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Governing Madness – Transforming Psychiatry

Disability History and the Formation of Cultural Knowledge in West Germany in the 1970s and 1980s

ABSTRACT

In 1975, the German Bundestag published the *Psychiatrie-Enquête*, a 1,800 pages report, which had been produced over five years by more than 200 experts under the auspices of *Aktion psychisch Kranke e.V.* The reform movement, which throughout the following 20 years established institutional standards of social psychiatry in the Federal Republic of Germany (FRG), was strongly influenced by the principles of welfare politics implemented in the states of Northern Europe. However, some minor trajectories of knowledge can be detected and will be discussed in this article. On the level of therapeutic and anthropological thinking, the ongoing and fierce critique of institutionalised psychiatric exclusion in different European countries was accompanied by new arguments of social research and critical theory. On the level of historical awareness, the emerging knowledge of the Nazi genocide and euthanasia led to a memory turn in 1979. Historical research on the so-called forgotten victims supported the acknowledgement and emancipation of psychiatric patients during the 1980s, which could be realised under the new social psychiatry frame. On the level of democratisation, patients' self-help and -advocacy as well as their networks of support established a strong voice in the public, which since then has to be heard in political decision-making. These three trajectories of (marginalised) knowledge strongly affected cultural democratisation as the necessary platform or general heaven for moving social institutions and political realities. The aim of this paper is to get a clearer image of their conceptual influences on Western Germany's intellectual and political consciousness in moving social imagination and the democratisation of interactions. The study will work with the de/constructionist cultural approach to disability in order to expound the problems of knowledge discourses and their effects on the constructions of normativity and inequality.

Keywords: *social psychiatry, political culture, disability history, patients' voices, Nazi past, medical ethics*

“The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence.”¹

The aim of this study is to reconstruct the potentialities and the limits of moving the social through the formation of critical psychiatric knowledge in the West Germany in the 1970s and 1980s.² Although psychiatry during these two decades was highly debated, a closer historical analysis of this dense period is still missing. A concise insight into the social history of psychiatry from 1945 until the middle of the 1970s is given in the anthology *Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre*, edited by Franz-Werner Kersting in 2003.³ There are some additional studies on this time period that shed light on special aspects of psychiatry, for example by comparing the spectrum of institutions in the German Democratic Republic (GDR) and the Federal Republic of Germany (FRG).⁴ With regard to the 1970s and 1980s, Wilfried Rudloff, in his review on the history of *Behindertenpolitik* (disability policies) in the FRG, identifies five strata of the psychiatric reform discourse thus providing also indicators for deepening future historical research⁵: the political ignorance towards the situation of psychiatric patients until 1969; the unruly development between 1971 and 1989, framed by the proposed

- 1 Michel Foucault: *Madness and civilization: A history of insanity in the age of reason*, New York 1965, pp. Xf.
- 2 *Social* in this context means the network of all members of a society, based on a democratic concept of participation and redistribution. The task of political institutions is to secure free speech and further justice, equality and social affiliation. The acknowledgement of difference and diversity is considered as the basis of an inclusive society. The debate of the *social question* is a sign of growing inequality and injustice seen as non-tolerable inside a democratic setting.
- 3 See Franz-Werner Kersting (ed.): *Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre*, Paderborn 2003 (“Reform of Psychiatry as Reform of Society: The Burden of the Nazi Past and the Atmosphere of Departure in the 1960s”, translated by the author) Especially the articles on psychiatric reform after 1968 in section three and on regional differences in section four help to understand the broad spectrum of movements, actors and events. See also Franz-Werner Kersting: *Between the National Socialist “Euthanasia Programme” and Reform: Asylum Psychiatry in West Germany 1940–1975*, in: Marijke Gijswijt-Hofstra et al. (eds.): *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, Amsterdam 2006, pp. 200–224.
- 4 See Achim Thom/Erich Wulff (eds.): *Psychiatrie im Wandel: Erfahrungen und Perspektiven in Ost und West*, Bonn 1990; Sabine Hanrath: *Zwischen “Euthanasie” und Psychiatriereform: Anstaltspsychiatrie in Westfalen und Brandenburg: Ein deutsch-deutscher Vergleich 1945–1964*, Paderborn 2002.
- 5 See Wilfried Rudloff: *Überlegungen zur Geschichte der bundesdeutschen Behindertenpolitik*, in: *Zeitschrift für Sozialreform* 49:6 (2003), pp. 863–886; for the five strata of psychiatry see *Ibid.*, pp. 879–886.

levels of reform of the *Psychiatrie-Enquête* with the ambivalent result of privileging patients in the context of social psychiatry and reinforcing the neglect of chronically ill patients; the new political consulting of social science expertise; the change towards the social model in psychiatric diagnosis and therapy; and the turn to a client-centred, community-based supply structure. Whereas Rudloff summarises the historical caesura of this institutional transformation with its conceptual change from custodial isolation and exclusion of the 19th century towards the fluid offer of care in the context of social psychiatry in the 1970s and 1980s, Cornelia Brink suggests a more ambivalent interpretation of the paths of modernisation.⁶ In her discourse-critical study on psychiatry and society in Germany between 1860 and 1980, she identifies three levels of “barriers” that allow observing conceptual shifts in what Brink calls the *Anstaltsmodell*: The medical-judicial-bureaucratic complex, the experiences of “patients”, and the cultural myths and moralities about madness.⁷ Brink focuses on the ambivalences and continuities of historical transformations and underlines that new flexible codes of separation, isolation and discrimination still exist as part of a modernist normalisation paradigm.⁸

In a methodological divergence from these basic studies, it makes sense to link together social history and discourse history in order to be able to further the exploration of cultural transformations highlighted by psychiatric knowledge shifts in the 1970s and 1980s. This choice is supported by referring to studies in the field of social movements and disability history. In the last two decades, different cultural turns have influenced both approaches. On the one hand, social historians have argued for the integration of cultural dimensions into social movements’ studies.⁹ On the other hand,

6 See Cornelia Brink: *Grenzen der Anstalt: Psychiatrie und Gesellschaft in Deutschland 1860–1980*, Göttingen 2010.

7 See also Cornelia Brink: *Die Irren sind immer die Anderen: Selbstthematizierungen von psychischer Krankheit und Gesundheit in Umbruchzeiten von Psychiatrie und Gesellschaft (Deutschland 1900/1970)*, in: Elsbeth Bösl/Anne Klein/Anne Waldschmidt (eds.): *Disability History: Konstruktionen von Behinderung in der Geschichte: Eine Einführung*, Bielefeld 2010, pp. 67–84.

8 For a long duration view see also Volker Roelke: *Continuities or Ruptures?: Concepts, Institutions and Contexts of Twentieth-Century German Psychiatry and Mental Health Care*, in: Marijke Gijswijt-Hofstra et al. (eds.): *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, Amsterdam 2006, pp. 162–182.

9 See Charles Tilly: *From Mobilization to Revolution*, in: *The American Political Science Review* 74:4 (1980), pp. 1071–1073; Charles Tilly: *Social Movements as Historically Specific Clusters of Political Performances*, in: *Berkeley Journal of Sociology* 38 (1994), pp. 1–30; Charles Tilly: *Social Movements: 1768–2004*, Boulder 2004; Alain Touraine: *Return of the Actor: Social Theory in Postindustrial Society*, Minneapolis 1988; Margit Mayer/Roland Roth: *New Social Movements and the Transformation to Post-Fordist Society*, in: Marcy Darnovsky/Barbara Epstein/Richard Flacks (eds.): *Cultural Politics and Social Movements*, Philadelphia 1995, pp. 299–319; Karl-Werner Brand/Detlef Büsser/

authors of disability studies/disability history have evaluated the “cultural model” as a useful concept for leading research.¹⁰ By differentiating the medical/individual, social and cultural model and focusing on the cultural one, Anne Waldschmidt has provided a heuristic tool that seems to turn out as very useful for disability history research.¹¹ She criticises that disabled persons and disability in general are still widely perceived through a medical lens based on biological concepts. According to Waldschmidt, the social model shifts this perception to different sorts of barriers which all produce life realities as well as images of normalcy and de-/normalisation.¹² The cultural model transgresses the analysis of the social sphere in a (de-)constructivist operation of knowledge. It sensitises for power on the cultural level in particular. It can be inferred that in order to get hold of different voices as well as of historical dynamics, such an epistemological turn is necessary.¹³ An analysis based on the cultural model demands three epistemological operations. *Firstly*, it is necessary that researchers (and readers) become self-reflexive and become aware of what Michel Foucault has described as the power-knowledge-formation.¹⁴ *Secondly*, the democratic momentum created by critique has to be pointed out as essential for researching the development and function of cultural knowledge in the dynamics of social change.¹⁵ *Thirdly*, a discourse critical

Dieter Rucht (eds.): *Aufbruch in eine andere Gesellschaft: Neue soziale Bewegungen in der Bundesrepublik*, Frankfurt am Main/New York 1983; Sebastian Haunss: *Die Bewegungsforschung und die Protestformen sozialer Bewegungen*, in: Klaus Schönberger/Ove Sutter (eds.): *“Komm herunter, reih dich ein...”: Eine kleine Geschichte der Protestformen sozialer Bewegungen*, Berlin 2009, pp. 31–45, here p. 33.

- 10 See Elsbeth Bösl/Anne Klein/Anne Waldschmidt (eds.): *Disability History: Konstruktionen von Behinderung in der Geschichte: Eine Einführung*.
- 11 See Anne Waldschmidt: *Disability Studies: Individuelles, soziales und/oder kulturelles Modell von Behinderung?*, in: *Psychologie und Gesellschaftskritik* 29:1 (2005), pp. 9–31.
- 12 See Anne Waldschmidt: *Disability as a Social Problem*, in: George Ritzer/Michael J. Ryan (eds.): *Concise Blackwell Encyclopedia of Sociology: The Definitive Sociology Reference Source*, Oxford 2011, pp. 150–151.
- 13 This aspect has been widely discussed in the context of women’s history. For the psychological spectrum see Carol Gilligan: *In a Different Voice: Psychological Theory and Women’s Development*, Cambridge 1993; for the historical discourse see Gerda Lerner: *The Majority Finds Its Past: Placing Women in History*, New York/Oxford 1979; Gisela Bock: *Geschichte, Frauengeschichte, Geschlechtergeschichte*, in: *Geschichte und Gesellschaft* 14:3 (1988), pp. 364–391.
- 14 See Michel Foucault’s groundbreaking studies on the structures and processes of knowledge formation: *Les mots et les choses: Une archéologie des sciences humaines*, Paris 1966; *L’archéologie du savoir*, Paris 1969; *L’ordre du discours: Leçon inaugurale au Collège de France prononcée le 2 décembre 1970*, Paris 1972.
- 15 See Robin Celikates: *Was ist Kritik? Ein Gespräch mit Luc Boltanski und Axel Honneth*, in: Rahel Jaeggi/Tilo Wesche (eds.): *Was ist Kritik?*, Frankfurt am Main 2009, pp. 83–116.

approach evaluates qualitative shifts in knowledge formation as a central criterion for the evaluation of social movements and *vice versa*.¹⁶ As minority researcher Huub van Baar puts it:

Knowledge production in social and civil movements plays a role in trying to make power relations less asymmetric, in strengthening the aims of the involved activist and advocacy organisations and networks, in influencing policy formation at various institutional levels, and in developing a trustworthy public voice.¹⁷

It is important to keep in mind that this article does not intend to be an in-depth-study of the psychiatric reform discourse in the 1970s and 1980s. The main interest will be to point out trajectories of marginalised knowledge, which have influenced the discussions in the context of the *Psychiatrie-Enquête* and its ongoing social reform process between 1971 and 1988.¹⁸ My aim is to integrate qualitative knowledge aspects into the historical narrative, which have usually been deemed of minor importance in this discourse field.¹⁹ *Marginalised knowledge* cannot be found as a fixed term within classical discourse or knowledge studies;²⁰ it is more inspired by ethnological, postco-

- 16 See as an exemplary study on cultural/interdiscursive knowledge production: Anne Waldschmidt/Anne Klein/Miguel Tamayo-Korte: *Das Wissen der Leute: Bioethik, Alltag und Macht im Internet*, Wiesbaden 2009; Anne Waldschmidt et al.: *Diskurs im Alltag – Alltag im Diskurs: Ein Beitrag zu einer empirisch begründeten Methodologie sozialwissenschaftlicher Diskursforschung*, in: *Forum qualitative Sozialforschung* 8:2 (2007), available online at: <http://www.qualitative-research.net/index.php/fqs/article/view/251/553> (accessed on 14 May 2014). Concerning the methodological design see Reiner Keller: *Doing Discourse Research: An Introduction for Social Scientists*, Los Angeles 2013, p. 22; Reiner Keller/Inga Truschkat (eds.): *Methodologie und Praxis der Wissenssoziologischen Diskursanalyse 1: Interdisziplinäre Perspektiven*, Wiesbaden 2012.
- 17 See as an example for the formation of marginalised knowledge: Huub van Baar: *Travelling Activism and Knowledge Formation in the Romani Social and Civil Movement*, in: Maja Miskovic (ed.): *Roma Education in Europe: Practices, Policies and Politics*, London/New York 2013, pp. 192–203, here p. 192.
- 18 In November 1988, an observation report was published on the achievements of the model-projects realised in the context of psychiatric reform in six Federal states in Western Germany. For an overview of the different paths and objectives of the reform movement such as communal, community, social and democratic psychiatry see the website of Reinhard Peukert, emeritus professor of Social Medicine and Social Management at the University Rhein/Main at: <http://www.ibrp-online.de/anzeige2.htm#anfang> (accessed on 7 October 2014).
- 19 See for a first exploration of this heuristics Franz-Werner Kersting: *Between the National Socialist “Euthanasia Programme” and Reform: Asylum Psychiatry in West Germany 1940–1975*, here p. 212.
- 20 See Reiner Keller: *Doing Discourse Research: An Introduction for Social Scientists*, pp. 42ff.

lonial and some social science research designs. Marginalised knowledge can also be part of hegemonic knowledge orders but it creates conflicts out of different reasons. It might be reminiscent of existing social asymmetries or demand paradigm changes in established scientific knowledge orders; a characteristic is that it reminds us of what Foucault has called “oppressed knowledge”.²¹ Marginal knowledge moves the social by provoking insights and practices thus initiating shifts in the general understanding and interpreting of political orders, for example of what has to be understood as democracy. Over time, the former subdued or tabooed knowledge changes its (constantly relational) position. It diffuses into the layers of general knowledge and can even become a hegemonic discourse endowed with the power to restructure and reorganise the social.²²

Approaching the transformations of the psychiatric discourse in the 1970s and 1980s as a typical phenomenon of social change, the following study wants to lay bar the conflicting influences of three trajectories of marginalised knowledge: The first chapter presents central aspects and dynamics of formation of critical psychiatric knowledge on the international level. In the second chapter, the emerging knowledge of the Nazi-Eugenics and Euthanasia programme will be retraced. The third chapter will expose patients’ voices as a conflicting knowledge based on demands of democratic participation and authorised by historical consciousness. Thus, the three marginalised knowledge forms complemented one another, they have to be regarded as (dialectically) intertwined and chronologically alternating. In this study, their influence on different strata of the psychiatric reform discourse will be evaluated as equally important. The conclusion summarises the effects that the three trajectories had on the formation of cultural knowledge not only concerning questions of psychiatry and mental illness, but in formulating the need for shaping a civic culture through respecting difference, acknowledging diversity, guaranteeing equal rights and living democratic encounters.

- 21 Michel Foucault: *Der Wille zum Wissen 1: Sexualität und Wahrheit*, Frankfurt am Main 1983, p. 172 (French original, Paris 1976), translated from German to English by the author.
- 22 It would be interesting to research in detail the implementation process of psychiatric reforms. To use the tools of cultural history in this research would better allow for grasping the effects on public consciousness and habitus formation. For example, the activities of the *Psychiatrie-Enquête-Commission* led to the recommendation of supply treatise in 1984, which should guarantee patient-centered care. In 1989, a law followed which obliged the health insurances and its physicians to guarantee these utility supply contracts. In 2009, an agreement came into effect, which guarantees the supply in the field of children and youth psychiatry.

Travelling Knowledge: Critical Scientists

A study on psychiatry exposes the heart of Western anthropological thinking and political reasoning. It touches on processes of knowledge formation in a fundamental way. For example, in classical psychiatric diagnosis human beings were seen as isolated monads and agents of hereditary transmission. The patients' obviously disabled minds and obsessed bodies, expressed through strange behaviour and aberrant social practices, were regarded as a threat for society's usual functioning. This knowledge, which had legitimised the exclusion of people from social life for a long time, started to be questioned in the beginning of the 1960s. In the English-speaking world, studies of the American sociologists Erving Goffman showed that "total institutions" evoked effects of hospitalisation similar to the behaviour of patients diagnosed as "aberrant".²³ In 1961 in the French context, Michel Foucault published his book on the historical discourse on *Madness and Civilisation*.²⁴ In this study, he described the social function of drawing a demarcation line between madness and reason as a central factor for the development of modernity. Madness, he explained, challenged the underlying structures of rationality, truth, and power of a secularised and industrialised society. In view of this new critical knowledge, questions arose as follows: who could be sure whether madness really was a symptom of an ill soul? Could it not rather be interpreted as a normal reaction to repressive living conditions? And could – in light of these uncertainties – the exclusion of diagnosed patients any longer be justified?

In Western Germany, this insight into the constructivist character of madness corresponded to the knowledge transfer of a socially engaged critical methodology. Especially the exile traditions of the *Kritische Theorie* and the so-called *Wiener Schule* with its austro-marxist, social democratic, and Freudian specification had been well linked to American sociology and ethnomethodology.²⁵ In his studies on stigmatisation and asylum, Goffman had analysed in depth the "theatre" of everyday life.²⁶ This critical turn combined with a new materialism also influenced psychological con-

23 Erving Goffman: *Asyle: Über die soziale Situation psychiatrischer Patienten und anderer Insassen*, Frankfurt am Main 1973 (original: *Asylums: Essays on the Social Situation of Mental Patients and other Inmates*, Chicago 1961); Erving Goffman: *Stigma: Über Techniken der Bewältigung beschädigter Identität*, Frankfurt am Main 1974 (American original edition: New York 1963).

24 Michel Foucault: *Histoire de la folie à l'âge classique: Folie et déraison*, Paris 1961 (German edition: *Wahnsinn und Gesellschaft: Eine Geschichte des Wahns im Zeitalter der Vernunft*, Frankfurt am Main 1969).

25 See Martin Jay: *Dialektische Phantasie: Die Geschichte der Frankfurter Schule und das Institut für Sozialforschung 1923–1950*, Frankfurt am Main 1976; Christian Fleck: *Transatlantische Bereicherungen: Zur Erfindung der empirischen Sozialforschung*, Frankfurt am Main 2007.

26 Erving Goffman: *The Presentation of Self in Everyday Life*, New York 1959.

cepts. Mind and soul were less defined as transcendent or metaphysical entities, but seen as cognitive maps whose lines could be studied with methods from behavioural empiricism. The representatives of a humanistic anthropology shared this materialist interest, but preferred to underline the conceptual complexity of human nature, its unpredictability and the freedom of decision-making and self-determination.²⁷ The Archimedean point of this anthropology was the *a priori* statement that human beings were basically social beings who lived in relations to others. Sociologists and psychologists who sympathised with this humanistic view interpreted the human *psyche* and also its dysfunctions as either caused or at least shaped by environmental influences.²⁸ The logical therapeutic consequences of this structural analysis were concepts of family therapy, systemic counselling and group therapy, which influenced the psychiatric scene in Western Germany since the 1970s.²⁹ Up to this time, the therapeutic discourse in Western Germany had remained rather underdeveloped. Some rare exceptions like the social community approach which had already been supported in the 1930s by the German psychiatrist Hermann Simon, were seized in the 1950s.³⁰ The problem was that Simon, as a social Darwinist, had pleaded for a community-based psychiatry while he at the same time legitimated the Nazi selection and euthanasia of mentally ill patients. But in the 1950s, even progressive psychiatrists in the FRG showed little sensibility for this conceptual difference. When Hans Merguet returned from the *International Congress of Psychiatrists* in Paris in 1950, to which no German papers had been accepted, the psychiatrist proudly reported that he had spoken up in order to reclaim the acknowledgement of the German tradition of community psychiatry – without having expounded the problems related to its eugenic traditions which in the Nazi context had led to the murder of psychiatric patients.³¹

- 27 See Irvin Yalom: *Existentielle Psychotherapie*, Köln 1989, pp. 30f.; Charlotte Bühler/Melanie Allen: *Einführung in die humanistische Psychologie*, Frankfurt am Main/Berlin 1987; Helmut Quitmann: *Humanistische Psychologie: Zentrale Konzepte und philosophischer Hintergrund*, Göttingen 1991.
- 28 In 1962, psychologists and psychotherapists founded the *American Association for Humanistic Psychology* (AHP); see James F.T. Bugental (ed.): *Challenges of Humanistic Psychology*, New York 1967; Frank T. Severin: *Discovering Man in Psychology: A Humanistic Approach*, New York 1967.
- 29 A protagonist of this transfer was Helm Stierlin, who had studied in the United States and in 1974 became chair of the Department *Psychoanalytische Grundlagenforschung und Familientherapie* at the University of Heidelberg. See for a critical discussion Sabine Maasen (eds.): *Das beratene Selbst: Zur Genealogie der Therapeutisierung in den "langen" Siebzigern*, Bielefeld 2011.
- 30 See Hermann Simon: *Aktivere Krankenbehandlung in der Irrenanstalt*, Berlin et al. 1929.
- 31 See Alexander Veltin: *Praktische Reformansätze in den 60er-Jahren: Therapeutische Gruppenarbeit im psychiatrischen Krankenhaus*, in: Franz-Werner Kersting (ed.): *Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre*, Paderborn 2003, pp. 101–112, p. 101.

The criticism of institutional psychiatry and new ideas of therapeutic encounters in West Germany were mainly initiated by a provoking international debate that was set off by a number of decisive events in the second half of the 1960s. In July 1967, four psychiatrists – Ronald D. Laing, David Cooper, Aaron Esterson and Clancy Sigal – organised a two-week long conference in Roundhouse, a sub-cultural meeting point in the north of London. Some of the leading members of an international intellectual scene debated how liberty could be realised within the structures of (imperialist) Western societies and in the (dependent) colonies.³² The Buddhist monk Thich Nhat Hanh gave a session on non-violent resistance and the Vietnam War, the leader of the Black Panthers, Stokeley Carmichael, and the Marxist economist Paul Sweezy spoke on the political dialectics of liberation.³³ The writer Allen Ginsberg and the theatre theorist Julian Beck questioned the methods of cultural production. The anthropologist Gregory Bateson, who had studied families of patients diagnosed as schizophrenic in the 1950s, situated the causes for mental illness in the “double-bind”-structures of the surrounding systems.³⁴ This predominantly Anglo-American discourse, influenced by the ideas of black and anti-colonial liberation movements, was communicated to activists of the student movement in Western Germany by newspaper and media report as well as by public speeches of Herbert Marcuse, who had also taken part in the London conference. Criticism of psychiatric treatment also emanated from European countries like France, Italy, Belgium and the Netherlands.³⁵ It was claimed that patients, after entering the clinic, felt incapacitated and the following violent treatments and the feeling of alienation led to their hospitalisation. Seen as such, clinical conditions provoked “a second victimization”.³⁶ The guiding idea of this new international discourse community was coined by a criticism of the medical model. Not only psychiatric diagnoses were put under severe doubt because of its weak explanatory capacity; especially the practices of forced confinement were criticised as

- 32 Benoît Majerus: Mapping Antipsychiatry: Elemente für die Geschichte einer transnationalen Bewegung, in: Themenportal Europäische Geschichte (2010), pp. 1–6, here p. 1, available online at: http://www.europa.clio-online.de/site/lang_de/ItemID__440/mid__11428/40208214/default.aspx (accessed on 22 March 2014).
- 33 See for the list of conference participants: 1967 Dialectics of Liberation Congress, Participants, available online at: <http://www.dialecticsofliberation.com/1967-dialectics/dialectics-participants/> (accessed on 13 February 2014).
- 34 Gregory Bateson et al.: Schizophrenie und Familie: Beiträge zu einer neuen Theorie, 6th ed., Frankfurt am Main 2002 (original 1969). This conceptual change had a special impact on the understanding of schizophrenia. See also the British movie *Family life* (1971) directed by Ken Loach.
- 35 Benoît Majerus: Mapping Antipsychiatry: Elemente für die Geschichte einer transnationalen Bewegung.
- 36 See Robert Elias: The Politics of Victimization: Victims, Victimology, and Human Rights, Oxford/New York 1986.

breaking the will of patients. In face of the given structural setting, the ways of moving the social had to be multi-layered; they also had to create new settings which were able to facilitate the empirically based exploration of madness in the context of until then unknown “contact zones”.³⁷

The psychiatrists David Cooper and Ronald D. Laing, two initiators of the London meeting in 1967, implemented such a deconstructivist view on madness in their practical projects.³⁸ Both established deinstitutionalised experimental settings for young patients diagnosed as schizophrenic,³⁹ where, they worked with them on the basis of a phenomenological and systemic approach.⁴⁰ But whereas Cooper, a staunch Marxist with a strict political interpretation of the “language of madness”,⁴¹ stuck to the idea of the revolutionary potential of mad people, Laing got deeply involved in the research on new forms of therapeutic treatment. During his vocational training in the 1950s, he had spent as much time as possible in padded cells with the men placed in his custody and “with enough patience and persistence he could [...] make sense of the peculiar speech and gestures that his colleagues found completely unintelligible.”⁴² His interpretation of phases of metanoia⁴³ followed the psychological theory of Carl Jung, who had stated that the punctual loss of character defences – similar to existentialist crises – could stimulate unknown resources for self-reparation and self-healing. Laing pointed out that the subjective feeling of a “divided self”⁴⁴ reported by patients with diagnosed schizophrenia was reproduced by institutionalised discrimination. Not only the first

37 The concept of “contact zones” (Mary Louise Pratt) is used quite widely in Literary Studies, (Trans-)Cultural Studies as well as Postcolonial Studies as a general term for places of encounter, where white western travelers have met their (cultural, ethnic, or racial) „other“ and been transformed by this experience.

38 See Ronald D. Laing/Aaron Esterson: *Sanity, Madness and the Family*, London 1964; David Cooper: *The Death of the Family*, London 1971.

39 Cooper had worked in the Villa 21, a progressive research station for young schizophrenia-diagnosed patients. In 1965, Cooper and Laing founded Kingsley Hall, one of the most radical experiments in psychology of that time. The house was run by the *Philadelphia Association* as a model project for non-restraining, non-drug therapies for people seriously affected by schizophrenia. Cooper left the Philadelphia Association in 1970.

40 Daniel Cooper/Ronald D. Laing: *Reason and Violence: A Decade of Sartre’s Philosophy*, 2nd ed., London 1964.

41 David Cooper: *The Language of Madness*, London 1978.

42 See Daniel Burston: *Ronald D. Laing and The Politics of Diagnosis*, undated, available online at: <http://www.janushead.org/4-1/burstonpol.cfm> (accessed on 13 March 2014); Daniel Burston: *The Wing of Madness: The Life and Work of Ronald D. Laing*, Cambridge 1996; Daniel Burston: *The Crucible of Experience. Ronald D. Laing and the Crisis of Psychotherapy*, Cambridge 2000.

43 From the Greek *μετάνοια*, metanoia = changing one’s mind.

44 Ronald D. Laing: *The Divided Self: An Existential Study on Sanity and Madness*, Harmondsworth 1960.

doctor-patient contact – as the initiating welcome ritual in psychiatric hospitals – but also the architecture, the rules of the day, and especially the “shock”-therapies, brain operations and forced medicalisation needed a fundamental revision. The encounters and treatments were criticised as a second humiliation of human beings who already lived with a spoilt identity.⁴⁵ Instead of diagnosing patients, Laing proposed that psychiatrists should learn to understand them, which he saw as the only possibility to restore the patients’ lost self-confidence. Cooper similarly stressed that madness had to be seen as a “permanent revolution in the life of a person”.⁴⁶ This authentic reaction to alienating conditions unmasked in his world-view the hypocrisy of modernity and encouraged “patient responsibility – and counter-power when necessary”.⁴⁷

A relational approach and the idea of authentic encounters became the leading signature of the anti-psychiatric movement.⁴⁸ This paradigmatic shift implicated fundamental consequences for the evaluation of psychiatry as a whole. On the one hand, it no longer seemed legitimate to draw a strict border between normalcy and madness. On the other hand, healing was now seen as a process of regaining integrity through diverse practices of intersubjective acknowledgement. In a critical view of Western normative orders, the experimental practitioners deemed situations of communication within families as responsible for the development of madness, and concluded that these family systems only represented structural deficits of society as a whole.⁴⁹ In one way or the other, each member of society could be seen as impaired by double-bind situations. The mentors of the anti-psychiatric movement were led by this idea of a “dialectics of liberation” and they looked for ways of linking their engagement to that of other social movements. In the aftermath of the conference at Roundhouse, under the title “Black Power – Madness – Revolution”, the anti-university of London was founded as a reservoir for different activist groups, which spoke up against discrimination and for the inclusion of marginalised people. What was labelled a revolution meant to enlarge the human potential for the activists: an “ongoing experiment in the development of consciousness”.⁵⁰

45 Ibid.

46 David Cooper: *The Language of Madness*, London 1978, p. 36.

47 Ibid., p. 57.

48 See Anne Klein: *From Biopolitics to Ethics of Disability: Voices on Decolonisation and Anti-Psychiatry in France, 1945–1975*, in: Sebastian Barsch/Anne Klein/Pieter Verstraete (eds.): *The Imperfect Historian: Disability Histories in Europe*, Frankfurt am Main 2013, pp. 255–270.

49 James S. Coleman: *Grundlagen der Sozialtheorie 1: Handlungen und Handlungssysteme*, München 1991.

50 Flyer of the Philadelphia Association, quoted in: Benoît Majerus: *Mapping Antipsychiatry: Elemente für die Geschichte einer transnationalen Bewegung*.

The German translations of the writings of Ronald D. Laing and David Cooper as well as of other anti-psychiatric authorities like Thomas Szasz – although later fiercely criticised because of his esoteric affiliations – or the Italian psychiatrists Franco Basaglia⁵¹ and Giovanni Jervis,⁵² can be taken as an indicator for the influences of travelling knowledge. Theories, therapeutic concepts and practical experiences were transnationally transmitted and received, thus during the 1970s influencing the critical debate on social psychiatry in Western Germany. The Italian approach was evaluated as congenial and inspiring because of its strong social political impetus and creative community experiments. Furthermore, the Italian debate seemed to be more social grounded than the debate in Great Britain.⁵³ The professional expertise of psychiatrists engaged in the Italian social movement made their alternate approach acceptable, although the uniting effect of their shared tradition of *resistenza* could not be replicated by German social psychiatrists. For three days in October 1979, around 700 staff members from German and Italian clinics met in Munich for communicative exchange of their experiences.⁵⁴ The outcomes of sociological and social-psychological studies of the Anglophone world had earlier fed a critical impulse in the FRG. In the beginning of the 1960s for example, the hypothesis that madness could be interpreted as a coping strategy in the context of challenging situations was supported by Goffman's empirical observation that psychiatric settings produced confused reactions in patients after long-term-stays.⁵⁵ Between 1968 and 1972, a series of experiments designed by the American psychologist David Rosenhan added empirical evidence to

- 51 See Franco Basaglia: *Die negierte Institution oder die Gemeinschaft der Ausgeschlossenen: Ein Experiment der psychiatrischen Klinik in Görz*, Frankfurt am Main 1971 (Italian original 1968).
- 52 Giovanni Jervis: *Kritisches Handbuch der Psychiatrie*, Frankfurt am Main 1978 (Italian original 1971). Jervis, whose father had been a leading member of the Italian anti-fascist resistance, worked together with Franco Basaglia, the leading mentor of Italian antipsychiatry.
- 53 See Ernst von Kardorff: *Modellvorstellungen über psychische Störungen: gesellschaftliche Entstehung, Auswirkungen, Probleme*, in: Heiner Keupp/Manfred Zaumseil (eds.): *Die gesellschaftliche Organisation psychischen Leidens*, Frankfurt am Main 1978, pp. 539–589, here p. 583.
- 54 Peter Berger (ed.): *Neue Psychiatrie: Sozialpsychiatrische Informationen: Erfahrungen aus Italien und Deutschland: Materialien zu einer Arbeitstagung Oktober 1979 in München*, Bonn 1980.
- 55 For a closer look on Goffman see: Peter Sedgwick: *Psycho-Medical Dualism: The Case of Erving Goffman*, in: Peter Sedgwick (eds.): *Psychopolitics: Laing, Foucault, Goffman, Szasz and the Future of Mass Psychiatry*, New York 1982, pp. 43–65.

the assumption that the validity and reliability of traditional psychiatric diagnosis were doubtful.⁵⁶ Both Goffman's and Rosenhan's studies contributed to the paradigm shift in the formation of psychiatric knowledge in a fundamental way.

Emerging Knowledge: Professional Ethics

In 1967, the studied physician, sociologist and historian Klaus Dörner published a provoking article with the title *Nationalsozialismus und Lebensvernichtung*⁵⁷ in which he offered a first explanation for the murder of disabled and psychiatric patients under the NS-regime. In his article, Dörner analysed the Nazi atrocities as consequence of an elitist self-concept of the medical professionals who had been able to realise their striving to power in the Nazi period. Although Dörner's article appeared in the well-known historical journal *Vierteljahrshefte für Zeitgeschichte*, professional historians did rarely take notice of it. However, within the psychiatric scene, this analysis of the Nazi past written by an accomplished psychiatrist could not be ignored.⁵⁸ Over the next twelve years Dörner became one of the leading advocates of a memory discourse which formed an integral part of the psychiatric reform movement. By linking observations of the past to present day problems, a disquieting knowledge emerged which demanded a change of the psychiatric setting.⁵⁹ A growing sensitivity and awareness for historical continuities and parallels paved the way for reforms in the political arena. In summer 1971, the German parliament brought the government under Chancellor Willy Brandt⁶⁰ to investigate the situation in psychiatric institutions. This decision had

56 David L. Rosenhan: On Being Sane in Insane Places, in: *Science* 179:4070 (1973), pp. 250–258.

57 Klaus Dörner: *Nationalsozialismus und Lebensvernichtung*, in: *Vierteljahrshefte für Zeitgeschichte* 15:2 (1967), pp. 121–52. The article was part of Klaus Dörners dissertation in sociology and history in 1969 at the Freie Universität of Berlin. In 1960, he had graduated in medicine in Hamburg; 1971 he finished his habilitation treatise and worked as professor and medical practitioner in a social psychiatric clinic at Hamburg University.

58 Two years later, Dörner enlarged his historical work with a transnational study on Britain, France, and Germany. In his analysis, he proposed that the psychiatric system had to be understood as a central element of a bourgeois society. See Klaus Dörner: *Bürger und Irre: Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie*, Frankfurt am Main 1969. The book was translated into several languages.

59 See Franz-Werner Kersting: Vor Ernst Klee: Die Hypothek der Medizinverbrechen als Reformimpuls, in: Franz-Werner Kersting (ed.): *Psychiatriereform als Gesellschaftskritik*, Paderborn 2003, pp. 63–82.

60 Helga Grebing/Gregor Schöllgen/Heinrich August Winkler (eds.): *Willy Brandt: Mehr Demokratie wagen Innen- und Gesellschaftspolitik 1966–1984*, Berliner Ausgabe 7, Bonn 2001. Willy Brandt, a formerly exiled representative of social democracy, was elected chancellor in 1969 and rested in this position until 1974.

been supported by members of all parties represented in parliament. A commission of experts appointed by the Ministry of Youth, Family and Health concluded in its report published in 1973 a “brutal reality” in the clinics for mentally disabled patients.⁶¹

Reports on the actual conditions in the psychiatric clinics reminded critical contemporaries of the Nazi past: denial of privacy in mass sleeping rooms with no individual cupboards; deprivation of dignity by shaving the hairs of patients and letting them wear grey asylum clothes; brain operations; electro shock therapy and sterilisation practices; hazardous medicalisation. In addition, as radio journalist Ernst Klee unearthed through his collection of interviews with psychiatric patients, meals were withheld and disciplinary measures were inflicted.⁶² But on the side of official representation, there was still a certain unwillingness to deal with the Nazi past. Was this attitude perhaps due to the reluctance to discuss the responsibility of particular academic teachers and professionals? While spatial exclusion and dehumanising educational practices in foster care homes for difficult youths were topics of a controversial debate,⁶³ the credibility of medical experts remained largely intact during the 1970s. A first significant shift in this positive image of the “gods in white” was provoked by the TV-series *Holocaust* in January 1979. The series depicts the story of Anna Weiss, who was diagnosed as “mentally disabled” by physicians and selected for annihilation in the Euthanasia centre Hadamar.⁶⁴ For the first time after the end of the Second World War, the German public seemed to be deeply shocked by the Nazi regime’s criminal past.⁶⁵ The mini-series successfully sensitised German viewers for the victims’ experience. For professionals working in psychiatry, the year 1979 proved a decisive turning point with regard to the formation of collective memory, which had a far-reaching effect on their professional ethics.

61 See Wolfgang Stumme: *Psychiatrie-Enquête und empirische Sozialforschung*, in: Christian Ferber/Franz- Xaver Kaufmann (eds.): *Soziologie und Sozialpolitik*, Opladen 1977, pp. 569–576, p. 569.

62 In radio broadcasts and books, the journalist Ernst Klee brought the voices of marginalised and disabled people into the public. During the 1970s, he published two important books on the conditions in psychiatric clinics. See Ernst Klee: *Die armen Irren: Das Schicksal der seelisch Kranken*, Düsseldorf 1972; Ernst Klee: *Psychiatrie-Report*, Frankfurt am Main 1978.

63 See Gabriele Lingelbach/Jan Stoll: *Die 1970er Jahre als Umbruchphase der bundesdeutschen Disability History?: Eine Mikrostudie zu Selbstadvokation und Anstaltskritik Jugendlicher mit Behinderung*, in: *Moving the Social* 50 (2013), pp. 25–52.

64 See the first publication Wulf Steglich/Gerhard Kneuer (eds.): *Begegnung mit der Euthanasie in Hadamar*, Rehburg-Loccum 1985.

65 See Anne Klein: *Mentalität – Massenmord – Moral: Rechts- und Geschichtsverständnis der bundesrepublikanischen Nachkriegsgesellschaft*, in: Frank Neubacher/Anne Klein (eds.): *Vom Recht der Macht zur Macht des Rechts? Interdisziplinäre Beiträge zur Zukunft Internationaler Strafgerichte*, Berlin 2006, pp. 161–186.

From 24 to 27 May 1979, the so-called *Mannheimer Kreis* held its 13th meeting in the psychiatric clinic in Rickling (Schleswig-Holstein). Of 1,500 participants who had subscribed for the conference with the title *Leben in der Psychiatrie*, a working group of 50 persons discussed the topic “Holocaust and Psychiatry”.⁶⁶ Two-thirds of respondents in this group were between 20 and 30 years old, one-third were between 45 and 50 years old.⁶⁷ The composition of this group represented a very specific generational constellation.⁶⁸ Whereas the older participants had been socialised by the Nazi ideology as children and during their youth, the younger ones started to question the authoritarian continuities of the past in reference to university elites and academic professionals.⁶⁹ Both age groups were motivated by the idea of coming to terms with the Nazi past. Thus the physicians, students, former patients, nurses, psychologists and sociologists, some participants were also of Jewish background, who gathered at the conference in Rickling, met on a supposedly eye-to-eye level. They explicitly wanted to break with the hierarchy of professional status. Klaus Dörner was besides his psychiatric education a studied historian, too, and especially concerned with the Nazi period. He introduced the session with a presentation on the Nazi Euthanasia and sterilisation programme. Put in this historical perspective, the personal exchange which followed the presentation focused on the following questions: does the public nowadays know what is happening behind the walls of psychiatric clinics? How can the professions deal with the historical fact that an exclusionist practice under the NS-regime had paved the way towards mass murder? Is it possible to get a more detailed knowledge on the victims of Nazi Euthanasia? How can we define our responsibility nowadays? What do we have to do and what are we paid for?⁷⁰

What initially seemed to be of concern only for a minority, characterised the discussion about memory among the members in the *Deutsche Gesellschaft für Soziale Psychiatrie* (DGSP) during the summer months of 1979. On 1 September 1979, a memorandum with the title *Holocaust und Psychiatrie – oder der Versuch, das Schweigen in der Bundesrepublik zu brechen*⁷¹ was published as a reminder that there had been

66 Arnd Schwendy: Holocaust und Psychiatrie: Einladung zum Nachdenken über den Vergleich 1940–1979, in: Klaus Dörner et al. (eds.): *Der Krieg gegen die psychisch Kranken: Nach “Holocaust”: Erkennen – Trauern – Begegnen*, Rehburg-Loccum 1980, pp. 11–28.

67 *Ibid.*, p. 13.

68 See Ulrike Jureit/Michael Wildt (eds.): *Generationen: Zur Relevanz eines wissenschaftlichen Grundbegriffs*, Hamburg 2005.

69 See Norbert Frei (ed.): *Hitlers Eliten nach 1945*, Frankfurt am Main 2001.

70 Arnd Schwendy: Holocaust und Psychiatrie: Einladung zum Nachdenken über den Vergleich 1940–1979, in: Klaus Dörner et al. (eds.): *Der Krieg gegen die psychisch Kranken: Nach “Holocaust”: Erkennen – Trauern – Begegnen*, Rehburg-Loccum 1980, pp. 11–28.

71 *Denkschrift der Deutschen Gesellschaft für soziale Psychiatrie*, in: Klaus Dörner et al. (eds.): *Der Krieg gegen die psychisch Kranken: Nach “Holocaust”: Erkennen – Trauern – Begegnen*, Rehburg-Loccum 1980, pp. 206–215.

a Nazi order to realise the Euthanasia programme, which had been promulgated at the same time as the attack of the German army on Poland on the 1 September 1939. Based on discussions about which lessons could be learnt from history, psychiatrist Niels Pörksen listed the essentials of a future professional ethics. As the Nazi-period had exposed the deadly consequences of psychiatric power *in extremis*, this historical heritage nowadays had to be transformed through self-critique and self-reflection. Pörksen argued that one initial step would have to be to admit the “helplessness” of experts.⁷² He saw this openness for criticism as a personal precondition for the implementation of an orientation towards a professionalism based on the idea of human encounters and a social community.⁷³ The president of the managing board of the DGSP, Klaus Dörner, ended the memorandum by addressing responsible politicians and listing specific institutional requests concerning the establishment of an inquiry. He stressed that a social research expertise was necessary in order to get a closer insight into the conditions in the clinics. He also asked for the *Halbierungserlass* to be abolished, a Nazi law dating to 1941 that halved the food rations, leading to death of starvation for many patients at the time. The law continued to be effective (without its application) in the FRG. Most points of this part of the memorandum focused on the implementation of what had been formulated as the four central promises of the inquiry into psychiatry by the commission of the *Psychiatrie-Enquête*: equal quality of treatment of psychiatric patients and those who are physically ill, community orientation, decentralisation, and priority of out-patient treatment.⁷⁴ The central message to politicians was without any doubt that the humanisation of psychiatry was not considered to be possible within the existing conditions of clinical mass confinement.

In 1980, Dörner became director of the *Westfälische Landesklinik für Psychiatrie, Psychosomatik und Neurologie* in Gütersloh, where, in the 16 years until his retirement in 1996, he demonstrated that it was possible to dismiss all long-term patients. In 1984, he held an interdisciplinary conference with seven lectures of historical and social science experts and 13 contributions from leading social psychiatrists. Since the memorial turn in 1979, historical research on the “forgotten victims”⁷⁵ of the Nazi regime had intensified. In particular, the new findings showed how selective Nazi social policy had been. Such a eugenic argumentation could not openly be referred to in a democratic context. But the problem was that long-term analyses also showed structural deficits of the psychiatric settings with extremely negative effects for the

72 Ibid., p. 211.

73 Ibid., p. 213.

74 The memorandum was addressed to the chancellor, cabinet, federal and national politicians.

75 Suzanne E. Evans: *Hitler's Forgotten Victims: The Holocaust and the Disabled*, Stroud 2010.

chronically ill and long-term patients. The conference participants saw this inequality in treatment also as a form of selection which for them represented the hubris of institutionalised medical professionalism.⁷⁶

Apart from euthanasia, the Nazi sterilisation politics had also become an important topic of research.⁷⁷ A first acknowledgement of the victims of the Nazi sterilisation politics – mostly women – took place in 1981, when each person who had been sterilised under the Nazi law of hereditary transmission was paid 5,000 Deutsche Mark from a stock held by the treasury department. However, the acknowledgement that the procedure took place did not imply that the state also recognised these people as victims of NS-psychiatry.⁷⁸ The growing awareness of the “forgotten victims” of the Nazi period did not only led to factual restitution for the victims and a critical revision of professional ethics, but also sensitised for historical processes of victimisation in general, caused by what was seen as constantly virulent within capitalism: the problem of structural inequality, the so-called *social question*.⁷⁹

- 76 Psychiatrie-Denkschrift, 26 June 1943, in: Klaus Dörner (ed.): Fortschritte der Psychiatrie im Umgang mit Menschen: Wert und Verwertung des Menschen im 20. Jahrhundert, Rehburg-Loccum 1984, pp. 212–216; see also Heinrich Kunze: Psychiatrische Übergangseinrichtungen und Heime: Psychisch Kranke und Behinderte im Abseits der Psychiatrie-Reform, Stuttgart 1991.
- 77 See Gisela Bock: Sterilisationspolitik im NS: Die Planung einer heilen Gesellschaft durch Prävention, in: Klaus Dörner (ed.): Fortschritte der Psychiatrie im Umgang mit Menschen: Wert und Verwertung des Menschen im 20. Jahrhundert, Rehburg-Loccum 1984, pp. 88–104;
- 78 See Klaus Dörner: Einige Wege zum Weitergehen, in: Klaus Dörner (ed.): Fortschritte der Psychiatrie im Umgang mit Menschen: Wert und Verwertung des Menschen im 20. Jahrhundert, Rehburg-Loccum 1984, pp. 217–219, p. 219. The federation of the victims aggrieved by euthanasia or sterilisation was founded 1987 in Detmold/Westphalia.
- 79 See the articles concerning “*die soziale Frage*”: Walther Müller-Jentsch: Ende der Arbeitsgesellschaft oder die soziale Frage heute, in: Klaus Dörner (ed.): Fortschritte der Psychiatrie im Umgang mit Menschen: Wert und Verwertung des Menschen im 20. Jahrhundert, Rehburg-Loccum 1984, pp. 56–63; Hans Bösch: Wie gefährlich ist die medizinische Lösung der sozialen Frage und wie medizinisch muss Psychiatrie sein?, in: Klaus Dörner (ed.): Fortschritte der Psychiatrie im Umgang mit Menschen: Wert und Verwertung des Menschen im 20. Jahrhundert, Rehburg-Loccum 1984, pp. 163–172; Hans-Walter Schmuhl: Rassenhygiene, Nationalsozialismus, Euthanasie: Von der Verhütung zur Vernichtung “lebensunwerten Lebens”, 1890–1945, Göttingen 1987.

Conflicting Knowledge: Patient's Voices

An interest in community-oriented psychiatric settings had already been expressed by medical professionals in the mid-1960s. In studies on the effects of stress and strain on concentration camp survivors who had asked for medical assistance, the psychiatrists Heinz Häfner, Walter von Baeyer und Klaus Peter Kisker had pointed out the dilapidation of psychiatric hospitals, bad working conditions for psychiatrists, the serious neglect in care and therapy. The situation of patients in clinics was described as disastrous.⁸⁰ To confront this “national emergency”, the four psychiatrists had suggested the establishment of 250 “*psychiatrische(n) Gemeindezentren*”.⁸¹ This proposal initiated first controversies concerning the methods of clinical treatment. Whereas the *Deutsche Gesellschaft für Nervenheilkunde und Psychiatrie* (DGNP) defended the individualist model of psychiatric diagnosis, the psychiatrist Heinz Häfner and members of the *Mannheimer Kreis* openly sympathised with concepts of community psychiatry.⁸² The idea of an organic integrative community, which helped to further healing processes of mentally ill patients was challenged by the influences of the international critic of psychiatry in the second half of the 1960s.⁸³ Put briefly and leaving different positions aside it can be stated that the central motive of criticism of was to compensate for the individualism of the medical model with the idea of human beings' need of confidential democratic encounters on an eye-to-eye-level. The psychiatrist was supposed no longer to act as an educationalist or diagnosing “observer” but should “witness” the “other” in presenting and dramatising his or her “inner voyages”.⁸⁴ “Human relations” – in the sense of a conflicting “experience of a relationship”⁸⁵ – seemed to be the only promising way for the transformation of madness. The idea was that there had to be a vivid and

80 Walter Ritter et al.: *Psychiatrie der Verfolgten: Psychopathologische und gutachtliche Erfahrungen an Opfern der nationalsozialistischen Verfolgung und vergleichbarer Exrembelastungen*, Berlin et al. 1964.

81 Heinz Häfner/Walter von Baeyer/Klaus Peter Kisker: *Dringliche Reformen in der psychiatrischen Krankenversorgung der Bundesrepublik: Über die Notwendigkeit des Aufbaus sozialpsychiatrischer Einrichtungen (psychiatrischer Gemeindezentren)*, in: *Helfen und Heilen: Diagnose und Therapie in der Rehabilitation* 4 (1965), pp. 118–125, cited by Burkhardt Brückner: *Sozialpsychiatrie und Gemeindepsychiatrie*, updated on 20 October 2011, online at: <http://www.psychiatrie.de/psychiatriegeschichte/sozialpsychiatrie/> (accessed on 20 March 2014).

82 Einleitung, in: Asmus Finzen/Hilde Schädle-Deininger (eds.): “Unter elenden menschenunwürdigen Umständen”: *Die Psychiatrie-Enquête*, Rehburg-Loccum 1979, p. 2.

83 See chapter 2 of this article.

84 See David Cooper: *The Grammar of Living*, Harmondsworth 1976 (1st ed. 1974), p. 56.

85 Ronald D. Laing: *The Politics of Experience*, New York 1967, p. 56.

emotional acknowledgement of difference in the midst of an inclusive, libertarian and participative society. This marked a substantial difference to the reform approach of the German community psychiatry.

However, by the end of the 1960s, the process of raising consciousness in West Germany also led to a broad and multi-faceted social movement that, in opposition to the government's conservatism and historical residuals, fiercely pleaded for a political and social democratisation.⁸⁶ The already acute discussions on the detainment of deviant youths escalated during spring and summer 1969. Several inmates fled their foster care institutions and occupied the bureau of the director of the Youth Welfare Office in Frankfurt am Main. Supported by journalists and students, they forwarded their demand of public housing space for self-organised living collectives.⁸⁷ The conditions in youth institutions, which were criticised by this provocative action, reminded some activists of the living conditions in psychiatric clinics. In 1969, the teacher Frank Fischer published his experiences working as a former nurse in a psychiatric hospital. This document titled *Irrenhäuser – Kranke klagen an* complained about the violent treatments and victimisation of patients in an unprecedented way and led to a broad discussion about forced confinement.⁸⁸

The growing social unrest and scandals around protests abated in autumn 1969 with the election of the first social democratic government after the end of the Second World War. Political slogans like “*Mehr Demokratie wagen*” gave rise to a civil engagement that – for a short time – integrated the different lines of critical argumentation.⁸⁹ The *Deutsche Gesellschaft für Soziale Psychiatrie* (DGSP), founded in 1970 as a member organisation for all professionals working in psychiatric settings, as well as the *Aktion psychisch Kranke e.V.*, founded in January 1971 as a network of lobby groups supported the initiative that called for the establishment of a government inquiry into psychiatry. The decision to claim governmental responsibility in this field

86 See Norbert Frei: 1968 – Jugendrevolte und globaler Protest, München 2008.

87 See Klaus Lehning: Aus der Geschichte lernen – die Heimerziehung in den 50er und 60er Jahren, die Heimkampagne und die Heimreform, Kassel 2006; Markus Köster: Holt die Kinder aus den Heimen!: Veränderungen im öffentlichen Umgang mit Jugendlichen in den 1960er Jahren am Beispiel der Heimerziehung, in: Matthias Frese et al. (eds.): Demokratisierung und gesellschaftlicher Aufbruch: Die sechziger Jahre als Wendezeit der Bundesrepublik, Paderborn 2003, pp. 667–681.

88 Frank Fischer: Irrenhäuser: Kranke klagen an, München 1969; see also Frank Forsbach: Die 68er und die Medizin: Gesundheitspolitik und Patientenverhalten in der Bundesrepublik Deutschland (1960–2010), Göttingen 2011, p. 129.

89 See Elsbeth Bösl: Die Geschichte der Behindertenpolitik in der Bundesrepublik aus Sicht der Disability History, in: Aus Politik und Zeitgeschichte 23 (2010), pp. 6–12, p. 8; Helga Grebing/Gregor Schöllgen/Heinrich August Winkler (eds.): Willy Brandt: Mehr Demokratie wagen: Innen- und Gesellschaftspolitik 1966–1984, Berliner Ausgabe 7, Bonn 2001.

was based on two considerations: on the one hand, psychiatry – as part of the welfare state – could not be reformed without the help of the political class, who had to pass laws, parliamentary resolutions, or amendments. Therefore, an important part of the network activities was to motivate political representatives to put psychiatric issues on the political agenda.⁹⁰ On the other hand, the social turn in politics furthered a political climate of participation with a new interest in professional expertise.⁹¹ In 1975 the results of the inquiry were published in a 1,800 pages report. 200 experts had contributed to this participative social research project.⁹² For the social psychiatrist Asmus Finzen it was the “proper accomplishment” of the inquiry “that it succeeded to motivate opponents to work together [...] and to present – despite all differences and contradictions – a common forward-looking report.”⁹³

Participation was a highly sensible point in this process.⁹⁴ Inspired by the international discourse and supplemented by the science development in the republic’s academia during the 1970s, social theories supported a new civic awareness. The criticism of the medical model was backed by evidence of social research. Stigma theory,⁹⁵ *Randgruppenkonzept*⁹⁶ and labelling approach⁹⁷ offered sociological frames which explained the behaviour of *outsiders* as a reaction to victimisation – the idiosyncratic, but understandable behaviour of alienated people. In addition, it became obvious

- 90 The deputy Walter Picard (CDU) filed the parliamentary petition to establish the Enquête-commission.
- 91 See Preface, in: Asmus Finzen/Hilde Schädle-Deiningner (eds.): “Unter elenden menschenunwürdigen Umständen”: Die Psychiatrie-Enquête, Rehburg-Loccum 1979, pp. I-II, p. II.
- 92 See Deutscher Bundestag 1975: Enquête 1975: Bericht über die Lage der Psychiatrie in der Bundesrepublik Deutschland: Zur psychiatrischen und psychotherapeutischen/psychosomatischen Versorgung der Bevölkerung, Drucksache 7/4200, published in the digital archive of the German Bundestag, online at: <http://dipbt.bundestag.de/doc/btd/07/042/0704200> (accessed on 31 October 2014).
- 93 Asmus Finzen/Hilde Schädle-Deiningner (eds.): Die Psychiatrie-Enquête: Kurz gefasst, Wunstorf 1976, p. 3, translated by the author.
- 94 See especially the article of Brigitte Geißel/Katja Thillmann: Partizipation in Neuen Sozialen Bewegungen, in: Beate Hoecker (ed.): Politische Partizipation zwischen Konvention und Protest: Eine studienorientierte Einführung, Opladen 2006, pp. 159–183.
- 95 See Monika Gebauer: Stigmatisierung psychisch Behinderter durch psychiatrische Institutionen, in: Manfred Brusten/Jürgen Hohmeier (eds.): Stigmatisierung 2: Zur Produktion gesellschaftlicher Randgruppen, Darmstadt 1975, pp. 113–127.
- 96 See Wilfried Rudloff: Sozialstaat, gesellschaftliche Randgruppen und bundesrepublikanische Gesellschaft: Umbrüche und Entwicklungen in den sechziger und frühen siebziger Jahren, in: Franz-Werner Kersting (ed.): Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre, Paderborn 2003, pp. 181–219.
- 97 See Wolfgang Keckeisen: Die gesellschaftliche Definition abweichenden Verhaltens: Perspektiven und Grenzen des *labelling approach*, München 1976.

that listening to patients' needs and interests and interpreting queer narratives as expressions of stigmatisation produced a new quality of cultural knowledge.⁹⁸ More and more psychiatrists, psychologists, nurses and social workers of the younger generation who were influenced by the reform movement of social psychiatry also began to take an interest in more sharpened forms of criticism. From their perspective, there was a dire need for a shift within cultural knowledge towards a position from which the constructions of power and normalcy could be expounded.⁹⁹

In a radical understanding of patients' self-help, 52 patients under the leadership of Wolfgang Huber, psychiatric assistant at the health care centre at Heidelberg University, founded the *Sozialistische Patientenkollektiv* (SPK, from 1973 also known as Patient Front) on 12 February 1970. Until its dissolution in summer 1971, the therapeutic community irritated the psychiatric scene with the invitation to use mental "illness as a weapon". The idea was to politicise the conflicts of personal suffering and use them in order to fight for a non-repressive society.¹⁰⁰ The practical outcome of this experiment under a quite authoritarian leadership was disastrous. Suicides and the organisation of members in militant political groups did not help to break ground for the social empowerment of patients. However, as Claudia Brink has noted in her profound analysis of the SPK, these issues led to spectacular *Umcodierungen*,¹⁰¹ the "re-coding" of madness (and normality) and initiated the public insight that psychiatry was foremost

98 See for the reconstruction of the patients' perspective in research on medical documentation: Petra Fuchs et al.: Die Opfer der "Aktion T4": Versuch einer kollektiven Biographie auf der Grundlage von Krankengeschichten, in: Christfried Tögel/Volkmar Lischka (eds.): "Euthanasie" und Psychiatrie, Uchtspringer Schriften zur Psychiatrie, Neurologie, Schlafmedizin, Psychologie und Psychoanalyse 3, Uchtspringe 2005, pp. 37–68.

99 For the role of "double-bind"-communication in the development of schizophrenia see Jurgen Ruesch/Gregory Bateson: Communication: The Social Matrix of Psychiatry, New York 1951; Jurgen Ruesch/Gregory Bateson: Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology, Chicago 1972.

100 See Cornelia Brink: Radikale Psychiatriekritik in der Bundesrepublik: Zum Sozialistischen Patientenkollektiv in Heidelberg, in: Franz-Werner Kersting (ed.): Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre, Paderborn 2003; Cornelia Brink: Psychiatrie und Politik: Zum Sozialistischen Patientenkollektiv in Heidelberg, in: Klaus Weinbauer/Jörg Requate/Heinz-Gerhard Haupt (eds.): Terrorismus in der Bundesrepublik: Medien, Staat und Subkulturen in den 1970er Jahren, Frankfurt am Main 2006, pp. 134–152.

101 Cornelia Brink: Radikale Psychiatriekritik in der Bundesrepublik: Zum Sozialistischen Patientenkollektiv in Heidelberg, in: Franz-Werner Kersting (ed.): Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre, Paderborn 2003, pp. 165–179, p. 177; see for a closer understanding of the concept of "cultural codes": Stuart Hall: Encoding/Decoding, in: Stuart Hall et al. (eds.): Culture, Media, Language: Working Papers in Cultural Studies: 1972–79, London 1980, pp. 128–138.

a political issue. Whereas this radical psychiatry critique during the 1970s became more and more ideological¹⁰² most patients were deterred by the binary view of a class paradigm as well as the proposed combative stance. They were in need of respectful relations, and were looking to improve their living conditions and gain acknowledgement as human beings and citizens. With the publication of the *Psychiatrie-Enquête* in 1975, and in the light of the memory turn in 1979, their requests could be voiced in front of a sensitised public audience. In 1979, the staff of the psychiatric clinic in Düren (Rhineland) – around 70 persons from different professions – had enforced a halt of incoming patients through a strike, behind which had been the intention to hold politicians responsible for bad working conditions which also meant bad living conditions for the patients.¹⁰³ Members of the *Enquête* expert group admonished that the report of 1975 “runs risk to be forgotten in shelves and drawers”.¹⁰⁴ A lack of supply could be observed in all four pillars of the planned government reform: community orientation; patient-centred care for all; coordination of all service institutions and providers; and equal treatment and opportunities for mentally and physically ill people.¹⁰⁵ Despite of this pessimistic evaluation, Klaus Dörner and his team stated that there had been transformations on the social and cultural level with significant outcomes.¹⁰⁶ Apart from the precise empirical overview of the complete psychiatric landscape in the FRG,¹⁰⁷ the team around Dörner also observed the general improvement in knowledge

102 Statement of Purpose concerning the International Network. Alternative to Psychiatry, published by participants of the international meeting *Alternative au Secteur* in Brussels from 24 to 26 January 1975, in: David Cooper: *The Language of Madness*, London 1978, pp. 164–171. It was argued that those who worked in “fields for the care of madness” participate “in the general system of control, of normalization and of repression”, whereas the “*psychiatrisés*” and “confined” represented a “disadvantaged group” and should be regarded as “workers (or out of work [...])” in the sense of a class conflict paradigm.

103 Arnd Schwendy: *Holocaust und Psychiatrie: Einladung zum Nachdenken über den Vergleich 1940–1979*, in: Klaus Dörner et al. (eds.): *Der Krieg gegen die psychisch Kranken: Nach “Holocaust”: Erkennen – Trauern – Begegnen*, Rehburg-Loccum 1980, pp. 11–28.

104 Préface, in: Asmus Finzen/Hilde Schädle-Deininger (eds.): “Unter elenden menschenunwürdigen Umständen”: *Die Psychiatrie-Enquête*, Rehburg-Loccum 1979, pp. I-II; Asmus Finzen/Hilde Schädle-Deininger: *Die Psychiatrie-Enquête*, in: Asmus Finzen/Hilde Schädle-Deininger (eds.): “Unter elenden menschenunwürdigen Umständen”: *Die Psychiatrie-Enquête*, Rehburg-Loccum 1979, pp. 77–210.

105 An English version of the summary of the report given to the Parliament (*Bundestag*) by an Expert Commission Mental Health Care in the Federal Republic of Germany, published in November 1975, can be found on the website of the DGSP, available online at: <http://www.dgppn.de/schwerpunkte/versorgung/Enquete.html> (accessed on 20 July 2014).

106 Klaus Dörner et al.: *Gemeindepsychiatrie: Gemeindegeseundheit zwischen Psychiatrie und Umweltschutz*, Stuttgart et al. 1979, p. 12.

107 *Ibid.*, pp. 132–170.

about the prevention of psychological disorders as well as the establishment of self-help and self-advocacy of patients as a conceptual principle and a successful practice in the context of social psychiatry paradigm.¹⁰⁸

However, at the same time, government reforms in the psychiatric field as well as expansion and improvement of the welfare state stagnated, due to various political reasons, in the second half of the 1970s and nearly ceased to exist after Helmut Kohl was elected chancellor of the Federal Republic in 1982. Under the impression of the growing conservatism and sensibilised by the memory turn in 1979, former psychiatric patients founded the *Irren-Offensive* in 1980. With the aim to act against psychiatric constraint and forced treatments, the association built up a refuge for patients who had fled psychiatry¹⁰⁹ and published the journal *Irren-Offensive* in order to give patient's experiences a public voice.¹¹⁰ The started cultural transformation could not be stopped. During the 1980s, the newly paid attention to the needs of people whose voices had rarely been heard in public discourse began to be regarded as a visible standard of democratisation. The positioning of points induced by the reforms of social psychiatry had facilitated the political frame for the growing self-help and self-advocacy movement of (former) patients which now filled the gap between what was promised and what was achieved by the psychiatric reform movement since 1970.¹¹¹ This development was closely linked to the social psychiatry branch which Klaus Dörner had defined in 1970 as an “empirical science, therapeutic practice and social movement” oriented towards the principle of equal opportunities for all members of a society. Even though the existence of madness and the institutional need of professionals were not put into question, the political thrive for inclusion was the clear and outstanding paradigm of this movement.¹¹²

108 Ibid., pp. 51–131.

109 See Tina Stöckle: *Die Irren-Offensive: Erfahrungen einer Selbsthilfeorganisation von Psychiatrie-Überlebenden*, Berlin 1983 (revised edition 2005). Until today, the so-called *Weglaufhaus* represents a psychiatry critical position. See Kerstin Kempker (ed.): *Flucht in die Wirklichkeit: Das Berliner Weglaufhaus*, Berlin 1998.

110 Until today, the *Bundesverband Psychiatrie-Erfahrener* is an active human rights organisation.

111 See Michael Lukas Moeller: *Selbsthilfegruppen: Selbstbehandlung und Selbsterkenntnis in eigenverantwortlichen Kleingruppen*, Reinbek bei Hamburg 1978; Michael Lukas Moeller: *Anders helfen: Selbsthilfegruppen und Fachleute arbeiten zusammen*, Stuttgart 1981; Michael von Hauff: *Neue Selbsthilfebewegung und staatliche Reformpolitik: Neue Selbsthilfebewegung und staatliche Sozialpolitik: Eine analytische Gegenüberstellung*, Stuttgart 1989.

112 See Klaus Dörner/Ursula Plog (eds.): *Sozialpsychiatrie: Psychisches Leiden zwischen Integration und Emanzipation*, Neuwied et al. 1972.

Conclusion

“It is not possible to work in psychiatric contexts without historical consciousness.”¹¹³ By retracing trajectories of psychiatric criticism in the 1970s, complex and conflicting processes of knowledge formation could be exposed. The study has shown that the institutional transformation towards social psychiatry – initiated by the governmental decision to investigate the psychiatric situation in West Germany in 1971 – was influenced by three impulses of marginalised knowledge: *Firstly*, in the end of the 1960s, the new positioning of points could be interpreted as a reaction to the ongoing international critique of institutionalised psychiatry in Italy, France, the United States and Great Britain. *Secondly*, during the 1970s and 1980s, the ongoing process was influenced by the growing awareness of the Nazi Euthanasia and sterilisation programme. *Thirdly*, during the 1980s, the voices of patients established a new participative perspective, which since the 1990s has become a normative criterion for measuring democratisation. A conflicting knowledge emerged which led to a growing awareness of cultural diversity and civil rights.¹¹⁴ The social psychiatry paradigm of state policy provided the frame for the realisation of a broad spectrum of conceptual and practical reforms. Modernisation ideas allowed for the shift from a medical view to a social view thus furthering a critical discussion on the constructivist character of madness and disability.¹¹⁵

The reform of the institutionalised psychiatric order had been on the agenda of social democratic policy making during the 1970s, the decade, which in historical research is widely discussed as an important time-period of political change and “structural interruption”.¹¹⁶ Historians evaluate this period of social transformation as

113 Editorial: “Ohne historisches Bewusstsein kann man nicht psychiatrisch tätig sein”, in: *Psychoziale Umschau* 2 (2014), online at: <http://www.psychiatrie-verlag.de/zeitschriften/psychoziale-umschau/archiv/issue/153/manuscript/1080/show.html> (accessed on 10 October 2014). Concerning the exhibition see: Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e.V. (ed.): “Erfasst, verfolgt, vernichtet: Kranke und behinderte Menschen im Nationalsozialismus” (“Registered, Persecuted, Annihilated”: The Sick and the Disabled under National Socialism), Catalogue of the exhibition, published in German and English, Berlin 2014. See also Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e.V. (DGPPN) (ed.): *Menschen mit Behinderungen oder mit Nerven-Krankheiten in der Nazi-Zeit: A Documentation in Easy Language*, Berlin 2014.

114 See Tanya Titchkosky/Rod Michalko (eds.): *Rethinking Normalcy*, Toronto 2009.

115 See Helmut Haselbeck: *Sozialpsychiatrie und das biologische Krankheitsmodell: Von der Konfrontation zur Integration*, in: Achim Thom/Erich Wulff (eds.): *Psychiatrie im Wandel: Erfahrungen und Perspektiven in Ost und West*, Bonn 1990, pp. 13–21.

116 Konrad H. Jarausch (ed.): *Das Ende der Zuversicht?: Die siebziger Jahre als Geschichte*, Göttingen 2008; Anselm Doering-Manteuffel/Lutz Raphael: *Nach dem Boom: Perspektiven auf die Zeitgeschichte seit 1970*, 2nd ed., Göttingen 2010 (1. ed. 2008).

ambivalent: whereas some observers appreciate the government led social progress,¹¹⁷ others underline the beginning of the decline of welfare policies largely caused by the new deregulation of working conditions.¹¹⁸ A third, and for the FRG rather underdeveloped historical research perspective, is the study of an emerging cultural knowledge on madness and its long-term effects on the democratisation of psychiatric settings and on democratisation in general.¹¹⁹ Structural analyses were supported by new systemic and relational concepts in anthropology and therapy, which in the 1980s furthered the establishment of a more patient-centred infrastructure. This *Vergesellschaftung der Psychiatrie* (socialisation of psychiatry)¹²⁰ supported the emancipation of (psychiatric) patients who until then had belonged to the most discriminated and fragile groups of society. Inspired by the well-organised *Krüppelbewegung* (mostly led by physically impaired activists) and the international Independent Living Movement during the 1980s, German activists, too, adopted the philosophy, that those who are affected are the best experts of their own situation (and not professionals) and have to voice their needs and necessities in the political arena.¹²¹ It was exactly this cultural turn towards the “moral capital”¹²² of marginalised voices, which furthered their empowerment as well as the political insight into the necessity to implement inclusion – a topic, which was again set on the public agenda 40 years later with the German ratification of the UN-Convention for the rights of people with disabilities in 2009.

117 See Bernd Faulenbach: *Das sozialdemokratische Jahrzehnt: Von der Reformeuphorie zur neuen Unübersichtlichkeit: Die SPD 1969–1982*, Bonn 2011.

118 Knud Andresen/Ursula Bitzegeio/Jürgen Mittag (eds.): “Nach dem Strukturbruch”?: Kontinuität und Wandel von Arbeitsbeziehungen und Arbeitswelt(en) seit den 1970er-Jahren, Bonn 2011.

119 Cordia Baumann/Sebastian Gehrig/Nicolas Büchse (eds.): *Linksalternative Milieus und Neue Soziale Bewegungen in den 1970er Jahren*, Heidelberg 2011. Psychiatric criticism and reform (like other topics) are not discussed in this anthology. See the critical review of Knud Andresen, in: *Archiv für Sozialgeschichte* 52 (2012), available online at: www.fes.de/cgi-bin/afs.cgi?id=81373 (accessed on 29 September 2014).

120 Franz-Werner Kersting suggests the term “socialisation of psychiatry” (*Vergesellschaftung der Psychiatrie*) as a complementary concept to the better known “de-institutionalisation” in order to stress the social meaning of the reform movement. See Franz-Werner Kersting: *Between the National socialist “Euthanasia Programme” and Reform: Asylum Psychiatry in West Germany 1940–1975*, in: Marijke Gijswijt-Hofstra et al. (eds.): *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, Amsterdam 2006, p. 212.

121 In 1992, the *Bundesverband Psychiatrie-Erfahrener e.V.* was founded; the association represents around 14 federal bureaus and 130 local groups of former patients.

122 See Wilfried Rudloff: *Überlegungen zur Geschichte der bundesdeutschen Behindertenpolitik*, in: *Zeitschrift für Sozialreform* 49:6 (2003), p. 866.

In accordance with Anne Waldschmidt, who has exposed the trajectories of German disability policies,¹²³ the conclusion has to be ambivalent: the psychiatric criticism and reform movement furthered the transformation of democracy in the FRG towards a new inclusive awareness.¹²⁴ But the liberalisation of institutionalised psychiatry towards a fluid and participative offer of care was mirrored by the deliberate restructuring of the welfare system. Most sectors of communal psychiatry slowly became privatised as an adjustment to the neoliberal agenda, starting in the 1980s and put into effect after the end of the Cold War.¹²⁵ In reunited Germany, there were not only tendencies similar to the Thatcherist decline of social services that Peter Sedgwick had observed in Britain in the 1980s.¹²⁶ There was also a backlash within the critical discourse on psychiatry – caused by the pharmaceutical industry, a consumerist medicalisation policy, and the progress in neurosciences – which turned away from structural analysis and practices of social movements towards individualised medical treatments and coping strategies.¹²⁷ So the so-called inclusive age – which spans the beginning of the 21st century – begins with new and conflicting challenges for the formation of cultural knowledge on psychiatry.

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123 See Anne Waldschmidt: Disability Policies in Germany: Trajectories and Transformations in a Conservative Welfare Regime, in: Scandinavian Journal of Disability Research (accepted for publication; in print); Anne Waldschmidt: Disability as a Social Problem, in: George Ritzer/Michael J. Ryan (eds.): Concise Blackwell Encyclopedia of Sociology: The Definitive Sociology Reference Source, Oxford 2011, pp. 150–151.

124 See Tanya Titchkosky/Rod Michalko (eds.): Rethinking Normalcy, Toronto 2009.

125 See Hans Günter Hockerts: Vom Wohlfahrtsstaat zum Wohlfahrtsmarkt?: Privatisierungstendenzen im deutschen Sozialstaat, in: Norbert Frei/Dietmar Süß (eds.): Privatisierung: Idee und Praxis seit den 1970er Jahren, Göttingen 2012, pp. 70–87.

126 See Peter Sedgwick: The Fate of Psychiatry in the New Populism, in: Psychiatric Bulletin (1987), pp. 22–27, online at: <http://pb.rcpsych.org/content/pbrcpsych/7/2/22.full.pdf> (accessed on 14 March 2014), and the NHS (National Health Service, Psychiatry, Crime and Politics) at: <http://www.nhs.uk/Pages/HomePage.aspx> (accessed on 12 March 2014).

127 See Rudolf Forster: Psychiatriereform zwischen Medikalisation und Gemeindeorientierung: Eine kritische Bilanz, Opladen 1997; Robert Castel/Françoise Castel/Anne Lovell: Psychiatrisierung des Alltags: Produktion und Vermarktung der Psychowaren in den USA, Frankfurt am Main 1982 (French original 1979).

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