

Contents

<i>Acknowledgments</i>	x
Introduction	1
<i>Topic and period of investigation</i>	1
<i>Object of inquiry</i>	5
<i>Methodology, complexes of theory and research, and the book's structure</i>	8
<i>Operationalizing comparison</i>	8
<i>Complexes of theory and research: state and psychiatry</i>	9
<i>Complexes of theory and research: danger and security</i>	11
<i>Complexes of theory and research: disease and diagnosis</i>	14
<i>Complexes of theory and research: work and performance</i>	15
<i>Sources</i>	17
<i>Source materials and their evaluation: a qualitative study with quantitative underpinnings</i>	17
<i>A social history of medicine that takes account of Science Studies: journals and textbooks as complementary sources for interpreting medical records</i>	18
1 Historical parameters of committal practice—Psychiatry, state, and society to 1941	33
<i>Types of asylums and clinics</i>	33
<i>The role of psychiatric institutions</i>	36
<i>Physician and patient: cure, recovery, and quartering</i>	36
<i>Security, the justice system, and the police</i>	38
<i>Psychiatry as supplier of knowledge applied by the state</i>	40
<i>Psychiatrists as providers of expert evaluations</i>	40
<i>Psychiatric knowledge as war-related knowledge</i>	40

Psychiatric knowledge as a foil for the interpretation of social problems 42

Changes during the Nazi era up to 1941 and the incipient murder of the sick 45

2 The state and psychiatric institutions—Parameters and committal decisions

52

The murder of the sick and shortages: the practice of committal during World War II 53

Patients and physicians in cases of committal 55

Initiation of committals by relatives 58

Committal practices in a “society in a state of collapse” (Zusammenbruchgesellschaft), 1945–1949 64

New pathways and lack of places: the practice of committal in the GDR 68

Underfunding and lack of places 68

Changes in committal pathways associated with the role of polyclinics and specialist boards (Fachärztegremien) 72

The contested role of psychiatric institutions and controversial committal practices in West Germany 76

Who belongs in an asylum? Debates on costs and the relationship between security and illness 77

Patients between doctors, relatives, and overcrowded clinics 82

Between voluntariness and coercion, assistance and long-term residential placement: committals from the perspective of patients in the Nazi era, the GDR, and the FRG 85

Summary: framework conditions, actors, and the role of the asylum in comparative perspective 89

3 Danger and security: On the practice of compulsory committal

103

“A threat to public safety”? Compulsory committals during World War II 105

Soldier committals at the front and “home front” 106

The elderly as a threat: the radicalization of committal practices by institutions and the social milieu 109

Security, sexuality, and work: committals of “asocial female psychopaths” 115

Interpretation: compulsory committals during the war 121

<i>Unregulated spaces: the new power of doctors and relatives in the GDR</i>	123
<i>The regulation of forcible committal in the GDR</i>	123
<i>Standards and decisions: the coalition of practice encompassing asylum physicians and families</i>	127
<i>Judicial compulsory committal: new regulations and their implementation in the FRG</i>	131
<i>New regulations and their acceptance</i>	131
<i>Informal preliminary decisions by families and physicians</i>	137
<i>Summary: practices of compulsory committal in comparative perspective</i>	139

4 Disease and diagnostics—Medical aspects of committal	151
<i>The role of the psychiatrist</i>	153
<i>The relationship between doctor and patient</i>	154
<i>The psychiatrist as expert: diagnostic classifications and the clinical picture of schizophrenia in the Nazi era and early FRG</i>	155
<i>The Würzburg Key as a diagnostic scheme in the “Third Reich”</i>	155
<i>Practice, tradition, and local knowledge: the diagnostics debate in the FRG</i>	157
<i>Continuities and ruptures in diagnoses of schizophrenia in the FRG</i>	167
<i>Between tradition, Pavlov, and the WHO: multiple diagnostic classifications and the clinical picture of schizophrenia in the GDR</i>	170
<i>Medical reactions to diagnostic grids</i>	170
<i>Schizophrenia between tradition and Pavlov</i>	175
<i>Diagnostic practice in the FRG and GDR</i>	176
<i>Psychiatrists among themselves</i>	177
<i>Psychiatrists and other physicians</i>	182
<i>The relationship between doctor and patient</i>	184
<i>The flow of information from family to institution</i>	184
<i>Doctors’ and lay diagnoses</i>	187
<i>Correspondence between laypersons and physicians</i>	189
<i>Circulation of knowledge between East and West: lay demands for “Western” treatment standards</i>	196
<i>Summary: disease and diagnostics in comparative perspective</i>	199

5 Work and performance—Ability and inability to work in committal rationales	212
<i>Sources and what they can tell us</i>	213
<i>At the threshold: work and institutionalization, 1941–1963</i>	214
<i>Inclusion and exclusion: work in families' committal rationales during the war</i>	214
<i>Restoring capacity for work, safeguarding work processes: familial reasoning about committals in West Germany</i>	219
<i>A double-edged sword: work in East German committal rationales</i>	221
<i>The healthy self during World War II, in the GDR, and in the FRG</i>	226
<i>“Overwork” in wartime and in the early FRG</i>	226
<i>Work capacity as a sign of health during World War II and in the FRG</i>	229
<i>Ability to work and “overwork” in the GDR</i>	232
<i>Interpretation: differing perceptions in East and West</i>	235
<i>The medical perspective on work and performance between 1941 and 1963</i>	238
<i>“Psychopathy” as a diagnosis in the Nazi era</i>	239
<i>Managerial disease, “psychopathy,” and “exhaustion” (Erschöpftsein): medical interpretations of “overwork” in the FRG</i>	242
<i>“Overworked” diagnostics: a new scientific discourse with consequences for psychiatric practice in the Soviet occupation zone and GDR</i>	249
<i>Summary: work and performance in comparative perspective</i>	259
 Conclusion	 275
<i>Patient records as a source: the benefits of a combined hermeneutic and functional approach</i>	275
<i>State, science, and social practice</i>	278
<i>Work as a category of difference shaped by the sociopolitical system</i>	282
<i>Freedom (and its limits), society, and statehood</i>	284

<i>Appendix</i>	292
<i>Abbreviations</i>	292
<i>1. Statistical analysis of the committal pathway</i>	293
<i>Tables: Committal pathway from 1941 to end of war</i>	294
<i>Tables: Committal pathway from end of war to 1949 inclusive</i>	300
<i>Tables: Committal pathway, 1950–1955</i>	306
<i>Tables: Committal pathway, 1956–1963</i>	310
<i>2. Further Statistical Analyses</i>	314
<i>Sources and Bibliography</i>	316
<i>Sources</i>	316
<i>Bibliography</i>	318
<i>Index</i>	336