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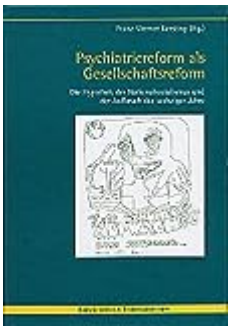

Franz W. Kersting. *Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre.* Paderborn: Ferdinand Schöningh Verlag, 2003. 293 S. EUR 38.00 (cloth), ISBN 978-3-506-79619-6.

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The Reconstruction of German Psychiatry after 1945

In his definitive study of the Nazi "euthanasia" program, Michael Burleigh reflected, "[O]ur societies stand judged by the degree of tolerance we evince towards the most distressed or weakest members."[1] This claim is well evidenced in *Psychiatriereform als Gesellschaftsreform*, edited by Franz-Werner Kersting, which explores the postwar transformation of German psychiatry from the depths of criminality and violence to a model of medicine based on the principles of humanism. *Psychiatriereform als Gesellschaftsreform* is a collection of essays produced by historians and psychiatrists at the Westphalian Institute for Regional History. The essays are held together by several key questions: How did German psychiatry transform from an agent of mass murder under the Nazis to an arm of social progress in the Federal Republic (FRG) and in the German Democratic Republic (GDR)? What were the key events–theoretical, social-political, cultural and economic–that brought German psychiatry to a level of international respect by the 1970s? Kersting suggests that Germany became a microcosm for larger international movements towards health reform based on higher standards of human rights. In particular, he argues that social-political conditions–culminating in 1968–combined with an impetus for new psychiatric approaches and favorable economic conditions accelerated German psychiatry's transformation into one of the world's leading health care and welfare projects.

Kersting's collection of essays makes a valuable contribution to the recent burst of scholarship in the history of psychiatry, social welfare, and the interplay between medicine, culture, and society. The history of German psychiatry has largely focused on mental medicine in imperial, Weimar, and Nazi Germany, with particular attention to the industrialization of psychiatry in the context of modern war, and the subsequent effects of "war hysteria" on theory and treatment, as well as cultural constructions of gender.[2] Recent studies of the Nazi period concentrate on psychiatry's coordination under the regime's racial policies, and the continuities between Weimar doctors, their professional and theoretical trajectories and political agendas, and their enthusiastic cooperation with the Nazi regime's attacks on the mentally ill.[3] Kersting's *Psychiatriereform* not only sheds light on the relatively neglected post-1945 period, but it also

attempts a broader approach to the history of German psychiatry by putting it in the larger contexts of theories on marginalization, competing definitions of reform in a democratic society, and even wider international trends in the treatment of mental illness. Thus Kersting's project also contributes to the growing field on the history of welfare and social reform in Germany, which has often been closely tied to the history of medicine and constructions of health, productivity, and the rights of disabled persons.[4] Scholars focusing on the 1890-1945 period often emphasize the contradictory dynamics between the building of a "progressive" modern welfare state and what Detlev Peukert described as the "pathologies of modernity" culminating with the violence aimed at marginalized groups after 1945. *Psychiatriereform als Gesellschaftsreform* provides a welcome postwar picture of this problem in German history by examining how under favorable social, political, and economic conditions, Germany's social welfare project, with psychiatric reform as an essential testing ground, built a solid foundation of progressive ideals to take root in both medical circles and the public consciousness.

The thirteen essays in *Psychiatriereform als Gesellschaftsreform* are chronologically organized, tracing the recovery of German psychiatry right after the war to the central experience of 1968 in accelerating changes in both theory and treatment, and finally the application of these changes in the 1970s and beyond. What makes these different essays most interesting is that within the overview of continuity and change is a deeper thematic analysis of the salient causes of German psychiatry's revolution. What was the "turning point" that transformed psychiatric medicine within two decades from a model based on control, isolation, and, culminating with the T-4 "euthanasia" program, physical annihilation of the mentally ill, to the goal of integrating mentally ill into the social and economic fabric as subjective beings? Within each section there is subtle disagreement over the primacy of social and political pressures, economic and technological factors, new theoretical orientations within the psychiatric profession, and shifting cultural attitudes towards the mentally ill and concepts of civil rights.

The first section, which focuses on the immediate aftermath of the Nazi "euthanasia" program, argues that a mutual impulse towards institutional and social reform propelled German psychiatric recovery. Heinz Faulstich demonstrates that for the mentally ill, 1945 was not a "zero hour," but rather in the chaos and economic deprivation immediately following the war many patients were still threatened with hunger and death in the midst of Germany's collapse. However, a change in attitudes, spearheaded by a younger generation of psychiatrists who questioned the Nazi-era portrayal of patients as dispensable socio-economic burdens, would lay the groundwork for change when economic recovery permitted. Sabine Hanrath compares similarities in GDR and FRG recovery, and, though she notes the different paths of debate over theory, she stresses the continuity in both societies struggling in the shadow of Hitler and economic chaos. She points to both the East and West developing expanded social welfare and fostering open debate over ethical and medical issues, in particular the rights of the mentally disabled. Franz-Werner Kersting contributes an essay that places psychiatry's recovery in the context of an expanding discourse in the 1950s and 1960s on Nazi crimes, humanitarian concerns, German identity, and the role of medicine in coming to terms with the past by giving greater voice to patients as individuals to be valued and included in society.

This new orientation in mental medicine developed into a general movement known as 'social psychiatry,' analyzed in sections two and three. Heinz HÃ¤fner and Alexander Veltin examine how doctors and patients in the 1960s built a system of treatment based on mutual cooperation, signaling a shift towards a more dignified approach to therapy and a push towards re-integration of the mentally ill into work and family. JÃ¶rg Schulz analyzes the GDR's Rodewischer Thesen in 1963, which tied psychiatry to social issues including therapy for children and youth, rehabilitation, and work and family counseling. Schulz argues that though the GDR refuted psychoanalytic theories embraced in West Germany, both nations followed social psychiatry's reforms. Social psychiatry expanded in the context of political upheavals leading to 1968. Cornelia Brink argues that grass roots radical social reform was essential to psychiatry's intellectual revolution, evidenced by the socialist patient-collective in Heidelberg. Brink's essay is exceptional in that she gives greatest agency to patients in spurring reform, pointing to their demands that doctors respect the subjectivity of patients and relinquish traditional notions of "fascistic" control over the mentally ill. Wilfried Rudloff and Manfred Bauer place psychiatric reform in the larger context of the 1960s civil rights movement, and also point to pressures "from below," namely sympathetic nurses and assistants, mixed with reform "from above," including Willy Brandt's welfare state. Though these factors did not completely eliminate the ghettoization of the mentally ill in practical terms, by the early 1970s, Rudloff

and Bauer argue, West Germany had become a model for humanistic psychiatry.

The problem with applying these reforms to create lasting foundations for social psychiatry forms the basis for section 4, which contains testimony by doctors and medical assistants. Though problems with institutional re-structuring and economic organization are discussed by Dr. Wolfgang Pittrich, his account of personal experiences as a medical assistant at Frankfurt am Main offers praise for the '68 generation. The late 1960s fostered long-term change by challenging the authority of doctors, which opened up broader social debates and empathy for patients, and the fact that the mentally ill were no longer seen as a group to be sequestered and feared. Local examples of these social and cultural trends are examined by Helmut Haselbeck and Gerda Engelbracht in their case study on psychiatry in Bremen, and in a study of reform in Bavaria by Hans-Ludwig Sieman. Beyond documenting the implementation of social psychiatry in the front-lines, these eyewitnesses give testimony to the larger social-cultural shift in perceptions of the mentally ill, from being "symptom carriers" to "social beings." Thus the modernization of German psychiatry entailed a transition from total institutionalization towards patient removal from traditional psychiatric institutions to care in home and work environments under the paradigm of partial integration.

Psychiatriereform als Gesellschaftsreform is an important contribution to the history of medicine and society because it carves out an approach that integrates psychiatric history with social, political, and cultural conditions. Taken as a whole, these essays convince the reader of Kersting's thesis that a symbiotic interaction of theoretical reform and grass roots change in the conception and treatment of mental illness produced a stable, lasting basis for humanistic reform. At the same time, however, at least two areas could have been further developed. The international context promised in the introduction is undeveloped throughout, and the transnational human rights issues behind German psychiatry's reforms need to be more effectively contextualized and explored. Further, and perhaps more important, Kersting stresses in his introduction that one of the most important revolutions in German psychiatry was that the mentally ill were given a greater voice to make their own choices and shape paths of treatment. Yet the actual voices of the mentally ill, which have been extensively documented in the historiography on treatment in Weimar and National Socialist psychiatry, are largely absent from the essays collected here. Though Kersting's main arguments on the development of more humane techniques and rights for the disabled are convincingly evidenced, more patient perspectives interwoven into the essays would help to shed light on the effectiveness of these reforms. Nevertheless, Kersting succeeds in providing a well-needed body of work that frames the final stage of twentieth-century German psychiatry. This is an essential contribution to any scholar interested in not only German medicine after 1945, but also the social, political, and cultural institutions with which psychiatric history is inextricably intertwined.

Notes

[1]. Michael Burleigh, *Death and Deliverance: 'Euthanasia' in Germany 1900-1945* (Cambridge: Cambridge University Press, 1994), p. 7.

[2]. See Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930* (Ithaca: Cornell University Press, 2003).

[3]. See Burleigh as well as Geoffrey Cocks, *Psychotherapy in the Third Reich* (Oxford: Oxford University Press, 1985).

[4]. See Greg Eghigian, *Making Security Social: Disability, Insurance, and the Birth of the Social Entitlement State in Germany* (Ann Arbor: University of Michigan Press, 2000); David F. Crew, *Germans on Welfare: From Weimar to Hitler* (Oxford: Oxford University Press, 1998).