implementing mass sterilization by the American eugenicist Paul Popenoe, who traveled to Germany to describe California's official state program that had sterilized 15 000 mental patients. While Popenoe was not a psychiatrist, he was in charge of statistical analysis for the California involuntary sterilization program in its state mental hospital system. In 1930 he called for the involuntary sterilization not only of psychiatric inmates but of their families [23].

When Hitler's sterilization laws were put into effect in January 1934, Popenoe in America quickly lavished praise on both the German dictator and his programs. Writing in the *Journal of Heredity*, Popenoe [17] quoted enthusiastically from *Mein Kampf*. He reported that Hitler read and studied "to good purpose" one of the most respected modern eugenics texts while in jail. "From one point of view", Popenoe declared, "it is merely an accident that it happened to be the Hitler administration which was ready to put into effect the recommendations of the specialists" (p. 257). He provided the full text of the German involuntary sterilization legislation and reported that one-third of inmates were being sterilized. He concluded "the present German government has given the first example in modern times of an administration based frankly and determinedly on the principle of eugenics" (p. 260).

Many articles in American and English professional journals praised Hitler's eugenics programs or promoted similar alternatives. For example, shortly after the promulgation of the Nazi sterilization laws, the *Journal of the American Medical Association* [24] published a lengthy report on the law and its many expected benefits. Without hint of criticism, it observed that 400 000 German sterilizations were soon expected. Brief, positive reports on events in Germany continued to appear for some time in the journal.

Marie Kopp [25] described her 1935 interviews with German authorities involved in the sterilization program. She made clear the inspiration the Germans received from American counterparts: "The leaders in the German sterilization movement state repeatedly that their legislation was formulated only after careful study of the California experiment as reported by Mr. Gosney and Dr. Popenoe" (p. 763). She pointed out that the legislation had been formulated in government circles prior to Hitler's ascension to power and furthermore that "the legal sterilization of mental incompetents originated in the United States" (p. 763).

Writing in 1938 in *Eugenical News*, F.J. Kallmann [26], America's leading psychiatric geneticist, argued that sterilizing every mental patient would not be enough to destroy the allegedly recessive gene for schizophrenia.

> [A] satisfactory eugenic success in the heredity-circle of schizophrenia cannot be secured without systematic preventive measures among the tainted children and siblings of schizophrenics. Especially inadvisable are the marriages of schizoid eccentrics and borderline cases, when contracted with individuals who either manifest certain symptoms of a schizophrenic taint themselves or prove to belong to a strongly tainted family. (p. 113)

Kallmann called for coercive state interventions for eugenic intervention, including both sterilization and the prevention of marriage. Kallmann was aware of the comparison between his proposals and those being implemented in Germany. He had only recently left Germany, where he had proposed such sweeping sterilization measures that even the Nazis considered them too extreme [4,6]. These measures included the same ones he advocated in *Eugenical News* after his arrival in America (see above).

Kallmann's article was directly followed in the same journal by an article by Rudolph Binder [27] openly praising Hitler and Germany's sterilization of an estimated 300 000 people. Without mentioning euthanasia, but in language similar to that used in Germany to support the euthanasia program, Binder complained that "These useless, hopeless and harmful people receive the best of care" (p. 116).

Praise came in the same year from American psychiatrist Aaron Rosanoff [28] in his textbook, *Manual of Psychiatry and Mental Hygiene*. In a lengthy section on eugenics, Rosonoff cites with approval the extensive sterilization being carried out in the United States (he estimates 25 000) and the more expansive program in Germany. Rosonoff later raises the question whether or not eugenics itself smacks of "nazism and fascism" (p. 812), but concludes that the ethics of eugenics are "scientific" rather than political in origin.

According to Proctor ([4], p. 117), "After the war, allied authorities were unable to classify the sterilizations as war crimes, because similar laws had only recently been upheld in the United States". In effect, these particular atrocities could not be defined as criminal by the tribunal because they were international in scope, representative of psychiatric activities throughout the western world.

Not only eugenics, but medical murder found support at the highest levels of American psychiatry. It, too, grew from those who initially supported eugenics and then moved to more radical solutions. Foster Kennedy, an influential American psychiatrist and neurologist, supported widespread eugenical sterilization and castration [29]. At the 1941 annual meeting of the American Psychiatric Association [30], he called for the extermination of incurably severely retarded children over the age of five. His goal was to relieve "the utterly unfit" and "nature's mistakes" of the "agony of living" and to save their parents and the state the cost of caring for them. He concluded, "So the place for euthanasia, I believe, is for the completely hopeless defective: nature's mistake; something we hustle out of sight, which should not have been seen at all" ([30], p. 15) [5].

[5] Had Kennedy succeeded in promoting euthanasia in the United States, then presumably the German medical murder program would also have been exonerated, much in the same way as the German eugenical sterilization program.

The opposing viewpoint, by another leading American psychiatrist, Leo Kanner [31], was presented the following year. Kanner warned against "haughty indifference toward the feebleminded" (p. 17). He cited William Shirer's [32] report that an estimated 100 000 German mental patients had already been murdered. Kanner declared:

> Psychiatry is, and should forever be, a science dunked in the milk of human kindness. ... Does anyone really think that the German nation is in any way improved, ennobled, made more civilized by inflicting what they cynically choose to call mercy deaths on the feebleminded? (p. 21)

Thus the debate over the medical murder of developmentally retarded persons took place despite professional awareness that a similar program was already in progress in Germany! [6]

An official unsigned editorial in the same issue of the American Psychiatric Association's official journal supported Kennedy's position rather than Kanner's [34]. Using language indistinguishable from Hoche and the perpetrators of the German euthanasia program, the editorial speaks of "disposal of euthanasia", "merciful passage from life", "a method of disposal", and even facetiously "a lethal *finis* to the painful chapter". Recognizing that American mothers might respond with "guilt" over killing their children, the editorial suggests a public education campaign to overcome emotional resistance. This proposed euthanasia program was especially threatening because the Nazi exterminations had begun with children [4,5].

In summary, many psychiatric and public health officials in the west fully supported the eugenics program in Nazi Germany, including involuntary sterilization and castration, and California provided a eugenical model for planners in Germany. A few American authorities openly supported euthanasia itself, including the prestigious *American Journal of Psychiatry*.

The principles and practices behind psychiatric involvement in the holocaust

We can summarize the ways in which psychiatry acted as an entering wedge into the holocaust:

First, international psychiatry helped develop eugenic philosophy and, more so, the eugenic practices of castration and sterilization. This paved the way for the euthanasia program.

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[6] William Shirer [32] had reported on the "mercy killing" program, with an estimated 100 000 deaths, but he inexplicably left the entire story out of his later and definitive work [33]. There has been a tendency for historians to suppress information about the psychiatric murders, perhaps in deference to modern psychiatry. Kanner has the mistaken impression that the German's were killing only the "feebleminded", but their euthanasia program encompassed anyone confined to a mental health facility and included pediatric hospitals as well.

Second, German psychiatry provided the first formal justification for mass extermination with Binding and Hoche's 1920 book.

Third, German psychiatry scientifically justified and implemented extermination programs in the state mental hospitals as early as March 1938 ([6], p. 12). This was before Hitler officially approved the action and before the euthanasia program became formally organized out of Berlin. When Hitler eventually withdrew official support from the euthanasia killing centers and instead utilized them in the holocaust, individual psychiatrists and hospitals continued destroying their patients, with at least one hospital persisting after the Americans had occupied its sector. Thus the murder program began and later resumed within the state mental hospitals, without central or official approval and supervision.

Fourth, psychiatry demonstrated that large holding camps — state mental hospitals and the smaller collection centers — could contain inmates at minimal cost and in an orderly fashion while awaiting shipment to their death.

Fifth, psychiatry developed the medical umbrella and the technology for the six euthanasia institutions. This "medicalized murder" involved the presence of physicians and other health professionals to disguise the lethal purpose from the victims, the use of medical experts to justify killing, faked death certificates, gas chambers disguised as showers, and the mass burning of bodies. Through these means, psychiatry proved that personnel could be inured to killing large numbers of people.

Sixth, even though there were some protests against the euthanasia program ([5], p. 65 and p. 67; [8]), the psychiatric euthanasia program demonstrated that Germans would accept the extermination of a group of their own people.

Seventh, teams of psychiatrists conducted the first formalized murder of Jewish concentration camp inmates by evaluating them on euthanasia forms in preparation for their transfer to the psychiatric euthanasia centers.

Eighth, when the giant extermination camps were built in the east, staff from the euthanasia program acted as consultants in their establishment and became the initial personnel. The psychiatric euthanasia center gas chambers were dismantled and moved east for the perpetration of the holocaust. One of the extermination camps, Chelmno, was built initially as a euthanasia center.

Ninth, psychiatry, along with the rest of organized medicine, helped establish the principle of treating the "volk" (people) as a body, justifying the removal of allegedly parasitic individuals from the nation's body ([16], p. 314). This theme of treating society at the expense of the individual was central to the perversion of medicine and the justification of the exterminations [6].

A number of historians have pointed out that the scientific bureaucratization of murder was a unique quality of the holocaust [35]; but none seem to have given credit to the source. Bureaucratic, scientific killing was invented and first implemented by organized psychiatry. This is one reason why physicians Mitscherlich, Alexander and Ivy each separately declared that psychiatry was key to the holocaust and that the tragedy might not have happened without the initial euthanasia program.

Fundamental principles of Western psychiatry: before the Nazi era

Long before German psychiatry began to discuss and implement the destruction of mental patients, Western psychiatry had adopted a number of principles and practices [7] that paved the way for the more radical German "solutions". The first and probably most important is involuntary treatment. As Szasz [36,37] has described, coercive psychiatric treatment violates western principles of liberty and justice. Involuntary treatment is the primary or root psychiatric power, justifying psychiatry's support by the state.

Involuntary treatment enables psychiatry to become a ready instrument of social control, from Germany's extermination program to the former USSR's psychopolitical prisons for dissidents [38]. In the United States today, involuntary psychiatry is frequently used, much as it originated historically [39], to incarcerate and control unsightly homeless "street people". This protects society from having to face difficult political and social issues of unemployment, poverty and homelessness [40,41].

The second fundamental practice is state mental hospital psychiatry. Based on involuntary treatment, the state mental hospital system created giant lockups in which psychiatrists became accustomed to brutality disguised as treatment. In Germany, and elsewhere, the state hospitals had such high death rates in the 1930's that they were already virtual extermination centers.

As a medical expert in the landmark Kaimowitz case [42] in Michigan in 1973, I urged the three-judge panel to apply the Nuremberg code to American state mental hospitals on the grounds that they are coercive and humiliating in a fashion similar to the German concentration camps. In their final opinion, the judges specifically cited the code in putting an end to psychosurgical experiments in these facilities (the opinion is reprinted in [43]).

The third principle concerns the application of medical "diagnosis" to psychological, spiritual, social and political problems. The use of diagnoses establishes a hierarchy of superior (allegedly normal) and inferior (allegedly mentally ill) people. It "medicalizes" human conflict, permitting "treatment" of the victims. This fit Nazi ideology and paved the way for "selections" in extermination centers. Psychiatry continues to provide this directly political function in the USSR, where the term "sluggish schizophrenia" was created to justify involuntary "treatment" of political dissidents with the same drugs usually reserved for more traditional psychiatric inmates [38].

The fourth and closely related psychiatric principle is the biological or medical model for human differences and psychological disorders. This model postulates the inheritance of presumably abnormal behavior and hence justifies eugenics. It excuses inhumane activities by declaring the victim biologically inferior [40,44,45].

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[7] Involuntary treatment, state mental hospitalization and other psychiatric activities may be viewed as both general principles of psychiatry and as specific practices, depending on the focus of the discussion.

The fifth principle is physical assault on the body and the brain with disabling and damaging interventions. For centuries, control over mental hospital inmates was maintained by inflicting pain on their bodies and by exhausting them with toxic agents. Then in the 1930s, insulin and metrazol shock aimed directly at damaging the brain, rendering patients more docile or easier to manage [46]. Later in the 1930s, ECT and lobotomy became the major treatment modalities in state hospitals. Routinely inflicting brain damage prepared doctors for outright killing.

Muller-Hill provided me with a German journal report [47] that remarkably illustrates the close psychological connection between shock treatment and outright killing, expressed in the dreams of doctors who administer electroshock treatment.

> I was commander of German shock troops who were attacking the French Maginot Line. My soldiers and I were wearing shock machines on our backs instead of our army packs. The electrode was like a flame thrower which we merely had to point toward our enemies. We destroyed all life in front of us, including the plants. The most horrifying part of the dream was that the corpses of our enemies behind us were still moving in epileptic seizures [as in shock treatment] and I had the horrible feeling that they would roll upon us an crush and choke us. The dead behind us were more disquieting than the still living enemies in front of us [8]. (p. 780)

In addition to shock and lobotomy, a variety of toxic substances were inflicted upon American mental hospital inmates during the 1930's and 1940's, including cyanide doses that virtually obliterated the higher brain (reviewed in [46]). While German doctors were subjecting Jews to freezing water experiments in the extermination camps, Canadian and American psychiatrists were freezing mental patients into comatose states by packing them in ice, sometimes with lethal results [48,49]. The aim was to control behavior and the ameliorate "mental illness". After the war, these "treatments" continued, at least one paper citing classified reports from the Nazi freezing experiments [50].

Brain-damaging treatments enforce psychiatric authoritarianism by reducing the patient to a state in which he or she is more amenable to suggestion and control. The use of suggestion, intimidation and other methods of coercive control can be found in many institutions; but only in psychiatry is the doctor permitted to damage the patient's brain in order to render the victim more amenable to control. I have called this crucial process the production of iatrogenic helplessness and iatrogenic denial [40,51,52].

The sixth basic principle is involuntary eugenics, involving state control over human reproduction by means of castration and sterilization. It is frequently, but not always, associated with the medical model and biological psychiatry. Psychiatry did not invent coercive eugenics — it evolved from many sources within and outside the medical and social sciences — but psychiatry quickly became its most effective champion.

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[8] Translated by Benno Muller-Hill and Jeffrey Masson.

The seventh principle is euthanasia or, as applied in Nazi Germany, mass murder. Of all the psychiatric activities under Hitler, only euthanasia was not widely accepted throughout the Western world as a psychiatric principle. However, as noted, it was openly discussed and endorsed within the American Psychiatric Association and the *American Journal of Psychiatry*.

Selection in psychiatry and the holocaust

There is still another principle, usually unstated, that is critical to psychiatry and to the holocaust alike. It is *selection*. A number of writers have emphasized the role of doctors in "selecting" patients for death. Lifton's *Nazi Doctors* [13] describes the use of this euphemism at Auschwitz and makes clear that the so-called selections were made by medical doctors. The term "selection" was intended to invest murder with medical respectability. Selection took place in the extermination camps the moment of victims alighted from the railroad cars, the more healthy and physically able being sent to slave labor and the remainder to the gas chambers. It also took place throughout life in Auschwitz, including on the medical wards.

Without being named as such, selection has always been intrinsic to psychiatry and is found at its very origins during the industrial revolution, when urban centers became flooded with homeless people. Institutional psychiatry initially developed during the early industrial revolution as a method of removing homeless people from urban streets for indefinite incarceration in the newly created state mental hospitals [39]. Civil commitment laws, written for the purpose, allowed physicians to by-pass the criminal laws with their complex due process. This facilitated sweeping from the streets the poor, the indigent, the mad and the homeless, especially unsightly beggars.

Selection played an important role within the hospital system. Some patients were selected for work, others were shunted off to languish and die in dungeon-line wards. Workers helped support the institution and were more likely to survive. In the 1930s selection took on a new meaning, as patients were chosen as targets for the various brain-damaging therapies. These were typically the more troublesome patients [9].

At the same time, psychiatric selection also targeted inmates of institutions who were thought fit for sterilization or castration. Psychiatrists did not find it inconsistent with their understanding of professional ethics and civil liberties to decide whose reproductive potential would survive and whose would not.

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[9] I have collected unpublished first-hand reports of how the lobotomist, Walter Freeman, would make his selections while touring state mental hospitals throughout the United States. He would walk down a ward, come up quietly behind patients, and either clap his hands or pinch the patients. If they jumped in response, they had enough life in them to merit lobotomy. If they did not jump, they were already so subdued that damaging their frontal lobes would not accomplish anything. Selection, in mental hospitals or in extermination camps, has rarely been based on subtle principles.

An underlying moral flaw

Commenting on psychiatric activities in Nazi Germany, Benno Muller-Hill [6] observes:

> Almost no one stopped to thank that something could be wrong with psychiatry, with anthropology, or with behavioral science. The international scientific establishment reassured their German colleagues that it had indeed been the unpardonable misconduct of a few individuals, but that it lay outside the scope of science. The pattern of German anthropology, psychiatry and behavioral science continued essentially unchanged, and it will continue so, unless a substantial number of scientists begin to have doubts and to ask questions. (p. 87)

In another recent book, Robert Lifton [13] falls prey to exactly the point Muller-Hill is making. Lifton emphasizes the "Nazi" role, often to the exclusion of the psychiatric role. He never approaches the task of understanding the basic principles within psychiatry that made it so compatible with Hitler's totalitarian oppression. Instead he gives the impression that the psychiatrists were somehow twisted by the Nazi's and turned to bad ends.

Under the sub-head of 'Genuine Research", Lifton cites the example of shock treatment in the extermination camp at Auschwitz. He writes "Prisoner physicians could themselves sometimes initiate genuine research, like the program in electroshock therapy developed by a Polish neurologist" (p. 298). Lifton appears to approve of one of the Nazi camp doctors for his *collegial* relationship in sponsoring imprisoned Polish neurologist's experiments with shock treatment. Without skepticism, Lifton cites his informant as saying of the shock treatments that "the process was genuinely therapeutic" (p. 299). In a book that should have aimed at raising ethical awareness, Lifton takes no firm stand against involuntary shock treatment at Auschwitz, instead labeling it as genuine research.

Other than legitimate research, could there be another reason why shock was used in the camps? Shock fits perfectly into a totalitarian system for suppressing people by damaging their brains and blunting their minds. In the 1940s, it played that role in crowded state mental hospitals in America as well, sometimes being given to whole wards to subdue the inmates.

Lifton is silent also on one of the most important issues surrounding the psychiatric crimes in Germany — the failure to bring psychiatrists to justice at the Doctor's Trial. This was due in part to the fact that Leo Alexander, a staunch supporter of eugenical and biological psychiatry, was the chief investigator of psychiatric crimes. Alexander was a primary source of information for Lifton's book.

We must ask, "Is there a basic moral flaw that underlies the ethical failures of psychiatry"?

One fundamental flaw is the reduction of the human being to an object devoid of inherent worth or inviolability [44]. In Muller-Hill's words, "It seems to be that to reduce other people to the status of depersonalized objects is of no help whatsoever to them" (p. 101). Trying to view people "objectively" can be demeaning in itself [44]. It also tends to lead toward further degradation of the individual

into subhuman status. In the Nazi ideology, the Jews became "pests" or "vermin". In psychiatric ideology, patients become "diseases" or biochemical and genetic aberrations. Devoid of inherent value, they become suitable for various inhumane solutions, including involuntary treatment and, ultimately, sterilization and extermination [45].

It seems necessary to conclude that the inherent, basic principles of psychiatry were not only consistent with Nazi totalitarian and racist aims, but anticipated, encouraged and paved the way for Hitler's eugenical and euthanasia programs. Without psychiatry, the holocaust would probably not have taken place.

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