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Interpreting the Memoirs of Dorothea Buck-Zerchin: Understanding the Evolving Cultural and Linguistic Context of Mental Illness in Twentieth Century Germany

Niyant Vora
Illinois Wesleyan University

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Niyant Vora

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Dr. Zelechowski

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Introduction

In November of 2017, Lera Boroditsky, a Cognitive Scientist and Professor at the University of California San Diego, gave a TED Talk called "How language shapes the way we think." In the presentation, she discusses precisely this notion, pulling examples from her childhood, such as how Russian makes a distinction between *goluboy* (dark blue) and *siniy* (light blue), while English does not—and how this change affects how native Russian speakers comprehend blue. Boroditsky bases her work on an idea known as the linguistic relativity hypothesis, which essentially states that culture and language influence the way individual humans perceive their world (Gumperz and Levinson 614). Linguistic relativity is currently the favored theory for understanding the relationship between the mind and language (Gumperz and Levinson 614; Boroditsky), and it also provides an interesting implication for understanding how humans have perceived information in previous eras. As society changes, language changes, too. As a result of the relationship between language and perception, language can help to support, alter, or reduce the stigma present in certain topics such as mental illness.

The modern movement of "political correctness" is an example of the effect of language and perception in society (Howe). The political correctness movement carries both positive and negative connotations in today's society. But political correctness is nothing less than one of the

largest efforts to change the perception of others through nothing more than mere words. In this paper, I will analyze the context surrounding societal and scientific perceptions of mental illnesses—specifically schizophrenia—from the post-World War II (WWII) era to the modern day in Germany. I focus on Germany because, even though American scientists, medical researchers, and political leaders have been at the forefront of many scientific, medical, and legal advancements in the modern era (i.e., approximately post 2000) the treatment of people with mental illness is one area in which Germany has surpassed the United States—especially since 1990. Additionally, Germany is a nation that saw the rise of a fascist party during WWII which sterilized and euthanized people with disabilities; after WWII Germany was separated into two different nations from 1950 to 1990 with very different capabilities to treat people with mental illnesses. And since reunification in 1990, Germany continues to lead various aspects of the European community since 2000, especially in regards to its treatment of people with mental illness ("New Mental Health..."). These changes are essential to analyze, because while mental illness has remained the same, the treatment of those with mental illnesses by members of society and by science has changed in Germany since WWII, but more so in science than in society.

To understand just how the treatment of mental illness has changed or transformed, it is important to select a mental illness that can be analyzed—in this case, schizophrenia. I have chosen to examine the language surrounding schizophrenia because it has been known since at least before WWII, and has a diagnosis that has remained relatively consistent during the past 80 years. Additionally, there is much research available on the topic of schizophrenia, its nature, and its perception by medical professionals and the average citizen in Germany. These factors combined with Buck-Zerchin's story allows me to demonstrate that one need not succumb to the

ideologies of their time—despite the effect that language has on a person's (or people's) thoughts. Before I can analyze said treatment, however, I will explain the context surrounding societal and scientific perceptions of mental illnesses both in general and in the specific case of schizophrenia, since WWII in Germany.

At this point, I believe several important terms need to be clearly defined. First, mental illnesses are described herein as any disorder/condition which greatly affects one's mental, emotional, and sometimes physical behavior(s). Second, when I speak of "society" in this analysis, this means anybody who is a layperson and is only occasionally exposed to mental illnesses. Conversely, "science" (sometimes medicine is used interchangeably) includes only those who are physicians, psychiatrist, or psychologists. Finally, the definition of schizophrenia upon which my analysis operates is as defined in the following quote from the Mayo Clinic:

[Schizophrenia is] a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling. ("Schizophrenia")

The reason for choosing the Mayo Clinic's definition is that the definition of schizophrenia is held to be the same across both German and American medicine (Angermeyer et al. 1). Moreover, the above definition from the Mayo Clinic provides examples of common symptoms of schizophrenia that allow one to connect this definition with the definition provided by Dorothea Buck-Zerchin in the introduction to her 1990 autobiography *Auf der Spur des Morgensterns: Psychose als Selbstfindung* (*On the trail of the Morning Star: Psychosis as Self-discovery*).¹ *Auf der Spur des Morgensterns* is the main text that I will be analyzing in regards to

¹ All translations are my own unless otherwise stated.

how society, science, and people with schizophrenia have changed their treatment and perception of people with schizophrenia in Germany since WWII.

An obvious question follows: why did I select *Auf der Spur des Morgensterns* from the other available research or medical/scientific descriptions or fictional books on mental illnesses and schizophrenia from the same era? The main reason is that Buck-Zerchin's autobiography explores her own experiences of being forcefully institutionalized for schizophrenia, as well as her feelings about the illness itself. Her text provides an invaluable look into the treatment and perception of schizophrenia—one not from an author writing a fictional story, or a scientist constrained by his/her time's understanding of schizophrenia, but instead a person living with the mental disorder.

Buck-Zerchin takes readers through her five schizophrenic episodes from 1936 to 1959, and her readers learn that during her first episode, she was not only forcefully institutionalized but also unknowingly and unwillingly sterilized by the psychiatrists (Buck-Zerchin, “70 years” 3). The book further states that psychiatrists and psychologists of the time conceived of schizophrenia as a disease wherein people displayed characteristics of a “*zerrissenen* [disjointed] und *gespaltenen* [fragmented]” personality (Buck-Zerchin, *Auf der Spur...* 12), which today can also be considered a part of a detachment from reality. However, Buck-Zerchin points out that she never felt as though her self-image or personality was disjointed or fragmented. She certainly experienced hallucinations and delusions but not a fragmented or disjointed sense of her personality (12). Buck-Zerchin's account emphasizes that the understanding possessed by psychiatrists and psychologists was different from the experience of people who have schizophrenia. In 2007, she was invited to and spoke at a congress (run and organized by the World Psychiatric Organisation) as their keynote speaker. She was given this invitation due to

her advocacy for improving mental illnesses treatment and perception, as well as past experiences—with schizophrenia, her suffering at the hands of the psychiatric institutions, physicians, and society. In her keynote speech at that congress, Buck-Zerchin expanded on her memoir detailing just how psychiatrists and psychiatric institutions had continued with forcible treatment until approximately the 1970s, and how exactly this has influenced current understandings and treatments of mental illness (Buck-Zerchin, “70 years” 1-6). She further stated that what had helped her most was the direction towards which things are now moving—being spoken to and treated as a human being, did more to treat and eventually cure her of her schizophrenia than medication or beatings ever did (Buck 1-6). The true value of Buck-Zerchin's words is in how they differ from those of psychiatrists and psychologists between 1935 and 1960 and how those perceptions have transformed since that time.

It is important to understand what perceptions psychiatrists possessed about mental illnesses during the time of the Third Reich (1933-1945). For example, one can turn to research conducted by Eugen Bleuler who in 1930 released his “Primäre und Sekundäre Symptome der Schizophrenie” (Primary and Secondary Symptoms of Schizophrenia), in which he lays out one of the early discussions on the symptoms of schizophrenia. In her book, Buck-Zerchin spends a fair amount of time detailing just how it is that psychiatrists perceive people with mental illnesses. Describing those perceptions requires explaining how psychiatrists understand schizophrenia, and Buck-Zerchin quotes Bleuler’s 1930 paper to describe those symptoms:

Lösung der normalen Gedankenverbindungen, bizarre Gedankengänge, Verknüpfungen und Verdichtungen von Beziehungslosem, Verwendung von Symbolen an Stelle des ursprünglichen Begriffs (Buck-Zerchin, Auf der Spur... 153)

(Dissolution of the normal association of ideas, bizarre trains of thought, connections and condensation of unrelated things, using symbols in the place of the original concept.

Buck-Zerchin, *Auf der Spur...* 153).

From this information, one sees that the main perception that Bleuler had about schizophrenia, which was during the 1930s and 1940s, was based, to a degree, in the Jungian notion of the importance of symbols. Specifically, the psychosis essentially presents itself in a manner wherein the patient begins to see and utilize symbols to describe what s/he is seeing, feeling, and understanding. Furthermore, these common symptoms of schizophrenia assumes, commonly, someone with schizophrenia will have bizarre trains of thought, connecting unrelated things, and the usual style of idea association breaks down. This latter portion (the breakdown of typical idea association and the train of thought) can—and was by the understanding of psychiatrists and psychologists of the time—used to explain the irrational behaviors undertaken by schizophrenic patients.²

To understand why those specific symptoms were the basis of understanding schizophrenia as a scientist, let us consider the following information: first, that how one thinks affects his/her behavior; second, if how one thinks changes, then one's behavior also changes. Therefore, any changes in a person's standard pattern of thinking will lead to him/her altering his/her behavior. If those changes result in forming connections that the normal person would not, and they start experiencing the world differently—symbolically with different underlying connections and experiencing hallucinations (as Bleuler also mentions)—then they are said to have schizophrenia. This pattern of understanding amongst scientists appears to have shifted to a

² See Fischer, "Raum-Zeit-Struktur und Denkstörung in der Schizophrenie" 'Space-Time-Structure and Disorganized Thinking in Schizophrenia', Berze, "Psychologie Der Schizophrenie" 'The Psychology of Schizophrenia', and Schulz, Bruno. "Zur Erbpathologie Der Schizophrenie." 'On the Hereditary Pathology of Schizophrenia' for more information on the scientific understanding of schizophrenia during the 1930s and 1940s.

degree, as early as 1953 (when the first antipsychotic medications were designed and made available to treat schizophrenia specifically). Even before the 1950s, however, psychiatrists felt that the somatic and physical aspects of schizophrenia were more critical in treatment than any kind of psychoanalysis. As a result, the definitions of the biological symptoms of schizophrenia have mostly remained the same since the time of Eugen Bleuler.³

Since mental illness research has greatly advanced since WWII, it is essential to know that the current favored theory of schizophrenia's origins and understandings are still believed to be biological and genetic—though the evidence of this is mainly correlational data, not causal (“Common Genetic Factors...”; “Schizophrenie”). Since the belief in the biological basis of schizophrenia is an accepted fact in the scientific literature, I have not felt it necessary to expand beyond the earlier description of the value of symbols in understanding schizophrenia. However, there is a difference that I think is important to describe, i.e., the divergence in the scientific knowledge of mental illnesses that took place during the 1970s. Before continuing to that discussion, it is valuable to take a step back and consider the original context for conversations about mental illness in society including its relation to religion and spirituality.

To explain how people in society approached and treated both mental illnesses and the people suffering from them during and after Third Reich, one must step back into the time of antiquity in Ancient Greece (Beck). While physicians as early as the fifth century B.C.E. believed that mental illnesses were physiological in nature, laypeople did not hold such a view (Beck). Lay people in Ancient Greece felt “that mental disorders came from the gods... and in a world where many important phenomena such as mental illness were not readily explicable, the whims of the gods were the fallback explanation” (Beck). While the notion that God or Gods are

³ See Zerchin, *Auf der Spur des Morgensterns* 107-108 for the specific passage of interest. This passage will be discussed more in depth later.

responsible for mental illness is no longer a prevalent belief, it is a notion that still exists today as a common stereotype.⁴ The idea of God being responsible for mental illnesses still exists even though psychiatrists who treat people with mental illness in Germany rarely speak of religious understanding or ideologies in relation to mental illnesses (Lee and Baumann 4). Buck-Zerchin even alludes to the same belief by referencing her feeling during her first schizophrenic episode to being driven by the will of God (Buck-Zerchin, *Auf der Spur...* 19). As I've now set the stage for a more detailed discussion of the stereotypes and stigma surrounding mental illnesses in Germany, there are several other topics to discuss which outline the remainder of the context and background for my analysis.

Moving on from the era of the Third Reich and the early postwar period (1936–1959), the story of the treatment of people with mental illness evolved in the 1970s along with the rise of a variety of new psychotherapy treatments for a host of mental illnesses including schizophrenia, especially as scientists found more mental illnesses. The academic and public awareness of the commonness of mental illnesses began to change how people discussed such disorders/conditions (Ellis and Szasz). Two key figures in this discussion are Albert Ellis and Thomas Szasz.

Ellis was a well-known figure in the psychological community for his founding of Rational Emotive Behavior Therapy (Ellis and Szasz), also known as REBT, the predecessor to Cognitive Behavioral Therapy and its offshoot Dialectical Behavioral Therapy (Spillane 343). REBT was one of the first styles of treatment for psychological disorders and illnesses that helped to begin altering how psychologists treated mental illness. Before REBT most people with schizophrenia (in particular) were often treated solely by psychiatrists and other medical

⁴ See Centennial Mental Health Center, "Myths and Stereotypes" by the for more examples of commonly held beliefs about mental illness.

professionals (Ellis and Szasz). Szasz, on the other hand, was a psychotherapist who focused on autonomous decision making and was a great proponent of the notion that mental illnesses—such as schizophrenia or mental illness—were not “real” (Spillane 346; Ellis and Szasz). According to Spillane, “Szasz claimed that if we accept the scientific definition of disease as found in books of pathology, it follows that mental illnesses are metaphorical illnesses” (346). Szasz bases his argument in the understanding of his time, that there was little biological evidence for mental illnesses, as they did not result in physiological changes to brain structure and therefore lacked the biological basis that his contemporaries believed to be present in mental illnesses (Ellis and Szasz).

While Szasz has not been proven entirely correct—there is now evidence that certain disorders, such as Autism Spectrum Disorder (ASD), do cause structural changes in the brain (“Biologically-Inspired...” 1), and the presence of some mental disorders are correlated to certain genes. Though the two are not causally linked, there is still little *direct* evidence tying many mental disorders to a direct and specific biological basis, in spite of attempts by a variety of researchers to solve this problem in particular (“Common Genetic Factors”; “Biologically-Inspired...” 1; Ratnayake et al. 1). The effect of a debate held between Ellis and Szasz in 1977 exemplified the difference between their two ideologies, and this specific split in scientific ideology is one that still plagues scientists' and physicians' understanding of mental illnesses. Society, on the other hand, was influenced by a different set of factors, and faced an entirely different issue that has been present since the time of Ellis and Szasz, and particularly since the reunification of East and West Germany. Angermeyer et al. completed a study in 2010 which demonstrated that between 1990 and 2010, while prejudice against people with schizophrenia remained roughly the same, the layperson's belief that people with schizophrenia are not treated

with as much prejudice as they once were remained relatively unchanged (3-4). Interestingly, the efforts of the German government to reduce the stigma against schizophrenia and other mental illnesses only made people *think* that discrimination against people with mental illnesses was reduced—instead of reducing the stigma itself. Around the same time (circa 1980 to the modern day), we see how psychiatrists, researchers, and even many psychologists, like Ellis, have sought to explain the biological basis for mental illness.

In the modern-day discussion about ordinary people with mental illnesses—such as schizophrenia, depression, and generalized anxiety disorder—the vast majority are often given pharmacological agents to reduce their outward symptoms, so there should be ample research to back up the presence of biological markers (biomarkers) for mental illnesses. According to Spillane, there is little evidence for biomarkers for most mental illnesses, though researchers are pursuing biomarker research for mental illnesses with fervor (Spillane, 344-5). While Spillane implies that the lack of biomarkers for mental illnesses is accurate regardless of the mental disorder, recent research has successfully identified some potential biomarkers for mental illness. One such paper by Reig-Viader, Sindreu, and Bayés identifies synaptic proteomics (or an analysis of the proteins present in the synapses) as an important component in understanding the molecular basis of mental illness, and asks how close research is to using synaptic proteomics to identify the molecular (and therefore biological) basis behind certain mental disorders (353, 358-59). They demonstrate that while the concept of synaptic proteomics has helped to significantly explain the current molecular understanding of the synapses in the brain, there is still work to be done before it can be an effective method of identifying/diagnosing mental disorders/illnesses (Reig-Viader et al. 353). An editorial in *EBioMedicine* in early 2017 echoed the same notion, stating that “there is considerable optimism... that we are nearing a turning point in psychiatric

disease research, which could pave the way... for the... diagnostic and prognostic clinical tests required to identify and monitor disease” (“Biologically-Inspired...” 1). Despite their optimistic view, both Reig-Viader and colleagues and the *EBioMedicine* editorial admit that there is a long way to go before it is possible to identify a mental illness by biological means. Until such a time, it is necessary to understand the role that language and perception play on society and science's understanding of mental illnesses.

In order to understand the link between mental illness and language, it is vital to first understand the scientific basis of perception, which requires taking a look at both the rise of schemas as a method of how human brains conceptualize and organize perception the same (Ben-Zeev), and the modern-day understandings of perception and language itself. Aaron Ben-Zeev discusses a notion known as the schema paradigm. Schemata are “mental structures that an individual uses to organize knowledge and guide cognitive processes and behavior” (Michalak). For example, a person's schema of a horse may include its tail, four legs, teeth, fur, etc. As one grows older, one may have to modify their horse schema, in order to distinguish it from a dog or a cat. When Ben-Zeev published his paper in 1988, many professionals in his field possessed the academic belief that perception is a passive process based on purely unconscious factors. The schema paradigm essentially suggests that schemata are involved in *actively* creating perception. Modern psychology, for example, talk about two types of perception, Bottom-Up, and Top-Down Processing.⁵ Bottom-Up processing is the standard understanding of perception; details come together (in a passive manner in the brain) to create perception. Top-Down Processing, on the other hand, utilizes a “*perceptual set*” generated by schemata which bias perception towards a specific outcome (Pillsbury 123). That is, schemata skew how one perceives the world, and those schemata are dependent upon learning, understanding, and language. As I described earlier,

⁵ See Pillsbury, *The Essentials of Psychology* for more information about schemas and the types of perception.

language and the mind are linked according to the linguistic relativity hypothesis, which is fundamentally a “hypothesis about meaning—[specifically] that the meaning expressible in one language may be incommensurable with those expressed in another” (Gumperz and Levinson 614). Meaning, understanding, and perception are intrinsically linked, and the basis of meaning is the language/type of language that one uses. Language can, therefore, shape both perception and the schemata that humans utilize, as stated by the linguistic relativity hypothesis.

One example is the link between religion/spirituality and mental illnesses in German society, especially during WWII. In German, the word *Geisteskrankheit* is used to speak about mental illnesses. *Geisteskrankheit* can be broken down into two words *Geist* (Spirit/Mind) and *Krankheit* (Illness). Therefore, *Geisteskrankheit* is, literally translated, an illness of spirit/mind. Religion also uses Geist, e.g., Christianity speaks of *der Heilige Geist*, the Holy Spirit. As a result, the usage of *Geisteskrankheit* leads to laypersons believing, among other things, that God or evil spirits either are associated with or themselves cause mental illnesses.⁶ In Buck-Zerchin's own life, religion plays a significant role in her understanding of her schizophrenia, her parents' behavior towards her schizophrenia, and even, to a degree, her medical and psychological care. The relationship between perceptions, schemata, and languages is, therefore, crucial to being able to adequately comprehend how the conversation around mental illnesses evolved in the years following the Third Reich and WWII.

To elucidate the conversation around mental illness in both society and science after the post-WWII era, I have created the following framework, which explains just how it is possible to investigate such a seemingly large field of study through my analysis. There are several key time periods which I have chosen to focus on: first, the period during and immediately following the

⁶ This is demonstrated not only by Beck, but by Buck-Zerchin, and her mother, which I will describe in more detail later.

Third Reich; second, the period during the 1970s/80s; and third, the modern-day period (post-2000). Each of these specific time spans is a major turning point in the discussion of mental illnesses. The Third Reich and post-WWII eras, for example, are chosen as they are contemporary to Buck-Zerchin's autobiography. Furthermore, the early- to mid-twentieth century was a time in which people with mental illnesses were treated almost universally as pariahs (Buck-Zerchin, "70 years" 1-2; Zerchin 12; Ritter 1). I include the 1970s and 1980s as they were a time in which the science's understanding of mental illnesses and human behavior was shifting from a purely biological understanding to a more humanistic point of view (Gumperz and Levinson 614). Finally, the modern day also figures here, because it is a time in which Germany has proven itself to be a nation capable of properly treating and integrating people with mental illnesses into its society ("New Mental Health").

My focus on the Federal Republic of Germany (FRG) as opposed to the German Democratic Republic (GDR) is based in the fact that in its post-reunification period, Germany became a democratic nation more in-line with the values of the FRG. As a result, the methods of medical and psychiatric treatment in the former GDR all transitioned to the standards utilized by the FRG even in what was the former GDR (Coché 218; Weise and Uhle 47; Eghigian 364). Eghigian further demonstrated that these differences resulted in disparities in care that still have an impact on the quality and type of care available for people suffering from mental illnesses, such as schizophrenia (364-5). Furthermore, as the treatments for mental illnesses and their perceptions in society were somewhat similar across both Germany and the United States, especially after WWII—an artifact of America's involvement in West German culture during the Cold War (between the end of WWII and 1990/1991)—the research described in the following paper will involve some American-based research. For the reasons mentioned above, I have

chosen to analyze how the treatment of people with schizophrenia (a well-known mental illness during, before, and since WWII and the Third Reich) has changed in both society and science over time in Germany.

Pursuant to this goal, I will utilize Buck-Zerchin's memoir *Auf der Spur des Morgensterns: Psychose als Selbstfindung*. Her text provides my analysis with a glimpse into the mind of someone who had schizophrenia, describing what it is she perceives during and between episodes—but with the clarity of one completely in charge of her mental faculties. Additionally, she also provides clear indications of how she was treated by society and by the medical profession at the time. By analyzing how she speaks about herself and comparing it with methods of discussing mental illnesses, during the three time periods in question, I will be able to show just how far society has come since the Third Reich with respect to understanding mental health. Additionally, Buck-Zerchin's book in conjunction with research both contemporary to, and after her time allows for an analysis of how mental illnesses, or *Geisteskrankheiten*, are spoken about and addressed in society, and the effect that discussion has on the people suffering from such illnesses.

One of the key aspects of Buck-Zerchin's writing is her focus on the difference between the views scientists and psychiatrists have of mental illnesses compared with the perceptions that people with mental illnesses have of their conditions. The introduction (written by Buck-Zerchin in approximately 1990) gives a clear example of these differences in perceiving to Buck-Zerchin's book, in which she expounds upon the difference between the dictionary and scientific definitions/diagnoses of schizophrenia, versus her experiences and feelings during her five schizophrenic episodes.

Schizophrenie wird in den Lexika als „Spaltungsirresein“ erklärt; vom „zerrissenen und gespaltenen“ Menschen ist in den psychiatrischen Lehrbüchern die Rede. In meinen fünf psychotischen Schüben von 1936 bis 1959 habe ich mich aber nie gespalten gefühlt, sondern ergriffen und manchmal überwältigt von Gewißheiten und Sinnzusammenhängen, geführt von einem Instinkt, den ich als spontane Impulse oder als innere Stimme erlebte. (Buck-Zerchin, *Auf der Spur...* 12)

(Schizophrenia is listed in the dictionary as “*Spaltungsirresein*” [literally “split insanity”]. Psychiatric lexicons speak of people who are disjointed and fragmented [in their experience of the world]. In my five psychotic episodes from 1936 to 1959, however, I never felt fragmented. Instead, I felt seized and sometimes overwhelmed by certainties and connections, driven by an instinct, that I experienced as a spontaneous impulse or an inner voice. Buck-Zerchin, *Auf der Spur...* 12)

The passage above is a typical example of Buck-Zerchin’s style of writing—intermingling clinical words and meanings with the emotion and sensations of her own experiences and understandings. For example, the above quote utilizes language similar to that of the typical symptoms of schizophrenia as laid out by Bleuler (Buck-Zerchin, *Auf der Spur...* 153), but with an added element of emotion. Analyzing her passages in conjunction with medical, psychological and sociological research, will enable me to explain the differences in mental illness treatment that are the focus of my analysis. To begin this analysis, I will look at the symptoms of Buck-Zerchin's schizophrenia in order to demonstrate that she was actually experiencing schizophrenia in the same way that the modern era understands schizophrenia. After establishing this equivalence, I will expand upon the understanding of mental illnesses in

science and society during (and just before) the Second World War—and then compare those understandings to Buck-Zerchin's understanding of her schizophrenia.

Faith, Religion, and Humanity

The Voice of God

Only a few days after her nineteenth birthday, on *Gründonnerstag* (Maundy Thursday, i.e., the Thursday before Easter) in 1936, Buck-Zerchin felt suddenly compelled by a strong internal impulse (Buck-Zerchin, *Auf der Spur...* 19). In that moment she describes herself as recalling the words of the Apostle Paul, who said: “*Die der Geist Gottes treibt, die sind Gottes Kinder*”, which translates to “Those who are led by the Spirit of God, are the children of God” (Buck-Zerchin, *Auf der Spur...* 19; Romans 8). Her recollection of this moment indicates that what Buck-Zerchin felt was not a fragmented or disjointed experience of the world, but rather—as she describes in her introduction—an idea guided by an inner voice/impulse (Buck-Zerchin, *Auf der Spur...* 12, 19). In this case, this impulse appears to have been driven mainly by religious understandings. During the rest of her first psychotic break—another name for a psychotic episode—Zerchin traverses the mudflats near her house, moved by what she believes is the spirit of God—the voice of God, which only she can hear—until she eventually collapses—all in pursuit of reaching the *Morgenstern*, the morning star (19-20).

Schizophrenia's symptoms are, defined both in the modern day and in the Third Reich era along similar lines.⁷ The *Bundespsychotherapeutenkammer*—the National Psychotherapist Association (of Germany), also known as the BPTK—provides a good exploration of common symptoms of schizophrenia during the acute phase (the actual psychotic episode/break) from the perspective of German health professionals:

⁷ See Bleuler's paper on “Primäre und Sekundäre Symptome der Schizophrenie” from 1930, Fischer's “Raum-Zeit-Struktur und Denkstörung in der Schizophrenie” from 1930, and “Schizophrenie” an article by the Bundespsychotherapeutenkammer (i.e. the National Psychotherapist Association of Germany, my translation).

Halluzinationen, insbesondere das Hören von Stimmen, die andere nicht hören;
Verfolgungswahn; unlogisches Denken ohne inneren Zusammenhang...depressive
Stimmung, große Erregung oder starke Antriebshemmung. ("Schizophrenie")

(Hallucinations, in particular, hearing voices that others cannot hear; Paranoia; illogical
thinking without any internal context...a depressed mood, great excitement or strong
inhibition of internal drive. "Schizophrenie")

As in the Mayo Clinic's explanation of the symptoms of schizophrenia ("Schizophrenia"), the
BPtK also lists hallucinations and a form of disordered thinking—"illogical thinking without any
internal context" ("Schizophrenie")—as key symptoms. Indeed, there are further symptoms
(beyond those listed above) that German psychiatrists will also look for, including delusions of
grandeur—thinking one is greatly more powerful or capable of feats than they actually are
("Schizophrenie"). Buck-Zerchin's delusion of grandeur is demonstrated in her strong belief that
she was being driven by the voice/spirit of God, seeing what looked like the morning star at
night—long after the Morningstar sets—believing that she can suddenly understand the unity of
everything (Buck-Zerchin, "Auf der Spur..." 19-25). Buck-Zerchin herself recognizes that she
exhibits these symptomatic hallmarks of schizophrenia based on the psychiatric definition she
provided in the introduction:

Das war ein Einbruch des sonst Unbewußten ins Bewußtsein—ein Einbruch einer anderen
Realität, der Realität des Symbolischen. Die Psychiatrie betrachtet einen solchen
Einbruch als krankhaft; sie nennt das „Schizophrenie.“ Damit ist eine Spaltung gemeint,
die Spaltung zwischen Traumwelt und äußerer Wirklichkeit. Ich aber habe mich in
meinen psychotischen Schüben nie gespalten gefühlt, sondern hatte oft ein tieferes
Gefühl von Zusammenhang. (Buck-Zerchin, *Auf der Spur...* 23).

(That [hearing, and feeling of being guided by the voice of God] was the ingress of the otherwise unconscious mind into consciousness—an ingress of another reality, the reality of symbolism/the symbolic. Psychiatry regards such an ingress as illness; it calls it “Schizophrenia.” That is what is meant by a split, the split between the world of dreams and external reality. In my psychotic episodes, however, I never felt fragmented or split. Instead, I often felt like I had experienced a much deeper feeling of connection. Buck-Zerchin, *Auf der Spur...* 23)

This description establishes that her original condition was schizophrenia. In comparing the difference between Buck-Zerchin’s description of her illness and those descriptions given by scientists and psychiatrists, there is a key distinction. First, psychiatrists contemporary to Buck-Zerchin’s time spoke of schizophrenia as causing a “split” in the understanding of the schizophrenic’s understanding of reality (Buck-Zerchin, *Auf der Spur...* 12). Buck-Zerchin explains that this “split” is a “split between the world of dreams and external reality” (Buck-Zerchin, “Auf der Spur...” 23). However, unlike the psychiatrists’ perception, Buck-Zerchin never felt split in her perception of reality. Instead, in her first psychotic episode, she experienced a “much deeper feeling of connection” (Buck-Zerchin, *Auf der Spur...* 23) with reality itself.

The delusion of grandeur symptom of schizophrenia (in addition to her hallucinations) is the basis for her deeper feeling of connection—as it is the direct consequence of her feeling of being guided by the voice of God (Buck-Zerchin, *Auf der Spur...* 19). Buck-Zerchin’s experience and thought process during her first psychotic episode in 1936 seems perfectly reasonable to her, because, “Wenn Gott von Abraham gefordert hatte, sein Liebstes, sein eigenes Kind zu opfern - warum sollte er nicht von mir verlangt haben, daß ich mich selbst als das mir Liebste

überwand?“ (If God could demand Abraham to sacrifice his beloved, his only, child—then why should he not request me to get over my beloved?; Buck-Zerchin, *Auf der Spur...* 22). In reference to the idea that God is speaking to the person, Thomas Szasz once said, “If you talk to God, you are praying; If God talks to you, you have schizophrenia” (Szasz, *The Second Sin* 113). That is, a psychiatrist or a layman would perceive someone like Buck-Zerchin as having “illogical thinking without any internal context” (“Schizophrenie”). The stereotype that people with mental illnesses are irrational and incompetent grows out of perceptions (unintentionally) built by the symptoms of schizophrenia such as hallucinations and delusions of grandeur. However, it is not just psychiatrists and general people in society who fall prey to the stereotype that mental illnesses are caused by or associated with God or an evil spirit, or the stereotype that people with mental illnesses are incompetent.⁸ Buck-Zerchin’s parents (her mother in particular) are both people who feel that God is in some form responsible for mental illnesses, and also regard their daughter’s behavior as irrational.

Family and Faith

In Buck-Zerchin’s text, she approaches the relationship between mental illnesses—and the treatment and perceptions thereof—through different paths. One such path looks at religion through three various aspects. The first aspect originates from the stereotypes that arise from the perceptions held by laypersons and scientists. The second aspect delves into how religion and faith play a role in Buck-Zerchin’s mother’s understanding of her daughter’s schizophrenia.

Buck-Zerchin's mother demonstrates her attitude towards her daughter's mental illness in a letter that she once wrote to Buck-Zerchin saying:

⁸ See Beck, “Diagnosing Mental Illness in Ancient Greece and Rome” and Centennial Mental Health Center, “Myths and Stereotypes about Those with Mental Disorders”, and the earlier discussion on the origin and meaning of *Geisteskrankheit* for more information on the stereotype of God in relation to mental illnesses in Germany.

Gott hat es zugelassen, daß Du krank geworden bist. Damit hat er Dir und uns einen großen Schmerz geschickt. Ich glaube, Du denkst immer, Du wärest diejenige, die uns Kummer gemacht hätte. Das ist ein ganz verkehrter Gedanke. Nein, dieses Leid kommt von Gott... (Buck-Zerchin, *Auf der Spur...* 97-8).

(God has allowed you to be ill. That is why he has given you and us such great pain. I believe you always think that you are the one who has caused us such grief. That is a completely wrong thought. No, this sorrow comes from God... Buck-Zerchin, *Auf der Spur...* 97-98)

This letter from Buck-Zerchin's mother demonstrates, that her mother views God as responsible for both her daughter's schizophrenia and the consequences that illness brings about for Buck-Zerchin and her family. Her mother's words harken back to the notion that mental illnesses are punishment by the gods, as the lay people in Ancient Greece believed (Beck). As Beck said, "in a world where many important phenomena such as mental illness were not readily explicable, the whims of the gods were the fallback explanation." In the case of Buck-Zerchin, while her mother doesn't feel that the mental illness is a punishment from God, she still feels that mental illnesses only exist because God wills them to exist. Buck-Zerchin herself, even said that, at least at first, what she was experiencing was occurring because God willed it. While modern psychiatrists and psychologists do not adhere to said belief when treating people with mental illnesses (Lee and Baumann 1), they have noted that religiosity and spirituality are a very important factor to their patients (5). From their study, Lee and Baumann concluded that because religiosity is so important to their patients, and because "psychiatrists' own religious/spiritual characteristics can affect [the]therapeutic processes to a significant extent," psychiatrists should try more strongly to address the religious and spiritual needs of their patients (7).

Religion, Bethel, and Normality

While the modern era in Germany has enabled psychiatrists to pursue religiosity and spirituality for better patient treatment, Buck-Zerchin herself felt very disillusioned with religion and God—Jesus in particular—after her experiences as a patient in Bethel between April of 1936 until January of 1937. She describes those experiences in her chapter “Hölle unter Bibelworten” ‘Hell Under Biblical Words’ (Buck-Zerchin, *Auf der Spur...* 62). One of the first incidents notes a marked shift in Buck-Zerchin's perspective. In this first incident Buck-Zerchin's perception of religion, and particularly God, shifted from her initial perception of her schizophrenic goals/desires and hallucinations about being driven by God (or the Spirit of God) in some way.

The words of the Bible—which were once a focus of her psychosis, driving her to chase after the “morning star” (Buck-Zerchin, *Auf der Spur...* 19)—then became some form of cosmic irony. The words of Jesus, painted on the walls of the Bethel Institute—“Kommet her zu mir Alle, die ihr mühselig und beladen seid! Ich will Euch erquicken” (‘Come unto me all you who are weary and heavily laden and I will give you rest.’)—now mock her, making her wonder if “restoring” her means “mit Dauerbädern und nassen Packungen, mit Kaltwassergüssen auf den Kopf, mit Betäubungsspritzen und Paraldehyd” (continuous baths and wet packs, with cold water showers on the head, with shots of anesthesia and paraldehyde), the latter acts as a sedative (Buck-Zerchin, *Auf der Spur...* 66).⁹ Buck-Zerchin's rhetoric shift from religion as a driving aspect of her psychosis to questioning the effect of religion on the treatment of people with mental illnesses (as seen in her perception of Jesus's words)—especially in the Bethel Institute during the Third Reich. Her rhetorical shift is accompanied by the formation of equivalence between the authority of religion and the authority of medical professionals, in their treatment of

⁹ The first translation is provided by Buck-Zerchin, “70 years of Coercion in German Psychiatric Institutions, Experienced and Witnessed” 1, the second translation is my own.

people with mental illnesses. The following excerpt demonstrates the creation of this equivalence.

Frau Pastor H. putzte im blaugestreiften Anstaltskleid den Saal und sprach dabei vor sich hin. Vielleicht war der Ton aggressiv, und vielleicht hat sie Schwester Y. dabei angeschaut. Jedenfalls packte diese stämmige Diakonisse sie plötzlich an ihrem langen Haar, riß sie zu Boden und schleifte sie am Haarschopf über den Fußboden, vorbei an dem Bibelspruch an der Wand, ins Bad. (Buck-Zerchin, *Auf der Spur...* 66)

(Pastor-wife H. cleaned the blue-striped hall in her institutional clothing and mumbled to herself. Perhaps the tone was aggressive, and perhaps Sister Y. had seen that. In any case, this stocky deaconess suddenly seized her by her long hair, threw her to the ground and dragged her across the floor by the mop of her hair, directly past the biblical verse on the wall, and into the bathroom. Buck-Zerchin, *Auf der Spur...* 66)

The action of Sister Y—an authority figure at the Bethel Institute—physically abusing another patient in front of Buck-Zerchin’s eyes served to further enhance the gulf between the patient and the healthcare professionals already present in the Bethel Institute. Additionally, with the event occurring directly in front of the biblical verse spoken of earlier (“Come here to me everyone that is troubled and burdened! I will restore you.”), this event establishes a strong link between the authority of religion and the authority of the healthcare professionals in the mind of Buck-Zerchin. Indeed, the event between Sister Y and the patient leads Buck-Zerchin to say,

Wenn das geistige Gesundheit sein sollte – uns konnte sie nicht überzeugen. Wir lernten, diese Art von „geistiger Gesundheit“ zu fürchten. (Buck-Zerchin, *Auf der Spur...* 66)

(If that [referencing the actions of nurse Y against pastor-wife H] is what mental health is supposed to be—then she could not convince us [that mental health is better]. We learned to fear this form of “mental/spiritual health.” Buck-Zerchin, *Auf der Spur...* 66)

This quote has two possible meanings. First, the patients at the Bethel Institute feared the people that were supposedly mentally “normal”, because of the abusive treatment they were given to treat their conditions. Second, Buck-Zerchin’s usage of the phrase “*geistige Gesundheit*” ‘mental/spiritual health’ is discussing mental health in the first sentence—based on the context of the discussion occurring prior to this quote—but whether she’s referencing mental health or spiritual health in the following sentence is a little more dubious (Buck-Zerchin, *Auf der Spur...* 66). *Prima facie* Buck-Zerchin is talking about fearing nurse Y’s form of mental health. This commentary is prefaced, however, with her discussing how the words of Jesus painted on the wall were witness to the cruel treatments and occasional beatings that patients were forced to undergo (Buck-Zerchin, *Auf der Spur...* 66). If this is the case, then it is possible that Buck-Zerchin is also saying that she and others feared the form of spiritual health possessed by nurse Y. In doing so, Buck-Zerchin equates the power of the biblical verse to influence people (such as her mother) to the power of the healthcare professionals treating the people with mental illnesses. Buck-Zerchin views them (Jesus and the nurses) as hypocritical authority figures. While Jesus is held up as a moral authority figure, his quotes are associated with the nurses who mentally, emotionally, and/or physically harm the patients. In trying to understand the relationship between religion and mental illness treatment, Buck-Zerchin hits upon a key issue—that society sometimes uses institutions such as religion and law, to justify inhumane actions, especially against those seen as abnormal, e.g., people with mental illnesses.

In another passage Buck-Zerchin talks about how pastor H visited patients, speaking a Bible verse at every patient's bedside in the Bethel Institute (Buck-Zerchin, *Auf der Spur...* 83). Every single line he spoke was said with the same unnaturally gentle tone, and Pastor H seemed as if he was precluded from saying anything other than Biblical words to the patients (Buck-Zerchin, *Auf der Spur...* 83). When he spoke to—or rather at—Buck-Zerchin, however, she laughed. As the Pastor raised his voice to implore her with Bible verses, Buck-Zerchin continued to laugh. She says “Daß Gottes Wort an diesem Ort, noch dazu mit so unnatürlicher Stimme gesprochen, auf uns wie Hohn wirken mußte, verstand er wohl nicht.” ‘He [Pastor H.] likely didn't understand that, to us, God's word at this place, spoken to us in that unnatural voice, had to have a mocking effect on us’ (83). Like the biblical verses posted on the walls of Bethel, the words of Pastor H. once again allows Buck-Zerchin to address the irony present in the perception of who is “normal” or “natural”. The pastor speaking with an unnaturally soft voice, in the words of the Bible—an authority that bears silent witness to the atrocities meted out to patients at Bethel—only helps to further establish, in Buck-Zerchin's mind, that normality as science and society views does not have a place for people like her. Particularly people with mental illnesses who question the right of authority figures—especially religious authority figures—to dictate the actions or behaviors that the person with mental illness can undertake or possess, respectively. A key consequence of the feeling of entrapment experienced by Buck-Zerchin during her forceful institutionalization in Bethel (between 1936 and 1937), is the lack of freedom which characterizes most psychiatric institutes of her era (Buck-Zerchin, “70 Years...” 1-3).

Flowers of Death, Freedom, and Imprisonment

Buck-Zerchin uses flower symbolism to demonstrate her feeling of imprisonment in her text. In an earlier portion of her book, for example, Buck-Zerchin writes about receiving flowers

from home saying: “Warum schickten sie mir diese wilden Blumen der Freiheit in meine Gefangenschaft?” (Why do they send these wild flowers of freedom to me in my imprisonment? Buck-Zerchin, *Auf der Spur...* 74). Her wording here is key to understanding the relationship between the flowers, herself, and freedom. Buck-Zerchin calls them wild (and therefore natural) flowers, thereby separating the flowers from anything man-made. To Buck-Zerchin, natural refers to not just the physical nature of the outside, but the nature of her inner thoughts and understandings. For her and other patients at Bethel, mental illnesses are a part of their nature. Society and science, however, appear to want to rid the world of things that do not fit in with their notion of “normal”—whether that be a normal person’s mental health, like that of the nurses, or Buck-Zerchin’s parents forcibly institutionalizing her at Bethel because she began to behave differently than others. Instead, both society and science seek to usurp nature and replace it with the man-made and artificial notion of order and normality.

The flowers also represent something more nefarious to Buck-Zerchin, shown when she decides to give the flowers she receives to invalid patients—who were also ill and malnourished—in order to cheer them up. The first time she did so, “Die alte Frau nahm die Blumen in die Hand...sie hat sich gefreut. Drei Tage später war sie tot.” (The old woman took the flowers in her hand...she was happy. Three days later, she was dead; Buck-Zerchin, *Auf der Spur...* 74). After the first incident, Buck-Zerchin wondered if it was merely a coincidence, and when she got another set of flowers, she gave them to another invalid patient. “Drei Tage später war sie tot.” (Three days later, she was dead; Buck-Zerchin, *Auf der Spur...* 74). After this second shocking incident, related to the flowers, Buck-Zerchin writes that she told herself,

Du darfst keine wilden Blumen mehr auf andere Betten legen, sagte ich mir, denn hier sind sie Todesboten—wo nur im Tod die Befreiung aus unerträglicher Gefangenschaft zu finden ist. (Buck-Zerchin, *Auf der Spur...* 74)

(You are not allowed to lay any more flowers on the beds of others; I told myself because here they are messengers of death—where death is the only liberation to be found from this unbearable imprisonment. Buck-Zerchin, *Auf der Spur...* 74)

For the same reason that flowers represented a form of freedom that the Bethel Institute did not allow, the flowers—coming from nature and the world outside her “unbearable imprisonment” (Buck-Zerchin, *Auf der Spur...* 74)—represent freedom. However, to someone like Buck-Zerchin or the old women who she gave the flowers to, freedom can seem like an unobtainable dream. Even death could seem like a method of liberation to an imprisoned and beaten down person, as Buck-Zerchin seemed to feel after the deaths of her fellow patients. In this way, flowers that represent freedom and nature outside of Bethel Institute act as the “messengers of death” (Buck-Zerchin, *Auf der Spur...* 74). The consequence of the Bethel Institute’s “imprisonment” is the, dehumanization. (Buck-Zerchin, *Auf der Spur...* 74)

While it is sometimes useful to try and combat the natural world (e.g., the creation of new treatments for diseases), trying to combat the inner nature of a person or forcing conformity upon groups of people often lead to the dehumanization of that person. One can see this dehumanization occurring in Buck-Zerchin's description of the treatments that the patients with mental illness experienced in Bethel. Doctors in Bethel during 1936, also never spoke to any of the patients to understand their conditions, though the physicians would tell the family that they were talking to the patients. Buck-Zerchin writes about precisely such an occurrence in her text:

Woher hätte sie [Mutter] wissen sollen, daß die Ärzte mit den Psychotischen nicht sprachen und darum gar keine Ahnung haben konnten, was in ihnen vorging und warum sie psychotisch geworden waren? (Buck-Zerchin, *Auf der Spur...* 97)

(How should have she [Mother] known, that the doctors did not speak to the psychotics and therefore could have no idea, what was going on in them and why they had become psychotic?; Buck-Zerchin, *Auf der Spur...* 97)

Here, Buck-Zerchin's shows her readers that not only did the physicians not speak to the patients who have a psychosis, but more importantly, by not speaking with the patients, they could never understand what was occurring within the patients or why it was occurring. This quote demonstrates that Buck-Zerchin viewed science as missing an aspect in its understanding of mental illness, for science—during the Third Reich only ever approached medicine from the viewpoint of the physician, and not the patient (Buck-Zerchin, “70 Years...” 1). Worse still, the physicians not only lacked the understanding to treat mental illnesses properly but also lied and continuously told the families of patients that the person with mental illness is on the road to recovery. The combination of lying, not speaking with patients, forcing harsh treatments upon them, all contribute to the feeling of being imprisoned that Buck-Zerchin experiences and describes.

Compared to Buck-Zerchin's time, isolation as a method of treatment for mental illness is almost non-existent in modern day Germany.¹⁰ Modern treatments for mental health are very different: instead of relying mainly on physical treatments or drug therapies or psychiatrists, for example, people in Germany are now able to go to psychologists, doctors “in psychosomatic medicine and psychotherapy” or “psychological psychotherapists” (Kaspers 3-4) for treatment.

¹⁰ See Zielasek and Gaebel, “Mental Health Law in Germany” for more information on when, and under what conditions, people with a mental illness are put in isolation.

Instead of always being forcefully institutionalized, people with mental illnesses have more protections under the law in Germany that limit forcible treatment. Such changes to treatment are ones which Buck-Zerchin mentions greatly appreciating during her 2007 Keynote address (Buck-Zerchin, "70 Years..." 6). However, these modern-day changes happened far too late to help Buck-Zerchin.

Disillusionment with Bethel and Religion

Buck-Zerchin's isolation could have weakened her resolve and made her more willing to conform to the standards of normality that society pushed upon her, but it did not. Instead, she became disillusioned with society's notion of "normal," the authority figures in religion, and the authority figures at the hospital. Her disillusionment with both religion and the Bethel institute both go even further, however. The more Buck-Zerchin begins to distrust the Bethel Institute, the more she asks herself, how this horrid place of death, beatings, and inhumane treatment could be the Bethel Institute that she learned about during her childhood:

Und das sollte Bethel sein? Das Bethel, für das wir als Kinder Schwarzbrot aßen, um die dadurch ersparten Pfennige an Pastor Fritz von Bodelschwingh zu schicken? Mit einem reizenden Brief hatte er uns gedankt. War alles ganz anders, als wir es gelernt hatten?
(Buck-Zerchin, *Auf der Spur...* 75)

(And this is supposed to Bethel? The Bethel for which we ate black bread as children, in order to save a few pennies to send to Pastor Fritz von Bodelschwingh? He had thanked us with a lovely letter. Was everything very different from what we had learned?; Buck-Zerchin, *Auf der Spur...* 75)

Here we can see further how Buck-Zerchin's basic assumption about the compassion of physicians at Bethel was proven false. The Bethel Institute is not the wonderful place that her

parents and Pastor Fritz von Bodelschwingh led her to believe, as Buck-Zerchin had once “learned about from the newsletter ‘Messenger from Bethel’” (Buck-Zerchin, “70 Years...” 1). She once believed that Bethel and its director Pastor Fritz von Bodelschwingh were “an embodiment of compassion” (Buck-Zerchin, “70 Years...” 1), only to learn later that Bethel constantly oppresses the freedom and desires of its member patients. Her final question—whether everything is very different from what she's learned in the past—eventually leads her to question whether Jesus was a liar or imposter.

Wie, wenn Jesus selbst der Betrüger wäre—Jesus, unter dessen Wort an der Wand wir hier nicht „erquickt“, sondern bekämpft wurden? Konnte das alles nur ein Mißverständnis seiner Lehre sein? (Buck-Zerchin, *Auf der Spur...* 84)

(What if, Jesus himself was the Imposter—Jesus, under whose words on the wall we are not being restored here, but instead antagonized? Could this all be a misunderstanding of his teachings?; Buck-Zerchin, *Auf der Spur...* 84)

Whether one is suffering from schizophrenia or not, if they are beaten down, treated as less than human, and kept sedated, all the while hearing and seeing the words of the Bible, as if they justify such dehumanizing actions, then any reasonable person would question just how trustworthy such a religion could possibly be. Eventually, she concludes, that Jesus himself developed as a person shortly before his death. That he chose not to mention faith but instead set his solidarity with his poor brothers (Buck-Zerchin, *Auf der Spur...* 84). His shift to humanity (as Buck-Zerchin sees it) is extremely important for Buck-Zerchin because it suggests to her that if someone like Jesus can change, then so to can any layperson or scientist/medical professional. In Buck-Zerchin's life prior to being institutionalized, faith clearly played a large enough role, that it carried over into her psychosis. However, in every moment since her institutionalization,

Buck-Zerchin's life built towards a single notion: that religion should be the major influencer in one's life. One should instead focus on upholding the interests, values, and dignity of all other humans regardless of how well s/he conforms to societal standards. Her belief in humanism as a key approach to the treatment and well-being of patients is like the view Szasz, a humanistic psychotherapist, argued for in his 1977 debate with Ellis. While Buck-Zerchin's view did not directly cause the modern changes witnessed in medicine, views of people who thought like she did have helped alter treatment in favor of talk therapies for schizophrenia and other mental illnesses (Kaspers 1).

After elaborating on her experiences in Bethel, Buck-Zerchin shifts away from focusing on the complex relationship between religion and mental illnesses, and towards the laws relating to mental illnesses. The following section will address the legal problems surrounding mental illness treatment, the major types of mental illness treatment people experienced, and the social consequences of said treatments. To put the legal discussion in context, all events occurred with Nazi Germany as the backdrop, and all the "legal" approaches were ones which the Nazis undertook—thereby shifting the norms, stereotypes, and perceptions of mental illness during the time of the Third Reich.

Mental Illness, Nazi Germany, and Norms

The Euthanasia Policy

Any discussion of Nationalist Socialist Germany (1933-45)—in almost every context—must consider National Socialist policy. One such policy instituted by the Nazi party was the establishment of euthanasia for the physically or mentally disabled or sick in the fall of 1939 ("Euthanasia Killings"; Zerchin 107). The euthanasia policy (as it was never officially a law) enacted by the Nazis is only one example of the (forced) "treatments" people with mental

illnesses encountered. "Between 200,000 and 250,000 mentally...handicapped persons were murdered from 1939 to 1945 under... 'euthanasia' programs" ("Euthanasia' Killings"). Such a high number of people killed becomes even worse, when one realizes that "Hitler ordered a halt to Operation T-4 [as the euthanasia policy was known] in August of 1941" as a result of pressure from a several church leaders, including the "Bishop of Münster, Clemens August Count von Galen", judges, and the parents of victims ("Euthanasia' Killings"). The killings however continued by the hand of physicians who would kill nearly 100,000 more mentally and physically disabled patients even after the end of Operation T-4 ("Euthanasia' Killings"). The Nazis did, however, provide a single exception to allow sick patients to survive: If one could work, one would be allowed to live (Buck-Zerchin, *Auf der Spur...* 107).¹¹ The Bethel Institute, however, did not fill out the requisite "*Euthanasie-Aktion*" (Euthanasia action) form(s), and the resulting consequences provide an interesting contrast to Bethel's treatment of people with mental illnesses (Buck-Zerchin, *Auf der Spur...* 107).

Die Folge dieser Weigerung war...das Erscheinen einer SS-Kommission in Bethel...Wir waren gezwungen, unsere Kranken vorzuführen, während von den SS-Ärzten die Fragebögen ausgefüllt wurden, wobei wir uns intensive bemühten, die Kranken als sozial und arbeitsfähig darzustellen. (Buck-Zerchin, *Auf der Spur...* 107)

(The consequence of this refusal was that an SS Commission was sent to Bethel...We were forced to bring our patients before this commission while the SS doctors filled out the questionnaires form, and we intensively sought to make sure that our ill patients were seen as socially active and capable of work. Buck-Zerchin, *Auf der Spur...* 107)

¹¹ Unless the person in question was mentally ill, in which case they would be euthanized anyway, see "Euthanasia' Killings"

While the Bethel Institute felt that the best way to take care of mentally ill patients was to subject them to a variety of physical pains or, forcibly anesthetic injections or paraldehyde drinks (66) it is clear that they did not wish to kill their patients (at least on the orders of the euthanasia law enacted by the Nazis). Amid all this discussion, however, the patients themselves were unable to express their frustration with either the methods used to treat them at Bethel or against the Nazi party's new laws—since no one wanted to hear what they had to say. Buck-Zerchin laments this fact saying, “wären wir 1936 in Bethel alle froh gewesen, wenn wir etwas zu tun gehabt hätten. Aber die Bedürfnisse der Patienten zählten nicht” (All of us in Bethel would have been very happy to have had something to do. But the needs of the patients counted for naught; Buck-Zerchin, *Auf der Spur...* 107). This quote indicates her frustration that while the Bethel Institute is pretending that the patients are capable of working; she wishes that the work was real and not just for pretend or show. Her desire to follow humanism over faith is the basis of her frustration with the Bethel Institute's attitude towards mentally ill patients. Faith to her has begun to mean something which pretends to be under the guise of understanding. Humanism, on the other hand, attempts to address the truth of a person's innermost thoughts and feelings, not merely the reality which society generates. Unfortunately, no authority member in Nazi Germany (be it at Bethel or in Berlin) felt as Buck-Zerchin did about the value of humanism. During the same time that the Nazi's euthanized these patients, forced sterilizations were made legal per a law in Germany known as the “*Sterilisationgesetz*” or ‘Sterilization law’ (Buck-Zerchin, *Auf der Spur...* 107).

Sterilization in Nazi Germany

Forced Sterilizations were a method of medical illness treatment used the world over during the early 1900s. In fact, before Hitler did in Nazi Germany, “the United States led the world in forced sterilizations” (“Forced Sterilization”). Eugenics is a “sociobiological theory

[which] took Charles Darwin's principle of natural selection and applied it to society. Eugenicists believed humans could be improved by controlled breeding" ("Forced Sterilization"). Their belief prejudiced eugenicists (such as Hitler) against those who did not fit into their definition of "normal." One can see this in the reasoning which Nazi Germany provided for establishing a *Sterilisationgesetz*, in "Sterilization Law," it states:

Whereas the hereditarily healthy families have for the most part adopted a policy of having only one or two children, countless numbers of inferiors and those suffering from hereditary ailments are reproducing unrestrainedly while their sick and asocial offspring burden the community. ("Sterilization Law").

The above quote demonstrates that eugenics is the basis for the *Sterilisationgesetz*. Specifically, their reference to "inferiors and those suffering from hereditary ailments" references the particular idea that the only "normal" human is the ideal human purported by Hitler and the Nazi party. But then, what exactly is "normal" as used here, since different eugenicists possessed different notions of "normal" based his/her past and culture.

Hitler's schema of "normal" included people who were part of his so-called "Master/Aryan Race" which he viewed as strong, virile, healthy, blond-haired, blue-eyed people. His definition of a "normal" person shifted how those who followed him viewed people who were different from themselves—such as people with different religions, physical disabilities, or mental illnesses.¹² By altering the notion of what is "normal" Hitler made it possible for the average person to dehumanize anyone different from themselves. Medical professionals, for example, already treated patients as their illness and not as people (Buck-Zerchin, *Auf der Spur...* 107).¹³ Allowing doctors and nurses to restrict further their definition of normal allowed them to

¹² There is some evidence that Hitler, though using Christian rhetoric was himself anti-Christian in addition to being an anti-Semite. For example, he sought to replace the Bible with *Mein Kampf* (MacDonald).

further dehumanize their patients—to the point that forcibly euthanizing a mentally or physically disabled patient didn't give them a pause. The shifting notion of who is or is not “normal” during Nazi Germany represented an evident shift in thinking processes due to language—i.e., proof that linguistic relativity played a rather significant role in the rise and fall of the culture and ideology of Nazi Germany. The language used by Adolf Hitler and the Nazis puts them directly opposed to the way Buck-Zerchin describes her experience(s).

While the Nazis focused on dehumanizing those they viewed as not being a part of the so-called “Aryan” race—see the usage of “inferiors” “sick and asocial offspring” produced by people with “hereditary ailments...reproducing unrestrainedly” (“Sterilization Law”)—Buck-Zerchin's words and literary style emphasize her humanity. She makes her readers feel her fear of Sister Y (66), as they read about her (Sister Y) grabbing another patient by the hair, dragging the patient across the floor and into the bathroom (66) to be forced through more physical treatments such as having “buckets of cold water poured over [her] head” (Buck-Zerchin, “70 Years...” 1). Buck-Zerchin also makes one register the betrayal she feels when the authority figures who lie to her mother, misleading her about Buck-Zerchin's actual condition in Bethel (75). She expresses her frustration at being treated as incompetent and less than human through such experiences and explains her thought processes, in a manner designed to make her readers more conscientious in their actions, behavior, and treatment of people with mental illnesses. In order to make it possible for her readers to consider their actions and behavior, Buck-Zerchin's memoir does not merely take place in the past, she regularly provides contextual information—such as a description of the *Sterilisatngesetz* (104) and its consequences for both Buck-Zerchin and the many people who were forced to undergo sterilization (97, 104-5).

¹³ This specific passage from Buck-Zerchin, *Auf der Spur des Morgensterns* 107 will be discussed in more detail later.

Through those descriptions, Buck-Zerchin weaves the story of her sterilization and the role of betrayal which nurses and doctors alike played.

Sterilization at the Bethel Institute

The first time Buck-Zerchin encounters sterilized patients is during her early weeks at the Bethel Institute.

Was waren das für eigenartige Narben, die [einige Frauenpatienten] über der Scheide trugen? Ich fragte Schwester Y. „Blinddarmnarben,“ erklärte sie mir. Früher hatte ich gelernt, daß der Blinddarm seitlich säße. Hatte man uns auch darin belogen? (Buck-Zerchin, *Auf der Spur...* 72)

(What was that strange scar that [the other female patients] bore above their vagina? I asked Sister Y., who said “Appendectomy Scar.” Earlier, I had learned that the appendix was located on the side. Had we been lied to about that? Buck-Zerchin, *Auf der Spur...* 72).

Buck-Zerchin’s observations indicate that she was not oblivious to what was going on. She did notice something strange, but because she was not a medical professional (and the nurses never told the patients what the operation was for), Buck-Zerchin was misinformed. She further demonstrated her capacity for rational thought and observation when she witnessed another strange event. “Unvergeßlich bleib mir aber, daß sie [Mariechen, eine andere Patientin] einmal aus dem After blutete. Der Blinddarm in der Mitte, die Regelblutung aus dem After – alles schien hier wider die Natur” (I never forgot one thing, however, that she [Mariechen, another female patient] once bled from her anus. The appendectomy scar in the middle, the menstrual period from the anus – everything seemed to be going against nature; Buck-Zerchin, *Auf der Spur...* 73). There are clear signs of damage and complications occurring to patients who

underwent forced sterilization. To patients like Buck-Zerchin who were intentionally misled about what Bethel did to them, but had some prior knowledge, they were left to feel adrift, uncertain about what was true and what was false. However, Buck-Zerchin's use of questions—e.g., “Had we been lied to about that?” in reference to the position of the “appendectomy scar”—is an indication that she doesn't fully trust what is being said by Sister Y, and Buck-Zerchin seems at least somewhat aware that Sister Y. is likely lying to her. Additionally, the continued irony of being lied to and kept hidden from one's own medical care by the institute which is meant to be the “embodiment of compassion” looms in the background of both Buck-Zerchin's and the readers' during the religion and sterilization discussions in *Auf der Spur des Morgensterns* (Buck-Zerchin, “70 Years...”¹). By inciting these questions of confusion and frustration with being lied to, Buck-Zerchin's readers are encouraged to be shocked as Buck-Zerchin was.

One day, a nurse begins shaving Buck-Zerchin's pubic hair, and when she asks why, the kind and the friendly nurse tells her “,Für einen kleinen notwendigen Eingriff.“ ” (For a small but important intervention; Buck-Zerchin, *Auf der Spur...* 94). As the nurse seemed unwilling to give any more information, Buck-Zerchin decided not to ask anything further. But as she writes, “nie hätte ich für möglich gehalten, daß ein so folgenschwerer Eingriff [Sterilisation] werden könnte, ohne daß mit dem Betroffenen vorher darüber gesprochen wird” (I never thought it possible, that such a serious intervention could have been performed without first speaking with the concerned parties; 94). Without realizing what was about to happen, Buck-Zerchin could not have prevented it—something which the eugenicists in Nazi Germany seemed to prefer (“Forced Sterilization”)—and so she was wheeled off, operated on, and wheeled back. An important point of note is that in both quotes mentioned above, the sterilization surgery is never once referred to

as a surgery. Instead, both Buck-Zerchin and the nurse utilize euphemisms to talk about the sterilization procedure—“a small but important intervention...such a serious intervention” (Buck-Zerchin, *Auf der Spur...* 94). Her usage of a euphemism here is critical because it is stylistically very similar to what the Nazis themselves did during the Third Reich.

The Nazi Party regularly used euphemisms to either hide atrocities committed or alter the way their people thought about others. “For example, in the language of the Nazis, *Sonderbehandlung* (‘special treatment’) meant execution, and the term *Endlösung* (‘final solution’) referred to the systematic extermination and mass murder of the Jewish peoples” (“Nazi Language and Terminology”). “The Nazi Party, Goebbels’ Propaganda Ministry, the Reich Ministry of the Press, and the Reich Kinship Office” would continuously change their terminologies to “racially categorize, isolate, and eliminate German Jews” (Billinger 420). At Bethel and other similar institutes, doctors and nurses never referred to the sterilization surgery by either of those words. In doing so, the doctors and nurses once again kept patients and their families in the dark about their medical care—which seems to be the Bethel Institute’s standard practice during the time of the Third Reich.

As before, the medical professionals at Bethel betrayed Buck-Zerchin's trust (what little she might have had) and her dignity as a human being. She explains that prior to her parents forcibly institutionalizing her at Bethel (Buck-Zerchin, *Auf der Spur...* 94), her parents took no actions that would affect her, without first giving her a reasonable explanation (94). Obtaining information at Bethel, however, was another issue altogether. “Hier aber, in der Anstalt, hatte ich offenbar grundsätzlich keinen Anspruch auf Auskunft. Man konnte mit mir machen was man wollte, ohne ein Wort darüber zu verlieren” ‘Here, however, in the institution, I obviously had no

rights to any information. One could do with me whatsoever one wished, without sparing a word' (Buck-Zerchin, *Auf der Spur...* 94-95).

In the 80 years since the end of WWII, science has removed the belief that patients lacked a right to consent to medical procedures or medical research. The Nuremberg code—which established ethical guidelines for human experimentation that hinged upon the doctrine of informed consent—and the implementation of state-level laws that dictate the standardized practice of care and the rights of the patient (Eghighan, Coché, “New Mental Health...”), all contributed to removing that belief among scientists.¹⁴ The assumption that the patient lacked any rights to information or needed to know what happened to him/her was rather common throughout mental health facilities in Nazi Germany. Oddly enough, the Nazi's themselves wrote in § 2.2 of the *Sterilisationgesetz* that a patient undergoing the sterilization procedure must first be informed of both the actual sterilization procedure and consequences of said procedure:

„Dem Antrag ist eine Bescheinigung eines für das deutsche Reich approbierten Arztes beizufügen, daß der Unfruchtbarzumachende über das Wesen und die Folgen der Unfruchtbarmachung aufgeklärt worden ist.“ (Buck-Zerchin, *Auf der Spur...* 104)

(“The application must be accompanied by a certificate from a German Empire-approved doctor stating that the person to be made infertile has been informed of the nature and consequences of infertility.”; Buck-Zerchin, *Auf der Spur...* 104)

Despite these provisions in the *Sterilisationgesetz*, the Nazi Party rarely enforced this regulation, so long as people with mental or physical disabilities were being sterilized (“Forced Sterilization”). The Nazis continued to enable doctors to carry out the procedures regardless of

¹⁴ For more information about the Nuremberg Code and the impact that it had on society and science see, Shuster, “Fifty Years Later: The Significance of the Nuremberg Code.”

the protests put forward by patients and their families. In truth, the so-called law functioned mainly arbitrarily, but “the semblance of legality underpinning [the law] was important to the Nazi regime” (“Forced Sterilization”), as it allowed them to efficiently carry out their finding and removing those deemed “abnormal” from society. Most patients, like Buck-Zerchin, only ever learned the truth of the sterilization surgery from other patients. When Buck-Zerchin learns what the doctors did to her, she is upset beyond belief at this violation of her person and her dignity.

Ich fühlte mich nicht mehr als volle Frau. Unfruchtbar gemacht wegen geistiger Minderwertigkeit! Keine Kinder haben können! Nicht heiraten dürfen! Nicht Kindergärtnerin werden dürfen! Überhaupt keinen sozialen Beruf erlernen und ausüben dürfen! Was blieb mir da noch? (Buck-Zerchin, *Auf der Spur...* 96)

(I no longer felt like a complete woman. Made infertile because of mental inferiority! Cannot have any children! Not allowed to marry! Not allowed to become a Kindergarten teacher! Absolutely never being able to experience or practice any occupation related to society! What is left for me?; Buck-Zerchin, *Auf der Spur...* 96)

Being sterilized in Nazi Germany came with many, many restrictions on one’s life (“Forced Sterilization”). Because of the 1935 Marriage law, which prevented marriages which would result in having children afflicted with a hereditary disease (“Forced Sterilization”), a sterilized person could not get married. For similar reasons going into any socially oriented profession—such as Buck Zerchin's desire to become a Kindergarten teacher—was not possible, as the Nazi’s would not and did not allow so-called “inferior” people to teach their children (“Forced Sterilization”). To be informed of her forced sterilization from a patient and not the

nurses or physicians only served to further her feeling of betrayal that had been growing steadily since her parents forcibly institutionalized her (Buck-Zerchin, *Auf der Spur...* 96-97).

A “Physical” Illness

Psychiatric Perceptions of Mental Illnesses

Physicians also never truly cared about the learning about the illness from their patients during National Socialist Germany; they focused, as many modern psychiatrists do—on the biological nature of the illness (Coché 218; Ellis and Szasz; Spillane 364; Reig-Viader et al. 353; Ratnayake et al. 6; “Biologically-Inspired...” 1). Buck-Zerchin writes:

Die Ärzte und auch die Pfarrer, die nur Bibelworte zitierten, waren für uns keine Helfer, denn sie überließen uns ungerührt einem unwürdigen Zustand. Sie sahen nur ihre Wirklichkeit: das psychiatrische Dogma von den sinnlosen Symptomen einer körperlichen Krankheit aufgrund erblicher Belastung. Unsere Wirklichkeit sahen sie überhaupt nicht: unser Erleben in der Psychose, die Vorgeschichte, die dazu geführt hatte, und den, Sinn, den es für uns hatte. (Buck-Zerchin, *Auf der Spur...* 107-8)

(The doctors, as well as the pastors, who only quoted the Bible, were not helpers for us since they left us untouched and in an unworthy state. They saw only their reality: the psychiatric dogma of senseless symptoms of physical illness due to hereditary strain. They certainly did not see our reality: our experiences of psychosis, the history that led us there, and the meaning that it [the psychosis] had for us.; Buck-Zerchin, *Auf der Spur...* 107-108)

In this section of her memoir, one can see just how different the perceptions possessed by the physicians of Buck-Zerchin’s time are from that of Buck-Zerchin and her fellow mental illness sufferers. These differences include the focus of psychiatry to treat mental illnesses solely as a

physical illness because of genetics (Buck-Zerchin, *Auf der Spur...* 107). The patients, however, did not experience their psychosis as a simple physical illness. Instead, they experienced the mental and emotional consequences of their psychosis as Buck-Zerchin did. The psychiatrists of the 1930s and 40s approached mental illnesses very differently compared to modern day psychiatrists in Germany who now have to take into account what American science calls the “biopsychosocial approach to Medicine,” as I explained earlier in discussing the usage of isolation as a treatment for mental illnesses (Kaspers 1). Buck-Zerchin elaborates further this difference between the biological and non-biological aspects of mental illnesses.

Internalizing Stigma

She describes how in 1944 she huddled underneath the rubble of a house destroyed by the Bombing of Germany in WWII—her fears then were about survival and her continued existence. “Völlig anders waren die Erschütterungen, die dem Ausbruch meiner Schizophrenie vorausgegangen waren. Es war ein innerer Konflikt” (Completely different was the shock that preceded the outbreak of my schizophrenia. That was an internal conflict; Buck-Zerchin, *Auf der Spur...* 154, my emphasis). This notion of the internal battle is an important point because schizophrenia is not an illness mainly rooted in biology—but an illness rooted in internal strife within the person with schizophrenia (Spillane 344; Ellis and Szasz). Despite the internal nature of the conflict happening in schizophrenia, people with schizophrenia and other people with mental illnesses will often internalize the stigmas that society presents them with (Abdullah & Brown 934; Boyd et al. 221). Buck-Zerchin is an example of someone who, though suffering from schizophrenia, did not internalize any stigmas and learned to accept herself for who she is (Buck-Zerchin, “70 Years...” 1, 6).

“Higher [levels of] depression, lower [levels of] self-esteem, and higher symptom severity” is correlated with Internalized stigma. Internalized stigma correlations remain true across a series of languages, cultures, and mental illnesses (including schizophrenia). Because of these increased risks described above, Germany has previously ensured and continues to ensure that people with mental illnesses will be effectively and appropriately integrated into society, by increasing access to medical care and job availability (“New Mental Health...”). Part of the motivating factor is cost—“the direct and indirect costs [of mental illnesses] were estimated at €798 billion” in the European Union as of 2010 and this number “expected to double by 2030” (Trautmann et al. 1245). Through the global implementation of the Nuremberg Code, the reunification of Germany, the help of psychologists such as Szasz and Ellis—who pushed past the “psychiatric dogma” (Buck-Zerchin, *Auf der Spur...* 107) and behavioral psychology—science and society have been able to reshape the debate on mental illnesses away from pure biology and towards the *people* who suffer from those illnesses. Since the end of WWII, society and science sought to reduce the negative perceptions of mental illness that many in society had about mental illnesses (Angermeyer and Matschinger 1049), by reducing the role that stereotypes play in a layperson’s understanding of mental illnesses such as schizophrenia.

The Role of Stereotypes

In the case of understanding the mental illness stereotypes, there are two main aspects of the stereotypes to consider: first the stereotypes themselves; and second the internalization of those stereotypes. There is currently little evidence that modern medical professionals focus or fixate on negative stereotypes of schizophrenia in order to define their schema understanding of schizophrenia, as compared to modern laypeople (Angermeyer et al. 391). This is because modern psychiatrists and psychologists in Germany are no longer relegated to separate fields,

and instead act in a co-operative manner with one another (Buck-Zerchin, “70 years” 6, “Schizophrenie”). Additionally, with the implementation of Cognitive Behavioral and Dialectical Behavioral Therapies (Ellis and Szasz; Spillane 347-9) and Humanistic-oriented therapies (Ellis and Szasz; Spillane 346), scientists adopted the notion that mental illnesses are not purely biologically related, but that social and environmental factors play a great role. According to Angermeyer and Matschinger, for example, the impact of stigma against mental illness in Germany has significantly reduced between 1990 and 2011. One statement in their survey series during the 20 years was: “Most people believe that a person who has been in a mental hospital is just as intelligent as the average person” (Angermeyer et al. 392). The number of people who agreed with the question increased by about twenty-three percent between 1990 and 2011. Said increase demonstrates that more laypeople in 2011 felt that society believes people with mental illnesses to be just as intelligent as the average person than it (society) did in 1990.

On the other hand, Angermeyer and Matschinger in 2004 demonstrated that the actual (not perceived) stigma against mental illnesses was significantly higher than people themselves believed. Stereotypes greatly contribute to the stigma against mental illnesses, both in the modern era and in Buck-Zerchin’s time. Her goal in her text is to demonstrate that people with mental illnesses rarely fit the stereotypes of their illness(es), even if they—like her—have a textbook case of something like schizophrenia. She demonstrates through her experiences that God was not the main cause of her illness, but her circumstances and her “*innerer Konflikt*” ‘internal conflict’ (Buck-Zerchin, *Auf der Spur...* 12, 154) were. Her mental illness did not render her incompetent. Otherwise, she would not have been accepted to or studied at college (Buck-Zerchin, *Auf der Spur...* 139). She was not violent as many in society believed people with mental illnesses to be (“Myths and Stereotypes...”). Buck-Zerchin seeks to set the record

straight and demonstrate that one must not fit the stereotypes of mental illness to be mentally ill, that one can rise above the stereotypes and pressures that society puts upon them.

Her desire to rise above these stereotypes and pressures are what allow her to thrive when being able to openly talk about her schizophrenia to a doctor who listened to her. Her desire allowed her to survive forcible Insulin shocks and Cardiazol (one of the first antipsychotics) (Buck-Zerchin, *Auf der Spur...* 156), survive being sterilized and having her trust betrayed by both family and physicians. Her only goal is to inspire others to survive, overcome, and help change how society understands and interacts with people who have a mental illness.

It has not been an easy path towards healing the rifts in trust between people with mental illness and the health care professionals (people who were supposed to take care of them, but instead became some of their worst nightmares, as Buck-Zerchin describes) caused during the time of the Third Reich. However, thanks to the concerted efforts of everyone involved (and particularly thanks to Buck-Zerchin's memoir) we can begin to comprehend just how large a change has taken place—and what still needs to be addressed—in the language that German society uses to describe, interact, and treat mental illnesses.

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