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Essay Review

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Paul Lerner. **Hysterical Men: War, Psychiatry and the Politics of Trauma in Germany, 1890–1930.** *Ithaca and London: Cornell University Press, 2003. Pp. 326. ISBN 0-8014-4094-7 (hbk). £23.95.*

Few psychiatric texts that consider the relationship between trauma and psychiatric injury fail to begin with a brief historical outline. Such accounts often start with the first stirrings of enlightenment in the Railway Spine literature, followed by increasing understanding forced by the sheer scale of World War I, until we reach the modern era of post traumatic stress disorder (PTSD). A few accounts conclude with some homily to the effect that at last the profession and laity have set aside years of denial by accepting the timeless reality of PTSD. Traumatologists (their word not mine) sometimes play a parlour game to discover the first description of PTSD – in the survivors of an eighteenth-century Swiss avalanche, the works of Shakespeare, or even the *Iliad*.

World War I occupies an important place in these histories. It is taken as the ultimate proof that 'war is hell' and, if you were lucky enough to survive combat, you were almost inevitably destined for a lifetime of psychiatric illness, providing you managed to avoid a firing squad beforehand.

Now many of our younger, and indeed not so young, historians have demonstrated the numerous failings of the 'Oh What a Lovely War' view of the Great War. Likewise, social and cultural historians are showing the shortcomings of the Whiggish view of the history of trauma held by a few contemporary traumatologists. To be fair, many psychiatrists have also seen the idea of a hard-wired 'universal trauma reaction' for the 'naïve and

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essentialist idea' (Kroll, 2003) that it is. Indeed, in the last few years some psychiatrists have gone almost as far in the other direction, and suggested that PTSD is an attempt to impose diagnostic certainty on what is a sociopolitical phenomenon that varies between time and place.

American historian Paul Lerner elegantly avoids either trap, being aware that the problem of trauma does not lend itself to any dogmatic interpretation. His masterly account illustrates the complex relationship between doctors, soldiers and society, as well as the ambiguous problems of how we view fear, courage, adversity, trauma and breakdown. His is not the first voyage into this territory, but it is the first major account we have in English from the German perspective, or to be precise, from the Kaiser Reich to the coming of the Third Reich.

Until recently our appreciation of this period has been largely Anglocentric. This is not surprising. First, there has been a series of important monographs on the psychiatry and the Great War from an English perspective. Martin Stone (1985) has argued that the shell shock experience served to overturn many of the doctrines of Victorian and Edwardian psychiatry, and to persuade the British to accept both Freudian psychodynamics and male neurosis, a view also extended by Elaine Showalter (1987) from a feminist perspective. On the other hand, Ted Bogacz's (1989) analysis of the deliberations of the Southborough Committee constituted to report on Shell Shock shows convincingly that there were many and varied interpretations of what had happened. The final view, accepted by the military authorities, was that shell shock could be prevented by proper leadership and training, and that a major reason for the epidemic of psychiatric breakdown in 1916 and beyond was the replacement of the professional armies, first with the Kitchener volunteers and latterly with Derby conscripts. One by one the names that we associate with the psychologization of shell shock – Myers, MacDougall and Rivers – disappeared from the scene. Indeed, Jones and I have argued that it was not until World War II that there was an acceptance of the inevitability of psychiatric breakdown under the conditions of modern industrial warfare (Jones and Wessely, 2003).

The dominance of the Anglo-Saxon perspective in the history of trauma is not solely due to the recent flourishing of historical scholarship, culminating in the recent title from Peter Leese (2002), but is also a consequence of the powerful literary evocations of the war poets, and latterly the work of contemporary novelists such as Pat Barker and Sebastian Faulks, although as Brian Bond recently pointed out in his valedictory lecture, the most powerful image of World War I for contemporary schoolchildren comes from the pens of Richard Curtis and Ben Elton in the person of Captain Edmond Blackadder. Indeed, such is the impact of this latest 'war of imagination' on our 'modern memory', to paraphrase Sam Hynes and Paul Fussell, it is hard to remember that there are any other discourses.

We should therefore be grateful to Paul Lerner, both for the book he has edited with the foremost historian of hysteria, Mark Micale (Lerner, 2001), and now this text, for showing the limitations of our Anglocentric view, and in particular just how misguided it is to generalize from the British shell shock story to the problems of war and psychiatry in its wider context.

There is no shortage of historical scholarship on German psychiatry. In English we have the seminal works of Michael Burleigh and Robert Proctor on the crucial role played by some (but not all) members of the psychiatric profession in the euthanasia of the mentally ill, the T4 programme, which was begun under the National Socialists. However, there has been a relative neglect of the period before the coming of the Nazis, perhaps not surprisingly, given what they wrought, or alternatively a tendency to view the preceding period solely in the light of what came next, rather than as of critical importance in its own right. But now this period has received the attention it merits, not as a precursor to euthanasia or genocide, but for what it tells us of the complex relationship between war and psychiatry.

Lerner takes us from the beginnings of the Bismarckian social welfare legislation at the end of nineteenth century, through the cauldron of war, through to the end of Weimar. He describes the continuing conflict between those who saw mental breakdown as the inevitable result of men under extreme pressure, in which ultimately industrialized warfare meant that all men had their breaking point, in contrast with those who saw war as the true test of character and courage. Indeed, the coming of the 1914 War was welcomed precisely because it promised a solution for the degeneration and decadence that was threatening the national character. For the majority of the psychiatric profession, the war was an opportunity finally to reverse the disastrous social policies initiated by, of all people, Bismarck, as part of his 'stick and carrot' response to the threat of socialism. In consequence, psychiatrists willingly assumed the role of gatekeeper to the industrial compensation and pensions schemes instituted at the end of the nineteenth century, which they regarded as, at best, an inadvertent reinforcing of neurotic behaviour and, at worst, a malingerer's charter (Eghigian, 2001).

Now with Germany locked in a World War, and facing by 1916 an unprecedented manpower crisis, the stakes were even higher. For most psychiatrists and neurologists, neurosis unless properly checked could not only bankrupt the State (their pre-war concern) but even lose Germany the war. So the debate over war neurosis, a debate that is the centrepiece of Lerner's account, was an extension of the debate that had polarized the medical establishment in Wilhelmine Germany about the problems of social insurance, seen by a conservative medical profession as encouraging malingering and rewarding sloth.

Lerner cannot help but note the contemporary echoes. In our time we continue to be uncertain of the role of military doctor – is he or she the servant of the state, as in the motto of the US Army Medical Corp then and

now – ‘to conserve the fighting strength’, or the protector of the individual? It is a dilemma that faces all occupational medicine but is at its starkest in the military setting. Likewise, fighting armies continue to have the same ambivalent attitude towards mental breakdown. Risking one’s life is an essentially irrational act – avoiding such peril is logical. Commanders, from the top down (and Winston Churchill was but one example), fear that the presence of psychiatrists will make fear contagious. Yet also the irrefutable evidence of men who have broken down after the extremes of endurance and privation, demands compassion, sympathy and care that is not always forthcoming. It seems that even in the modern Army, let alone the Kaiser’s, one has to ‘earn’ one’s breakdown before being treated humanely.

Many of these arguments were aired at the so-called ‘War Congress’ of the German neurological and psychiatric establishments, which took place in Munich in 1916. On the one hand was Herman Oppenheim, who was Germany’s most distinguished neurologist despite being Jewish, and who espoused a more liberal view of war trauma. But he was opposed, and roundly defeated, by the majority of the neurological and psychiatric establishment, who viewed breakdown in battle as male hysteria, for which the treatment was at best behavioural, and at worse coercive. Speed and efficiency were to be the guiding principles of management as the manpower shortage became ever more acute. Psychiatry was modernized to meet the needs of the modern state.

But once Oppenheim had been safely seen off, it was far from plain sailing for German psychiatry. The social democracy of Weimar threatened them in two ways. Inflation was a catastrophe for all Germany’s professional classes, undermining their social and economic position. But social democracy also brought a return to the pension or compensation wars. Rampant unemployment linked to the compensation/public assistance programmes was believed to threaten the national character, just as Oppenheim’s traumatic neurosis had threatened the fighting spirit.

German psychiatry remains enigmatic. On the one hand, as Lerner shows, it was progressive, scientific, universally admired, and associated with a transformation in the way we understand and treat mental illness. Yet on the other hand, particularly after the collective national trauma of World War I, it was also increasingly dominated by degeneration and eugenic views, which saw the war as introducing a reverse Social Darwinism – the best and bravest had died, while the neurotics and feeble-minded had survived. This was not unique to Germany, and similar views were conventional in the United Kingdom and United States, but the political radicalization of post-Weimar Germany allowed those factions to gain in strength.

We must beware, though, of assuming that the path taken by German psychiatry was unique, or that there was an inevitable path from Wilhelmine to National Socialist psychiatry. Historians generally reject the concept of a ‘*Sonderweg*’ (special path) for German history, and Lerner likewise rejects any

similar suggestion for German psychiatry. We should also remember that the same voices which spoke against Oppenheim were equally audible in Britain. The programme instituted before the outbreak of World War II by the Horder Committee to prevent a repetition of what was perceived as the shell shock fiasco called for a ban on any pensions for psychiatric injury and a block on all psychiatric discharges (Shepard, 1999). It is interesting to speculate what might have happened if the line had been held – as it was it proved too Draconian for Parliament and public. In the end psychiatric casualties in World War II exceeded the levels of the World War I – we can never know if this would have been different if the government had persisted with the Horder policy.

What Lerner and others, particularly Ben Shepard, have accomplished is nothing less than a rethink of how we view the story of war neurosis. It is not just naïve to think that the shell shock story or the epidemic of *Kriegsneurosen* opened subsequent eyes to the existence of war-related psychiatric injury and prepared the way to PTSD – it is wrong. The Great War led to a decline in the acceptance of traumatic neurosis, and not just in Germany.

Lerner's book therefore highlights the continuing conflicts that lie at the heart of our understanding of trauma and its effect on the psyche. On the one hand is the knowledge that adversity has its consequences, magnified in the setting of industrialized warfare and the modern industrial state, and how institutional medical responses have been mobilized to deal with it, from the war clinics of Germany to the modern armies of trained counsellors. Yet there is also a counter trauma literature: the valorization of courage and the redemptive power of violence that swept through Weimar Germany, a scepticism of reality of emotional wounds, at least compared with 'real' injury, and a desire to see those affected, as Lerner (p. 250) puts it, 'stop talking and get back to work again'. Frank Furedi's (2003) recent assault on our preoccupation with therapy and victimhood is only the most recent manifestation of the counter trauma literature. This dialectic, says Lerner, of trauma and counter trauma, constitutes our continued ambivalence towards psychological injury.

Lerner has produced a small masterpiece. It deserves to be read by everyone who thinks they understand trauma, from whatever perspective, since afterwards they may be forced to realize that things are not as simple as they thought.

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