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BIOLOGICAL PSYCHIATRY AND THE MASS MURDER OF 'SCHIZOPHRENICS': FROM DENIAL TO INSPIRATIONAL ALTERNATIVE

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Abstract

This paper documents the murder, by psychiatrists, of a quarter of a million patients, mostly diagnosed as 'schizophrenic', in Europe during the second world war; and the sterilization of hundreds of thousands more internationally, including the USA and Scandinavia. These sterilizations and murders were justified by biological psychiatry's unsubstantiated hypothesis that the conditions involved are genetically determined. Gas chambers in the six psychiatric hospitals involved, in Germany, were subsequently dismantled and moved, along with the psychiatrists and their staff, to help establish some of the Holocaust's concentration camps, in Poland. The avoidance of these facts and their profound implications, by the profession of psychiatry, internationally, over subsequent decades, is discussed. An inspirational trauma-focussed alternative to the pessimistic, unscientific ideology of biological psychiatry, involving psychiatrists 60 years later, is presented.

In 1941, the staff of the Hadamar Psychiatric Institution – psychiatrists, nurses and secretaries – attended a ceremony and were each given a bottle of beer. The occasion was the murder of the ten-thousandth mental patient (Proctor, 1988).

INTRODUCTION

The mental health field seems to have been nudging, for decades, closer and closer to a paradigm shift, from a simplistic, pessimistic, bio-genetic 'medical model' of human distress to a more nuanced and evidence-based, psycho-social, trauma-informed approach (Johannessen & Joa, 2021; Johnstone et al., 2018; Longden, Read & Dillon, 2016; Read & Dillon, 2013a; Read, Dillon & Lampshire, 2014; Visser, Boonstra, de Bont, van der Vleugel & van den Berg, 2022). But to the present authors, who have, like thousands of other people, been advocating for greater focus on abuse, adversity and trauma for many years (Masson, 1984, 1986; Read, 1997, Read & Sanders, 2010; Read & Dillon, 2013b), it seems that progress towards that paradigm shift has been excruciatingly slow. So, we welcome the United Nations (Puras, 2019) and World Health Organisation (2021) powerfully aligning themselves with rejection of the medical model and the struggle towards a more human, humane and evidence-based approach to understanding, and responding to, distress and despair.

To help us all toward the successful culmination of this struggle we felt it might be useful to remind ourselves of the worst dangers of bio-genetic ideology and the inspiring beauty of a trauma-informed approach, using extreme examples of both - drawn from a common theme, the Holocaust. Some might argue that what happened in Germany 80 years ago has little to do with how psychiatry operates, internationally, today. We document and discuss these tragic, awful events, again, however, precisely because they so clearly illustrate themes present throughout the history of the treatment of people considered mad and which remain operative today: social control in the interests of the powerful; damaging and sometimes even violent 'treatments'; and the capability of experts' theories to camouflage what is really happening as being in the best interests of the treatments' recipients (Porter, 2002; Read, 2013a).

Our use of the term ‘biological psychiatry’ in this paper is intended to acknowledge that although bio-genetic ideology dominated psychiatry in the 1940s as it does to this day, there have always been many psychiatrists who subscribe to more humane, psycho-social perspectives and we do not wish to imply that membership of a profession necessarily implies compliance with the leaders thereof.

THE THEORY

Genetic theories were in the 1930s and 1940s, and remain today, a cornerstone of biological psychiatry. They were also promoted by famous psychologists Burt, Spearman and Cattell (Joseph, 2004; Pilgrim 2008). Genetic theory provided the rationale for the eugenics movement. The inventors of ‘schizophrenia’, Emil Kraepelin and Eugen Bleuler (Bentall, 2003, 2009; Read, 2013b), lauded by many as the grandfathers of modern psychiatry, played a lead role. Kraepelin stated: ‘Lomer has, it is true, proposed as a heroic prophylactic measure bilateral castration as early as possible, but scarcely anyone will be found who will have the courage to follow him’ ([1913] 1919: 278). It is not certain that ‘prophylactic’ referred to eugenic prevention of reproduction. It is conceivable Kraepelin believed castration was a helpful treatment for the individual. Bleuler left no room for doubt when he wrote: ‘Lomer and von Rohe have again recommended castration, which, of course, is of no benefit to the patients themselves. However, it is to be hoped that sterilisation will soon be employed on a larger scale . . . for eugenic reasons’ (Bleuler [1911] 1950: 473).

The eugenics movement, aimed at improving ‘race hygiene’ by eliminating tainted genes, was an international phenomenon (Allen, 2002; Strous, 2010). The American ‘scientific’ journals *Eugenics Review* and *Eugenical News* had provided the sinister movement with academic credibility for 20 years before the sterilizations and murders began.

In 1920, Alfred Hoche, Professor of Psychiatry at Freiberg, and Rudolf Binding, a Law Professor, wrote *Release and Destruction of Lives Not Worth Living*). Continuing Bleuler's theme of lives of 'negative value', they wrote about:

> …. those who are not capable of human feeling, those ballast lives, and empty human husks that fill our psychiatric institutions and can have no sense of the value of life. Theirs is not a life worth living; hence their destruction is not only tolerable, but humane' (Binding & Hoche, 1920, p. 32).

By 1924, Bleuler was openly recommending that:

> The more severely burdened should not propagate themselves. . . . If we do nothing but make mental and physical cripples capable of propagating themselves, and the healthy stocks have to limit the number of their children because so much has to be done for the maintenance of others, if natural selection is generally suppressed, then unless we will get new measures our race must rapidly deteriorate. (Bleuler, 1924, p. 214)

Bleuler's plea for action was answered, in Germany, by a 1933 law allowing compulsory sterilization in cases of 'congenital mental defect, schizophrenia, manic-depressive psychosis, hereditary epilepsy, hereditary chorea, hereditary blindness, heredity deafness, severe physical deformity and severe alcoholism' (Müller-Hill, 1988, p. 30). The primary author of the legislation, working alongside Heinrich Himmler, was Dr Ernst Rüdin, Professor of Psychiatry at the Universities of Munich and Basel (Joseph & Wetzel, 2012; Roelcke, 2019). Rüdin was also Chair of the *Association of German Neurologists and Psychiatrists*, and President of the international *Eugenics Federation*. He had been recruited by Kraepelin to develop the new field of psychiatric genetics (Roelcke, 2019) and had succeeded him as Director of the *Kaiser Wilhelm Institute* in Munich. Like Kraepelin, he was funded by the *Rockefeller Institute* (Pilgrim, 2008). Rüdin has long been regarded as the 'father of psychiatric genetics' (Seeman, 2005; Strous, 2006).

THE EVENTS

An International Phenomenon

By 1939, about 350,000 patients had been sterilized in Germany (Strous, 2006). Of the approximately 400,000 sterilized by the end of the war about one third (over 130,000) were diagnosed 'schizophrenic' (Torrey & Yolken, 2010). In the 1930s, sterilization laws were also passed in Norway, Denmark and Finland. In Sweden, 63,000 people, mostly women displaying 'antisocial behaviour', were sterilized under eugenic legislation, starting in 1934 (Müller-Hill, 1988). The German law 'was envied by the international eugenics movement' (Müller-Hill, 1988: 201), presumably because of its unequivocal endorsement of compulsion. The first country to translate genetic theories into eugenic programmes, however, had been the United States (Black, 2003). Indiana had passed the first compulsory sterilization law as early as 1907. Winston Churchill wrote to Prime Minister Asquith urging that Britain emulate Indiana by compulsorily sterilizing the 'Feeble-Minded and Insane classes' (Gilbert, 2009). By 1928, 20 other American states had followed Indiana's example (Torrey & Yolken, 2010). The laws were still valid in 19 states in 1985 (Seeman, 2005). By 1932, 10,000 eugenic sterilizations had been perpetrated in California alone, two-thirds of which were cases of 'insanity' (Gosney, 1937). Canadian provinces Alberta (1928) and British Columbia (1933) passed similar laws, also resulting in thousands of sterilizations (Seeman, 2005).

Germany and Poland

In Europe, sterilization began to be replaced with murder in 1938. The psychiatrists, and other doctors, started with between 5,000 and 10,000 children in psychiatric institutions, with psychological or physical abnormalities. At first, they starved them to death. Later, they gassed them (Müller-Hill, 1988). Despite the falsified death certificates, many people were

aware of what was happening, including the local communities, who could smell the cremations and knew who was in the grey buses arriving at the hospitals (Müller-Hill, 1988). The child victims also knew. They played games with coffins (Dudley & Gale, 2002).

In 1939, the plan to murder all mental patients was put into operation. The programme became known as 'Aktion T-4', based on the address of its Berlin headquarters at Tiergartenstrasse 4. Those responsible for the plan, and for selecting who should die, on the basis of forms submitted by all German psychiatric institutions, included the Chairs of Psychiatry at Cologne and Berlin (Max de Crinis), Konigsberg and Munster (Frederich Mauz), Marburg and Breslau (Werner Villinger), Wurzburg (Werner Heyde), Dusseldorf (Friedrich Panse) and Bonn (Kurt Polisch), as well as Karl Schneider, Chair of Psychiatry at the University of Heidelberg, the same position held a generation earlier by Emil Kraepelin. Schneider had been Kraepelin's student.

About half of German physicians belonged to the Nazi party (Strous 2006) – seven times the rate for employed males (Seeman 2005) – with psychiatrists being the most involved (Dudley & Gale, 2002; Strous, 2006). Only a handful of psychiatrists refused to participate in the killings (Strous, 2010). Fifty years later a president of the *German Society for Psychiatry and Neurology* acknowledged that:

> The majority of psychiatrists involved in the infamous 'euthanasia' did nothing to protect their patients, or try to protest, or stop the action. Generally the attitude varied between supporting assent, helpless giving in, and indifferent co-operation' (Meyer-Lindenberg, 1991).

For a moving account of one psychiatrist's attempts, to retrospectively explain her involvement in mass murder, read Benedict and Chelouche (2008).

The tiny number of psychiatrists who actively opposed the programme deserve to be remembered, notably John Rittmeister, Karsten Jasperson and H-G Creutzfeld (Strous 2010),

and, during the planning stages, Karl Jaspers (Seeman, 2005). Rittmeister is thought to be the only psychiatrist who lost his life for resisiting (Meyer-Lindenberg, 1991).

The murders were called ‘euthanasia’, ‘mercy killing’ or ‘help for the dying’. By September 1941, over 70,000 mental patients had been killed, primarily with carbon monoxide, suggested by Professor Heyde, a psychiatrist. The murders were perpetrated in six specially adapted psychiatric hospitals, at Bernberg, Brandenberg, Grafeneck, Hartheim, Sonnenstein and Hadamar. Later, lethal injection became the preferred killing method. Of the 4,817 people arriving at Hadamar between August 1942 and March 1945, 4,422 (92%) died. The total figure for Germany alone has been estimated at about a quarter of a million (Torrey & Yolken, 2010; Wertham, 1966). The number killed elsewhere is unknown. Wertham estimated that of all the patients in German and Austrian mental hospitals in 1939, fewer than 15% remained by 1945. In just three months during 1940, over 4,000 people were killed in Polish mental hospitals (Müller-Hill, 1988). Forty thousand people were starved to death in French mental hospitals (Koupernick, 2001).

Of the approximately quarter of a million killed in Germany, at least half were diagnosed ‘schizophrenic’. It has been estimated that at least 73% of Germans with this diagnosis (approximately 245,000) were either sterilized or murdered (Torrey & Yolken, 2010). Almost all Jewish people diagnosed with ‘schizophrenia’ (about 6,000) were murdered (Torrey & Yolken, 2010). It is clear that individuals with this diagnosis were sterilized and killed disproportionately compared to people with other diagnoses. This was because of the strong belief among German psychiatrists that ‘schizophrenia’ was genetically inherited (Torrey & Yolken, 2010, p. 29). Professor Mauz had argued that for ‘schizophrenics’ there should be no exceptions, ‘as a matter of principle’ (Müller-Hill, 1988).

This annihilation of the majority of the people in one country with a supposedly genetically based ‘illness’ provided, with grotesque irony, strong evidence against the genetic

theory that had been used to justify the mass murders. While the prevalence had been drastically reduced, the incidence (new cases) was unaffected (Torrey & Yolken, 2010). If the people murdered had been suffering from a genetically based illness, killing the majority of them should, as hoped, have reduced the numbers of new cases of the supposed illness. It did not. This fact is never mentioned by proponents of a genetic basis to 'schizophrenia'. The supposed genetic basis to 'schizophrenia' has, to this day, received no robust evidence to support it (Joseph, 2004, 2013, 2017), not least because the construct of 'schizophrenia' has no reliability or validity (Bentall, 2003, 2009; Read, 2013c). (Some human characteristics are, of course, genetically inherited, such as degree of sensitivity to stressors; and there is much to be learned from epigenetics – the study of how the environment determines how genes express themselves (Read, Bentall & Fosse, 2009).)

Towards the end of 1941, the gas chambers at psychiatric institutions were dismantled and moved east to Belzec, Majdanek, Auschwitz, Treblinka and Sobidor, to kill Jews (Friedlander, 1995). The doctors and nurses often accompanied the equipment (Müller-Hill, 1988). For example, Dr Irmfried Eberl, the psychiatrist who had headed two hospitals (Bernberg and Brandenberg) where tens of thousands of patients had been murdered, was appointed Commandant of Treblinka (Strous, 2009).

Thus, the mass murder of mental patients by psychiatrists provided the 'scientific' rationale, the staff, and the equipment, for the Holocaust. One of the shamefully tiny number of papers on the killings published in psychiatric journals over the subsequent 80 years clearly states: 'These programmes formed the template for the extension into concentration camps and the "Final Solution" which killed six million Jews' (Dudley and Gale, 2002: 586).

After the dismantling of the gas chambers in the psychiatric hospitals, the killings continued with drug overdoses, starvation and injections of air into a vein. For a detailed,

distressing account of what has become known as the 'wild euthanasia' period, at Obrawalde Hospital, see Benedict and Chelouche (2008).

PSYCHIATRY'S RESPONSE TO MASS MURDER

Evading Justice

One psychiatrist, Hilde Wernicke (who supervised the killings at Obrawalde), was convicted and executed (Benedict & Chelouche, 2008). Almost all the other psychiatrists involved in the killing escaped censure or punishment by the Allies (Dudley and Gale, 2002; Müller-Hill, 1988; Strous, 2006; Wertham, 1966). Karl Schneider was investigated but not prosecuted (Pilgim, 2008; Seidelman, 1996), and killed himself, in 1946 (Seeman 2005). Ernst Rüdin was fined 500 marks (Joseph, 2004).

Classic is the judgment of a Frankfurt court about a psychiatrist who not only personally killed many patients, adults and children, but also watched their death agonies through the window of the gas chambers. 'We deal', said the court, 'with a certain weakness which does not as yet deserve moral condemnation' (Wertham, 1966, p. 189).

A 1947 report on 'Selection in Asylums 1939-1945', by a German psychiatrist, remained unpublished because eminent psychiatrists Karl Jaspers and Kurt Schneider (not the more directly implicated Karl Schneider) were reluctant (Meyer-Lindenberg, 1991). Many of the murderers returned to their careers. For example, Professor Heyde, the psychiatrist who had recommended carbon monoxide, practised from 1950 to 1959 in Flensberg, West Germany, despite his identity being know to psychiatrists and the legal establishment there (Müller-Hill, 1988). After the War, three of the first 12 presidents of the *German Society for Psychiatry and Neurology* had been organizers of the 'euthanasia' programme (Dudley and Gale, 2002).

Silence and Denial

It was more than 20 years before anyone wrote a book on the subject (Wertham, 1966) and more than 40 before the only book by a psychiatrist (Lifton, 1986). This is not including the report by Alexander Mitscherlich, the physician and psychoanalyst who was sufficiently trusted by the Allies to be selected as Head of the *German Medical Commission to Military Tribunal no. 1* at the Nuremburg trials (Mitscherlich, 1948). His report includes the statement: 'The granting of "dying-aid" in the case of incurable mental patients and malformed or idiot children may be considered to be still within the legitimate sphere of medical discussion' (p. 117).

Psychiatry beyond Germany was equally unable to grasp the significance of the crimes against humanity committed because of the profession's simplistic, unsubstantiated genetic explanations of unusual or distressing behaviors (Bentall, 2003; Joseph, 2004, 2013). The profession cannot claim ignorance. In 1941, the 'euthanasia' programme had been described in *Reader's Digest* (Dudley & Gale, 2002). In the same year, Dr Foster Kennedy presented a paper entitled 'The Problem of Social Control of the Congenital Defective: Education, Sterilization, Euthanasia' at a conference of the *American Psychiatric Association*. He argued, about 5-year-old children, that:

> It is a merciful and kindly thing to relieve that defective – often tortured and convulsed, grotesque and absurd, useless and foolish, and entirely undesirable – of the agony of living. (Kennedy 1942: 14).

The *American Journal of Psychiatry* published the paper, adding an Editorial pathologizing parents' objections to having their children killed (Joseph 2005).

After the War, Dr Werner Villinger, who had been deeply implicated in the killing of children, became Chair of Psychiatry at the University of Marburg. He was invited to a White House conference, on children.

For decades, histories of psychiatry omitted any mention of the murders (e.g. Alexander & Selesnick, 1966; Roback, 1961; Schneck, 1960). Howells' (1975) *World History of Psychiatry* had a chapter for each country, all but one of which was up to date. The chapter on Germany ended at 1936. More recent histories have devoted less than a page (Freeman, 1999; Shorter, 1997). Stone's history (1997) cites the genetic work of Rüdin, and his student Franz Kallmann (see below), with no mention of the political context.

It is well documented (Pilgrim, 2008; Seidelman, 1996) that most psychiatric textbooks have remained silent on the issue of eugenics and psychiatry's role therein (e.g. Gelder et al., 2009; Kay and Tasman, 2006). Some cite the work of Rüdin and Kallmann uncritically or positively (e.g. Kirov & Owen, 2009, p. 1463; Stone, 2006, p. 13). The *American Psychiatric Publishing Textbook of Psychiatry* opened its section on the 'Genetics of Psychiatric Disorders', without context or critique, thus: 'Beginning with the pioneering work of Rüdin, Kallmann, and others in the Berlin school . . .' (Choudary & Knowles, 2008). The history chapter of the *New Oxford Textbook of Psychiatry* avoided the topic altogether (Pichot, 2009). The parallel chapter in the *Comprehensive Textbook of Psychiatry* (Colp, 2009) deployed a more active form of denial. There appeared, in a table of 'Persons and Events in Psychiatry', an entry entitled 'Fuhrer Decree', which, the reader is informed, 'ordered doctors to kill patients' and which 'grew out of the Nazi doctrine of preserving racial purity'. The role of psychiatry is not mentioned. Four entries earlier, under 'Genetics of schizophrenia', the 'pioneering' work of Rüdin and Kallman is lauded, with no link to the murders (Colp, 2009, p. 4492). A 2010 paper in *Schizophrenia Bulletin* entitled 'Political Abuse of Psychiatry: An Historical Overview', covered past abuses in the Soviet Union and more recent abuses in China, but made no mention of events in Germany (van Voren, 2010).

The March 1991 edition of the journal *History of Psychiatry* consisted of articles on the histories of psychiatry in eight European countries. Germany was not one of them. Since its

inception in 1990 the *History of Psychiatry* journal has published just nine papers addressing the psychiatric murders in Germany (e.g. Benedict & Chelouche, 2008; Joseph, 2005; Roelcke, 2019; Westerman, 2012). The total of nine is based on inclusion criteria broad enough to count a report on the idiosyncratic use of an ECT machine to murder patients (Gazdag et al., 2017) and a recent, important, paper on 'The fate of Jews hospitalized in mental hospitals in France during World War II' (Mouchenik & Fau-Vincenti, 2020). In 2021, the Editor of the *History of Psychiatry* rejected the current paper, because it was 'not suitable for the current objectives and thematic balance of the Journal' (personal communication, 5.3.2021). An Assistant Editor added (5.3.2021), in support of the rejection:

> There was no such thing as biological psychiatry before the 1980s and the extermination of the mentally ill or unfit came from the social, public health, side of medicine not from research on the biology of the conditions.

Rationalisation and Revisionism

In 1996, Kenneth Kendler, the prominent American psychiatric geneticist, co-authored a series of articles with Rüdin's daughter, Edith Zerbin-Rüdin (Zerbin-Rüdin & Kendler, 1996), who was also a eugenicist (Gershon, 1997), elaborating on Rüdin's genetic theories. Kendler is not alone among psychiatric geneticists in being accused of 'revisionist historical accounts' of Rüdin's work (Joseph & Wetzel, 2013; Pilgrim, 2008). Rüdin's writings, and Kendler's summaries thereof with Rüdin's daughter, continue to be cited in 2021 in leading psychiatric journals, with no mention of Rüdin's role in the murders or of the lessons that might be learned from the history of misguided psychiatric genetics (e.g. Baselmans et al., 2021).

In the United States, the 'scientific' journals *Eugenics Quarterly* and *Eugenics Review* had continued, into the 1960s, to provide credibility to the ideas that had led directly to the

deaths of over a quarter of a million and indirectly to the deaths of a further six million. From 1947 to 1956, the *American Journal of Psychiatry* published annual updates of 'Psychiatric Progress' on the issue of 'Heredity and Eugenics', all written by Dr Franz Kallmann (e.g. Kallmann, 1955).

Kallmann had argued, in Germany in the 1930s, that not only 'schizophrenics' but also their relatives should be sterilized.

> From a eugenic point of view, it is particularly disastrous that these patients not only continue to crowd mental hospitals all over the world, but also afford, to society as a whole, an unceasing source of maladjusted cranks, asocial eccentrics and the lowest types of criminal offenders. Even the faithful believer in the predominance of individual liberty will admit that mankind would be much happier without those
> numerous adventurers, fanatics and pseudo-saviors of the world who are found again and again to come from the schizophrenic genotype. (Kallmann, 1938, p. 105)

After the war he promulgated his beliefs about 'mental illness', and homosexuality, in the United States, where he helped found the *American Society of Human Genetics*. Kallman was made a Professor of Psychiatry at Columbia University, where he founded the first department of psychiatric genetics in the USA (Roelke, 2019). He was a founding editor of the *American Journal of Human Genetics.* When he died, in 1965, the *New York Times* honoured him as the foremost representative of psychiatric genetics in the USA, and his British counterpart, and friend, Eliot Slater wrote that psychiatry had lost 'one of its most notable pioneers' (Roelke, 2019, p. 24). His grossly flawed reports on the genetics of schizophrenia (Joseph 2004, 2013, 2017; Pilgrim, 2008) headed the list of twin studies in psychiatric and psychology textbooks in the 21st century (e.g. Choudary & Knowles, 2008; Kirov & Owen, 2009).

Contemporary Variations on a Theme

Unable to fulfil his dream of removing 'schizophrenic' genes from the gene pool by sterilization, Kallman (1955) advocated genetic counselling. This practice, of informing people diagnosed with 'schizophrenia' and their relatives that their offspring might inherit the 'illness', thereby discouraging reproduction, is still with us. In the 1980s the prestigious Maudsely Hospital in London educated the families of people diagnosed schizophrenic at its dedicated 'Genetic Clinic'. Genetic counselling for 'schizophrenia' is still being advocated and practised in the 21st century (e.g. Hosak, 2013). Some have even argued that 'Access to genetic counselling should be available to all individuals with schizophrenia and is particularly important for family planning' (Hodgkinson et al., 2001, p. 123). Of 263 people attending a Canadian genetic counselling service in relation to schizophrenia, the majority (69%) were relatives who 'may indeed make childbearing decisions based on their perceptions of this risk' (Hunter et al., 2010, p. 147). A 2008 survey found that US psychiatrists 'expressed a strongly positive view of genetic testing' (Hoop et al., 2008, p. 245). A leading US website (schizophrenia.com, 2021) currently proclaims: 'Genetic counseling for psychiatric conditions such as schizophrenia is becoming more widespread and its use is being successfully demonstrated'. If there is any genetic basis at all to the 'conditions', then genetic counselling is an alternative, less violent, route to narrowing the gene pool.

It could also be argued that the ongoing use of 'antipsychotic' drugs that shorten life span (Weinmann, Aderhold & Read, 2009), reduce brain volume (Moncrieff & Leo, 2010) and cause stupor and sexual dysfunction (Moncrieff, 2013; Read & Sacia, 2020; Read & Williams, 2019) may also be narrowing the gene pool today, albeit unintentionally. (We repeat that the narrowing is more likely to be in relation to variables such as general sensitivity to stress rather than anything called 'schizophrenia', which is no less worrying.)

Another variation on a theme that links the compulsory sterilisations and killings to contemporary psychiatry is the use of force and compulsion. The drugs that can shorten life span and suppress reproduction are still often administered without consent (including by forced injection) under mental health legislation. So is the administration, to about a million people a year, of electric shocks which often cause memory loss and brain damage (Fosse & Read, 2013; Read, Kirsch & McGrath, 2019; Read & Moncrieff, 2022; Rose, Wykes, Leese, Bindman & Fleischmann, 2003). A recent audit in England found that more than a third of electroshock recipients were administered the 'treatment' without giving consent (Read, Harrop, Geekie, Renton & Cunliffe, 2021).

Breaking the Silence; Making the Connections

Since the turn of the century, a trickle of articles has broken the near-silence of the preceding 50 years (e.g. Benedict & Chelouche, 2008; Pieczanski et al., 2004; Strous, 2006, 2009, 2010; Torrey & Yolken, 2010; Westerman, 2012). One of these argued that:

> German psychiatry offered conducive conditions. From mid-19th century, a somatic approach dominated, the psychiatrist Griesinger asserting that 'mental disease is brain disease'. Emil Kraepelin's classification reflected therapeutic pessimism: For example, schizophrenia was organic, incurable and deteriorating. . . . Psychotherapy was separated from psychiatry, and regarded as suspect.' (Dudley & Gale, 2002, p. 588)

Another asked:

> Can this ever happen again? Can this happen today? . . . In one sense we do it now when we impose involuntary hospitalization on those with mental illness: will our motives for doing so be questioned by history? We currently prescribe large amounts of tranquilizing drugs that sometimes inadvertently impair our patients' health. Are we being hoodwinked into acquiescence by a profit-driven pharmaceutical industry. . . . Since Nuremberg, we have developed tight legislation to place constraints on human experimentation, but no such safeguards exist against biases that may influence our clinical decisions. (Seeman, 2005, p. 219)

In 2019, German physician and medical historian Volker Roelke documented how 'The early decades of the institutionalization of psychiatric genetics exemplify the inseparability of the history of eugenics and medical genetics' (Roelke, 2019, p. 19) by tracking the careers and eugenic beliefs of Ernst Rüdin at the German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*, or DFA), Franz Kallmann in the USA, Eliot Slater in the UK and Erik Essen-Möller in Sweden. Roelke notes that 'the last three protagonists are considered to be the founding fathers of psychiatric genetics in their respective national contexts. All of them, however, had been research fellows at the DFA in Munich in the 1930s, which at that time was directed by Rüdin' (p 20). Slater, whose work was funded by the Medical Research Council, went on to be Editor of the *British Journal of Psychiatry* for ten years.

The two paragraphs devoted to the psychiatric murders in *A Century of Psychiatry* had concluded:

> The facts are well known, but we still need an answer to the question – what theoretical or other ideas made so many psychiatrists who were not Nazis break their Hippocratic oath?' (Peters, 1999, p. 89).

Perhaps we need look no further than the opening words of the same article:

> Nazi psychiatry was not different in all respects from classical psychiatry. A shared belief between them was that endogenous psychoses were somatic, with mainly genetic causes, and they also shared a therapeutic nihilism.

In 2021, Lenny Lapon's 1986 book, '*Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States'*, became available as an e-book, with an updated preface. It had originally been rejected by many publishers, so he had published it himself. Apart from being one of the first exposés of the German psychiatrists' role in the killing of mental patients, Lapon links those events to a thorough critique of contemporary American psychiatry.

'*Deadly Medicine: Creating the Master Race'* (2004), a book based on the US Holocaust Museum's exhibition, has not only detailed the subsequent careers of the doctors most involved in the killing of mental patients, but has drawn clear connections between Nazi ideas and psychiatric ideas. The exhibition has visited 195 US cities as well as Canada, Croatia, Germany, Hungary, Israel, and Serbia, and is still travelling today (https://www.ushmm.org/information/exhibitions/traveling-exhibitions).

One of the chapters in '*Deadly Medicine'* was written by Benno Müller-Hill, who had previously published one of the most thorough documentations of the horrors perpetrated by psychiatry in Germany. He had concluded:

> We are not dealing here with defects in the character of a few individuals, but rather with defects in psychiatry and anthropology as a whole. (Müller-Hill, 1988, p. 109)

PSYCHIATRY'S RESPONSE TO HOLOCAUST SURVIVORS

In 1996 Yochevet Mark, a Holocaust survivor who, since making her way to Israel after the war, had been repeatedly hospitalized as a 'schizophrenic', was visited by her son in Geha Hospital. She was terrified. She believed her son was an SS officer.

Her son was actually Dr Moti Mark, Israel's chief government psychiatrist. Dr Mark soon discovered that approximately two thirds of elderly patients in Israel's psychiatric hospitals

were Holocaust survivors, including at his own Abarbanel, Israel's largest psychiatric facility (Yoram Barak, personal communication, 2011). With other psychiatrists, including Yoram Barak and Henry Szor, Mark campaigned to offer them treatment for Holocaust trauma rather than continue to be drugged for 'schizophrenia' (Rees, 2002).

Following a 1999 Commission of Inquiry, the government closed three psychiatric institutions. Several hundred Holocaust survivors were moved into special facilities where efforts were made to address their trauma. In 2001 Shosh Shlam's film *Last Journey into Silence* documented the years of neglect and abuse that the survivors had endured as psychiatric patients.

> Decades of antipsychotic drugs like haloperidol and thorazine hadn't worked. In the lobby of the survivors' wards, patients still shake uncontrollably and grind their jaws grotesquely from the side effects of such drugs. Barak changed the diagnosis of schizophrenia attached to most of the 120 survivors in his wards to 'long-term post- traumatic psychosis'. . . . They had been kept heavily drugged and often in solitary confinement for decades. Many had lost the power of speech. (Rees, 2002, p. 41-42)

It is tempting to understand all this as merely an extreme example of the power of psychiatry's bio-genetic ideology and classification system to distort reality by ignoring psycho-social context (Bentall, 2003, 2009; Handerer et al., 2021; Read and Dillon, 2013). In Israel, however, another dynamic was compounding biological psychiatry's reluctance to address the real causes of human distress.

> Psychiatrists like Barak had to fight more than just a bad diagnosis made decades ago. They were up against a Zionist ideology that saw Holocaust victims as weaklings who had gone 'like sheep to the slaughter' – unlike the strong 'new Jew' Israel's founders hoped to create. Holocaust survivors were treated with contempt in their new country.
> (Rees, 2002, p. 42)

AN INSPIRATIONAL ALTERNATIVE RESPONSE

As an antidote to the depressing nature of this article we now move on to a moving example of what can happen when human beings find the strength to break though the denial that we all use to shield ourselves from the horrors that we humans are capable of inflicting on one another. In the new hostels to which the Holocaust survivors had been moved, a team of psychiatrists (including Dori Laub and Rael Strous), social workers (including Baruch Greenwald and Oshrit Ben-Ari) and others, began the daunting task of trying to reach the survivors. Beginning, in some instances, with helping them build relationships with animals that reminded them of childhood pets, the team moved onto 'testimony therapy' in which the survivors were gently invited to share, for the first time in 50 years, what had happened in the ghettos and the camps. Some of this work included filming interviews, partly for archival purposes but also so that staff and survivors could watch them together for therapeutic purposes (Greenwald et al., 2006; Laub, 2006). Some of the survivors, many of whom had barely spoken for decades, did not recognize themselves when watching their videos for the first time. This testimonial therapy significantly reduced 'symptoms' and improved social functioning (Strous et al., 2006).

> Their trauma-related illness had been neglected in their decades-long treatment. Most of these patients had been diagnosed as having chronic schizophrenia, with no special attention given to the historical circumstances related to their psychiatric symptoms.
> (Greenwald et al., 2006, p. 200)

> After viewing Chana's [diagnosed with 'paranoid schizophrenia'] testimony in its entirety, the staff members can now more easily recognize the connection between Chana's traumatic childhood, her suspicious behavior, lack of trust, self-neglect, and inability to make independent decisions. (p. 213)

> It was a communal bearing of a destiny that affected some – the patients – far more harshly than it had affected the others, the treaters. Yet, as we discovered, everyone was affected, and

> the project provided a medium through which to express it, to experience it, and to begin to share it. . . . . The treatment staff – after having lifted their own inner obstacles to speaking about the Holocaust – allowed for a homecoming for the patients. (p. 264)

There can be few more inspirational examples of the kind of paradigm shift that is being increasingly demanded over the years. In 2019, the United Nations Special Rapporteur, Dr Dainius Pūras, a Lithuanian psychiatrist, wrote:

> Current mental health policies have been affected to a large extent by the asymmetry of power and biases because of the dominance of the biomedical model and biomedical interventions. This model has led … to the medicalization of normal reactions to life's many pressures, including moderate forms of social anxiety, sadness, shyness, truancy and antisocial behaviour. (Puras, 2019)

In 2021, the World Health Organization's 'Guidance on Community Mental Health Services' argued that social determinants of mental health are being neglected, resulting in 'an over-diagnosis of human distress and over-reliance on psychotropic drugs to the detriment of psychosocial interventions'. The document presents 22 more examples of alternatives to drugs and electricity (W.H.O. 2021).

CONCLUSIONS

The sensitivity and courage required of psychiatrists and other staff when faced with trauma is not dependent on nationality. Neither is denial limited to any one country, profession, or historical period. It is incumbent on all mental health workers, on all of us in fact, to be constantly on the lookout for our own failures to perceive the myriad ways in which humans are harmed by other humans, including – perhaps the hardest of all to acknowledge – by mental health staff themselves. Two comments, one on what happened during the Holocaust, the other on what happened in Israel sixty years later, are telling:

> To remember the past requires an active effort and remembering is a prerequisite of mourning. All psychiatrists and every student of psychiatry should make this effort. . . . The 'scientific' psychiatrist does not console those in despair, he calls them depressed. He does not unravel the tangled thought-processes of the confused, he calls them schizophrenic. . . . This attitude reduces the person to a subservient depersonalised object. Such a process formed the bond which held the psychiatrists, anthropologists and Hitler together. (Müller-Hill 1988: 110)

> As a result of these meetings, the staff felt enriched by learning about and vicariously experiencing the patient's life experiences. Consequently, a new and deeper bond was created between the staff and the patients, based on a mutual understanding of the tragic events that played such a major role in the patient's life and pathology. (Greenwald et al. 2006, p. 204)

In 2001 Israel's Health Minister, Nissam Dahan, met with some of the survivors 'to apologise that we did not treat you in the past as we should have' (Rees 2002, p. 41).

On 26 November 2010, 65 years after the killings finally ended, Professor Frank Schneider, President of the *German Association for Psychiatry and Psychotherapy*, addressed a commemorative event in Berlin. He began thus:

> Ladies and gentlemen. Under National Socialism, psychiatrists showed contempt towards the patients in their care; they lied to them, and deceived them and their families. They forced them to be sterilised, arranged their deaths and even performed killings themselves. Patients were used as test subjects for unjustifiable research – research that left them traumatized or even dead. . . . For too long now we have been hiding, denying a crucial part of our past. For that, we are truly ashamed.
> (Schneider, 2011, p. 111)

Following a detailed documentation of the facts, and of psychiatry's subsequent denial and suppression of those facts, Professor Schneider added:

> In the name of the *German Association for Psychiatry and Psychotherapy*, I ask you, the victims and relatives of the victims, for forgiveness for the pain and injustice you suffered in the name of German psychiatry and at the hands of German psychiatrists under National Socialism, and for the silence, trivialization and denial that for far too long characterised psychiatry in post-war Germany. (p. 118)

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