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Critique of Anthropology 1998; 18: 421
DOI: 10.1177/0308275X9801800404

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Colonial Perspectives in the Construction of the Psychotic Patient as Primitive Man

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Abstract ▪ Evolutionary concepts about the hierarchical organization of the brain and mind dominated schizophrenia during the last hundred years. These theories compared psychotic patients with ‘primitive people’ and suggested that both do not master rationality, a function of the highest level of mental development. While ‘primitives’ supposedly never reached this level, psychotic patients were supposed to have lost their higher mental functions in the disease process. Evolutionary concepts thus allowed to construct social hierarchies as biological stages in a unilinear development of the human race. Structures of domination in the colonies were coded as developmental differences. Placing psychotic patients in the position thus defined proved dangerous for the patients, who ultimately were confronted with the techniques of exclusion and extermination developed in the colonies. Modern psychiatric theories avoid direct comparisons between ‘primitives’ and psychotic patients. However, the structure of the old hierarchical model has survived in some recent theories that compared psychotic behavior with animalistic instinct reactions or the problems of the ‘underclass’ with aggression among non-human primates.

Keywords ▪ evolutionism ▪ human development ▪ imperialism ▪ models of the mind ▪ schizophrenia

Introduction: Degeneration and Evolution

In the 19th century, social conflicts brought about by industrialization necessitated new anthropological models to explain the human condition, and the resulting theories transformed the traditional Western construction of man’s place in this world. The new perception of self and other affected the understanding of alienated states of mind (Griesinger, 1867). Madness was no longer perceived as the absence or opposite of rationality (Foucault, 1961); instead, new theories were developed which described mental disorders in analogy to organic diseases (Castel, 1983). Diseases of the mind became diseases of the brain, caused by ‘degeneration’, ‘dissolution’ or immaturity of this organ (Hermle, 1986). While the origin, historical background and recommended practices of these new explanatory
models varied, they were characterized by a common structure: psychotic, socially disturbing or dysfunctional behavior was explained as a manifestation of a lower level of mental functioning, due to the effects of a pathological process which disturbed the highest level of cerebral organization (Heinz, 1987). In this view, different syndromes of mental disorder represent different levels of mental functioning. The new explanatory models provided a framework which permitted the location of every kind of human behavior on a hierarchical scale. These modern ‘models of the mind’, however, not only provide a hierarchical classification of human behavior; they were, in turn, affected by the conscious and unconscious perception of existing social hierarchies. It is the purpose of this article to describe how the experience of social and specifically colonial hierarchies formed the modern understanding and construction of madness and rationality.

Hierarchical models of society, projected on brain function, dominated Western theories of ‘primitivity’ and psychopathology for more than a century. In the 19th century, two different concepts of human development and its pitfalls were merged in the evolving explanation of mental diseases. On the one hand, psychiatric diseases were now seen as organic brain diseases, comparable to other physical maladies. On the other hand, this new view entailed one more variation of the old theme of madness and sin, relocating psychiatric diseases in the moral realm of misconduct and punishment. The concept used to reunite these two disparate notions is ‘degeneration’ (Castel, 1983: 291–5). Degeneration had originally been used in a religious context to describe man’s ‘fall from God’ (Topsell, 1607: 149). While this concept still applied to all human beings, the notion of degeneration narrows at the beginning of the 19th century. It is now madness, not human life itself, which is characterized by its fall from God (Schelling, 1927). Benedict Morel (1857) popularized the concept of degeneration in the explanation of psychiatric diseases. In this view, the psychiatric patient has fallen from man’s perfection as created by God because of heterogeneous causes such as moral vices, ill temper, alcoholism, intoxication and impoverishment. Constitutive for this concept is the idea that degeneration affects both the body and the soul; signs of degeneration can thus be found in both behavior and the body. They manifest themselves as asymmetric body features, nervousness, and inability to demonstrate modest behavior. This is the background of 19th-century psychiatry’s obsession with anthropometry and degenerative stigmata. The degenerative trait is to be discovered early because, once acquired, degeneration is supposed to be heritable and to manifest itself with increasingly severe symptoms in each generation (Figure 1). What may start as impulsivity and ill temper thus leads to alcoholism, neuroticism and neurological diseases in the next generation, then to depression and suicidal tendencies and finally to idiocy and gross cerebral and body abnormalities (Hermle, 1986: 71).

The concept of degeneration was thus able to explain a variety of social and medical problems caused by the mass pauperization during early
capitalism. It was, of course, ignorant of the differential inheritance of separate diseases and was firmly rooted in Lamarck's idea that acquired characteristics are heritable. However, in spite of a growing medical knowledge concerning the degree of inheritance of different diseases, the concept of degeneration was renewed by the syphilis paradigm. According to the perception of this venereal disease, it was caused by sinful behavior, leading to psychopathological and neurological symptoms and organic degeneration of the brain, and could be transmitted to children (Haug, 1986: 129–33). It was only after medical research had firmly established the difference between a heritable disease and an intrauterine infection during pregnancy that the concept of degeneration was finally abandoned at the beginning of the 20th century (Hermle, 1986: 75).

Two other factors led to the final downfall of the concept of degeneration. One was the rediscovery of Mendelian genetics, finding separate genes for separate qualities and disease entities. A concept like degeneration, which tried to explain a variety of different diseases and social problems as...
the manifestation of one and the same degenerative predisposition, was incompatible with the new genetic knowledge. More important, Darwin's (1857) discovery of evolution by selection created a competing paradigm about the course of human development (Darwin, 1959). Darwin's theory became the dominating view of human development in both anthropology and psychiatry. In anthropology, Tylor (1903: 19-25) explained cultural developments as an evolutionary process, leading from 'savagery towards civilization'. The concept of degeneration, of decline instead of progress of culture, was seen as a competing but false concept. Tylor clearly delineated the religious background of degeneration theory and contended that it did not stand up to modern scientific standards, as it 'does not seem to have any ethnological basis whatsoever' (1903: 36).

Degeneration theory had already offered a means to classify other people on a linear scale of 'value'. In 1811 Meiners used the concept of degeneration to describe the imagined result of ethnic mixture between the supposedly higher 'German' and the lower 'Slavic' race (Bernal, 1987: 219-21). The concept of evolution now offered anthropology a universal means to classify contemporary non-Western cultures as backward. So-called 'primitive' people or 'races' were seen as occupying more or less advanced stages on the unidirectional path toward Western civilization (Tylor, 1903: 21). Degeneration theory had already been used to explain both mental diseases and foreign cultures, and it would not take long for evolutionary concepts to take over this dual function.

**Evolution and Dissolution – A New Synthesis**

Even though Tylor saw little scientific support for the concept of degeneration, he admitted that temporary ‘degradations’ of culture could occur (1903: 17). The very idea of a retrograde course of evolution under pathological circumstances was used by J. Hughlings Jackson (1884), a British neurologist and psychiatrist, to explain the pathogenesis of brain diseases. Jackson imagined the brain to be organized in a strict hierarchical sense with evolutionarily younger, 'higher' centers in total control of phylogenetically older and more primitive brain areas. In this view, evolution does not change the more primitive centers but simply adds new and more complex centers to the brain which then rule the primitive centers. Thus, Jackson imagined the 'higher' brain centers to be in the situation of a jockey riding a horse – the two units are combined not by similarity but by command and obedience. Primitive centers, Jackson argued, offer information to the higher centers, but have no control whatsoever over the activities of these more complex brain areas. Unfortunately, according to Jackson, it is the highest and most developed center that is always the most vulnerable to diseases. In brain diseases, the destruction of the highest center will create a mere defect, a 'negative' symptom, which the activity of the now uncontrolled, disinhibited primitive center will manifest itself as a
Figure 2 Evolution and Dissolution According to J.H. Jackson (1884)

'positive' symptom (1884: 11–27). Because Jackson imagined brain diseases to operate so neatly and to destroy selectively only the respective highest center, he could speculate that the disinhibition of a 'lower' brain center would lead to the re-emergence of a primitive level of function. Evolution could therefore reverse its course – brain diseases producing what Jackson called a 'dissolution' (see Figure 2).

Interestingly, Jackson described this dissolution in explicitly political terms and compared a brain disease to the loss of social domination. He claimed that the loss of government equals the 'negative symptoms', as the supposedly highest and most developed individuals cease controlling society, while he compared the 'anarchy of the people' to 'positive symptoms' created by a disinhibited, primitive center (1884: 63). This construction of subjection and domination is not without inner necessity: two conditions must be met if the whole construction is not to collapse. No brain disease may affect so-called 'lower' centers first and no 'lower' center can have any regulatory influence on supposedly higher brain areas. Otherwise Jackson would be at a loss to say whether a given symptom is caused by the delirious, disinhibited government or by the anarchist masses. What begins as a fantasy of social rule becomes a constitutive element in this evolutionary order of symptoms: the clarity of syndromology requires the subjection of brain centers.

Degeneration, Dissolution and Degradation, and What to Do About It

Jackson was not the only psychiatrist who combined the new theory of evolution with the old notion that mental illness is degeneration, a fall from grace or a loss of law and order. In France, Jacques Mangan modified Morel's
theory of degeneration according to the new biological knowledge. The term 'degeneration' is no longer used to describe the fall from God-given health and perfection. Instead, degeneration classifies the loss of an acquired evolutionary stage, a retrograde motion down the unidirectional path of development (Hermle, 1986: 72–3). In Britain, degeneration was discussed within the framework of 'suspension of natural selection' in civilization, which would increase the survival of 'criminals and lunatics' and contribute to the overall 'deterioration' of the Anglo-Saxon 'race'. Eugenicists like Pearson lamented the modern treatment of criminals which spared them the gallows and allowed them to propagate their kin. To balance the 'over-fertility of the unfit', 'worthy' families were urged to produce more offspring (Soloway, 1995: 56). In Germany, Griesinger replaced the idea of 'alienation', which was hitherto used to describe the process by which mental diseases affect human beings, with the concept of degeneration (1867: 370). While both concepts have strong normative connotations, the term used in German to translate degeneration, 'Entartung', carries the additional idea that these subjects have fundamentally deviated from the human species (German: 'Art'; it is the same term which was later used in fascism to ridicule modern art). The incorporation of emerging biological concepts into theories of abnormal behavior did little to narrow the gap separating 'functional' members of society and their counterparts, humans who could not easily be integrated into the factory system of modern society (Haug, 1986: 70–104).

The social repercussions of being viewed 'dysfunctional' are aptly illustrated by the fate of the 'Ishmaelites', a nomadic 'multiracial' community who found themselves encircled by the moving frontier in 19th-century Indiana (Leaming, 1993: 20–22). The ethnic composition of the Ishmaelites, consisting of runaway slaves and free blacks, survivors of destroyed Native American tribes and poor whites, as well as their nomadic lifestyle made them an easy target, especially as their main settlement was located in the middle of Indianapolis, the budding center of the new state. A rapid process of pauperization followed, with increasing rates of joblessness and arrests for begging, prostitution and petty theft. It was Reverend McCulloch, in whose parish most of the Ishmaelites settled, who suggested a 'solution' to the problem concerning the 'Ishmaelites'. He compared the Ishmaelites to a crab that similarly lost its independence and degenerated into a 'parasite' or 'pauper' and concluded that the behavior of the Ishmaelites is caused by genetic misfits and cannot be influenced by social intervention. Therefore he suggested putting an end to all public and private assistance, increasing incarceration and placing the children of the tribe in asylums (Leaming, 1993: 37–44). McCulloch's description of the allegedly hereditarian 'degradation' of the Ishmaelites would become one of the reports regularly quoted by the growing eugenic movement. In spite of its public persecution, the tribe survived and dispersed only in the face of the institution of compulsory sterilization of 'chronic offenders, the feeble-minded and other social...
undesirables’ in Indiana in 1907 (Leaming, 1983: 45–6). Similar laws were soon to be adopted in 29 US states and in different European nations, including Germany (Gamble, 1945/6: 289–93).

The ‘modernist’ aspect of McCulloch’s approach is found in his use of degeneration theory to explain how social problems can turn into hereditary traits. The central element of this paradigm consists of the reinterpretation of pauperization in capitalist societies. What was originally seen as a social conflict is now rearticulated as a hereditary dysfunction which has to be wiped out. What is exemplified here is the ‘internalization of a frontier’: the tribe of Ishmael was originally established outside of American state organization, but found itself included in the territory of the Union after the expansion of the Western frontier. The resulting conflict led to segregation and ended up with compulsory sterilization, transforming the outer frontier into an inner one and finally aiming at the extermination of the segregated ‘degenerates’.

The European Experience – The Constitution of the Colonial View

The situation in Europe differed from the US. No frontier was pushed into the wilderness and no direct contact took place between Western ‘civilization’ and ‘primitive man’ at the national border of the European states. However, the late 19th century saw the rapid expansion of European colonialism in Africa. Descriptions of colonized people, devoid of their social context, reached Europe and were used by ‘armchair’ anthropologists to illustrate ‘primitive’ mentality (Evans-Pritchard, 1965: 81). With evolutionary theories prevailing, differences between African and European belief systems were easily attributed to the alleged primitivity of Africans, who were supposed to occupy ‘backward’ stages of evolution (Tylor, 1903: 21). Reports from colonial societies were biased by ‘poverty of material’, a ‘double selection of the curious and the sensational’ (Evans-Pritchard, 1965: 87) and by the need to justify colonial imperialism. Colonized people were portrayed as immature, childlike beings that need to be subjected to European discipline and control (Giesebrecht, 1898: 125–6). Melber (1989) called this interaction of colonial experiences and legitimizing efforts ‘the colonial view’. This mode of perception transforms cultural differences and social inequality into evolutionary hierarchy. It ensures that Western man represents the highest stage of evolution and that ‘differences’ in the behavior of colonized people are due to their evolutionary inferiority (Melber, 1989: 34–6).

While the evolutionary ‘primitive’ of colonialized people was confirmed and reproduced in the colonial view, the increasing implausibility of degeneration theory called for a new model to explain mental diseases. In the face of increasingly detailed descriptions of mental diseases and their respective heritable traits, the concept of a single ‘degenerative’ trait
causing all these disparate symptoms was abandoned (Hermle, 1986: 75). How then was the irrationality of psychotic patients to be explained? A new generation of physicians was to answer this question by combining Jackson's application of evolutionary concepts with the anthropological material acquired during the conquest of the new colonies.

The concept that served as a link between mental diseases and the colonial view of 'primitive people' was 'recapitulation'. According to this concept, individual development (ontogeny) equals a condensed recapitulation of phylogeny, the evolution of the species. Deeply rooted in a pre-Darwinian biology, this concept was vigorously propagated by the eminently influential German evolutionist Ernst Haeckel (Gould, 1977: 76–85). Sigmund Freud, Carl Gustav Jung and Eugen Bleuler were to integrate Haeckel's construct into a new theory of mental illness.

**Psychoanalysis, Schizophrenia and Psychotic Regression**

In his early writings, Freud showed considerable interest in the pathogenesis of psychotic symptoms. By 1900, Freud had asserted that psychosis is a dream-like state characterized by the imaginary fulfillment of wishes (Freud, 1977, II/III: 95). According to this early theory, the so-called 'psychic apparatus' works like a complex sensory-motor reflex. For example, sensory input from the intestines is perceived as hunger and leads to motor activity to satisfy this desire. In this model, desire is the driving force of the 'psychic apparatus'. During infancy, in dreams and psychotic states, desire takes a kind of short-cut towards satisfaction. Freud suggested that the individual does not deal with the environment but simply hallucinates previous satisfaction. He called this immediate rewarding activity of the psyche the 'primary process' and contrasted it to the 'secondary process' of realistic, rational thought. He suggested that instead of motivating motor activity, the 'energy' of a desire 'flows' backwards in the 'psychic apparatus' until it reaches the sensory organs and stimulates them, stirring up memories of previous satisfactory experiences which manifest themselves in a hallucinatory fashion (Freud, 1977, II/III: 543–54, 604; Figure 3).

Freud called this backward flow of psychic energy a 'topic regression'. If this regression manifests itself in dreams or psychotic states, it is supposed to be accompanied by infantile desires, which are perceived in a 'primitive form'. Thus, **regression** in place, time and form is supposed to be the common denominator of infantile and psychotic mental states and dreams (Freud, 1977, II/III: 554). In 1907, Freud acknowledged that his concept was based upon the ideas of Jackson. All mental diseases, Freud stated, are to be perceived as a regression in development (Heinrich, 1984: 177).

In 1911, Freud further developed this model to explain the delusion of a paranoid patient, Dr Schreber. He suggested that the so-called libido,
sexual desire, is successively transformed during individual development. If this process is disturbed during any phase, a part of the desire may not develop but remain ‘fixed’ in this stage of development. According to Freud, this constitutes a vulnerability factor. If during adulthood the normal way of satisfying a desire is blocked (for example when a loved one is lost), the sexual drive may regress to its earlier point of fixation. In schizophrenia, this may be the stage of hallucinatory satisfaction, a time when the infant autoerotically sucked its thumb and did not perceive the existence of other human beings (Freud, 1977, VIII: 232). If the pathological disruption of normal development occurred somewhat later, a stage is reached in which the infant centers its drives on its self. During this stage of so-called narcissism, any object of desire has to be similar to the perceived self (Freud, 1977, VIII: 297). If this functional stage is reactivated during a pathological regression, the individual may fight the homosexual desire by turning it into a delusion of persecution – instead of loving another man, the individual feels threatened by this secret object of desire (Freud, 1977, VIII: 299).

Narcissism, however, is not only characterized by homosexual desires or the defense mechanism of persecutory delusions. Freud hypothesized that in narcissism, the ‘primary process’ still dominates mental activity. The ego is controlled by desires and believes in the infinite power of its thoughts (Freud, 1977, X: 140). In ‘Totem and Tabu’ (1911), Freud reviewed the current anthropological literature and suggested that a belief in the infinite power of thought can be found in the magical rituals of ‘primitive’ people. Claiming that individual development is a short recapitulation of phylogeny, he tried to explain this alleged similarity by hypothesizing that both infants and ‘primitive’ people share the same stage of mental development – narcissism. Freud thus emphasized the universality of psychic life, at the price, however, of confirming a model of evolutionary hierarchies. In this view, only Europeans have grown up and developed enough to deal with reality (Freud, 1977, IX: 111; Figure 4). Not all Europeans, that is to
Freud later suggested that only men have reached this level of rational, realistic thought, while ‘the purest and most typical type of woman’ may have never completely abandoned narcissism (Freud, 1977, X: 155).

Freud’s ideas influenced Carl Gustav Jung and Eugen Bleuler, who tried to describe the psychopathology of psychotic disorders. Bleuler and Jung agreed with Freud that psychosis is characterized by ‘wishful thinking’. However, Bleuler’s approach to psychopathology was a structural rather than a functional one. Bleuler believed in what may be called ‘naive realism’ and was apparently undisturbed by centuries of philosophical criticism regarding the validity of mental concepts (Kant, 1787). Bleuler suggested that ideas in the mind are normally connected in a logical way and that this connection is enforced by the experience of ‘reality’ (Bleuler, 1911: 285). He claimed that only a pathological destruction of these connections can lead into psychosis. If the logical connections between ideas are lost, the psyche splits up into incoherent ideas, and the only force which regulates their manifestation is desire (Bleuler, 1911: 289). This split up of the mental process gave the disease its new name – schizophrenia. Uneasy with Freud’s concentration on sexual desires, Bleuler named the resulting dominance of desire and ‘wishful thinking’ not autoerotism but autism. Despite these conceptual differences, Bleuler agreed with Freud that autistic thought is characteristic of children devoid of experience. Moreover, he claimed that autism can be found in adults who desire to influence reality in the absence of sufficient knowledge, for example when medical doctors suggest unscientific therapies to treat an incurable disease (Bleuler, 1927: 17). Like Freud, Bleuler thus emphasized the universality of psychic life. However, when Bleuler described schizophrenic autism, he did not compare it to the behavior of medical doctors but to mental processes in ‘the savage’: ‘The negro does not understand how it can be obvious that he committed theft when he denies it today although he admitted it yesterday and there is clear evidence of his guilt’ (Bleuler, 1911: 20).
On ‘Negroes’ and Other Wishful Thinkers

Bleuler did not specify how he achieved his profound knowledge of the ‘eternal negro’. The sentence quoted above, stated in the middle of what would become one of the paradigmatic works of modern psychiatry, is not accompanied by any footnote supporting this claim. Obviously, Bleuler was quoting conventional wisdom, so self-evident that no further proof was assumed necessary.

Two other authors who proposed similar theories were more specific about the sources of their ideas. In 1922, the psychoanalyst Alfred Storch suggested that schizophrenic patients may return to a ‘primitive’ archaic mode of mental activity. He used a term formed by the French anthropologist Lucien Lévy-Bruhl to describe this mental state and called it ‘prelogical thought process’ (Storch, 1965: 19–21). Ernst Kretschmer, on the other hand, quoted the German anthropologists Thurnwald and Mühlmann to support his theory of mental development (Mühlmann, 1936: 394). Kretschmer suggested that the most primitive form of mental activity would consist of series of concrete ideas, unstructured by syntax or abstract concepts. The next higher developmental level would feature the ‘agglutination’ of these concrete ideas. Objects are now classified together because of some superficial similarities. This stage of mental activity corresponds to Lévy-Bruhl’s concept of prelogical thought. According to Kretschmer, it is only on the next developmental level that humans have acquired the ability to form abstract concepts and to classify concrete objects in a coherent way. Kretschmer stated that some ‘very primitive’ people like the ‘Bushmen’ (San) were only able to think by envisioning concrete ideas, while more advanced ‘primitives’ like the ‘negroes of Togo’ or Native Americans had supposedly reached the second stage of mental perfection (Kretschmer, 1939: 85–6).

To support their claim that there is an intermediate stage of mental development at which ideas are agglutinated in a way which resembles schizophrenic thought disorder, both Storch (1965: 20) and Kretschmer (1939: 86) quoted an ethnographic example already given by Lévy-Bruhl. According to an observation made by Lumholtz, the Huichol ‘Indians’ claim that the deer, the corn and the cactus are actually ‘the same being’. While Kretschmer and Storch quote this statement to illustrate their claim that ‘primitive’ thought can resemble schizophrenic associations, Lévy-Bruhl tried to explain this strange ‘identity of different objects’ by a certain similarity of the rituals that are involved in hunting the deer and gathering the cactus: since both rituals are supposed to influence the harvest of corn, the three events are thought to be mystically connected and are thus seen as one entity (Lévy-Bruhl, 1926: 98–101).

Rather than illustrating ‘primitive’ thought process, this example shows the limits of this kind of anthropological rationalizing. Lucien Lévy-Bruhl had never met one of those ‘primitives’ he tried to describe. He completely
relied on the description of travelers visiting the colonies (Evans-Pritchard, 1965: 78–99). Thus, he did not note that the cactus in question is Peyote, a plant which contains a hallucinatory drug. It was believed that the consumption of this drug leads the devotee into a primary time in which animals and plants were still united (Schultes and Hoffmann, 1980: 139). The existence of such a religious myth constitutes no argument whatsoever about the general rationality of the people adhering to it. Otherwise, one could argue that contemporary Western societies are functioning on a primitive, prelogical level, given the widespread belief that a piece of bread and a dead prophet are actually the same entity.

The Internalization of the Colonial View and the Import of Colonial Practices

Lévy-Bruhl, Freud, Kretschmer, Storch and Bleuler ignored the socio-political situation in which their anthropological data was gathered and on which they based their theories. A closer examination reveals that the objects of anthropological studies were the inhabitants of the colonies that had just been acquired by the European nations. When Bleuler claimed that ‘the negro’ displays ‘autism’ in denying offenses, he pretended to utter a timeless truth. Yet the behavior in question can only be properly understood when the methods of corporal punishment in Germany’s African colonies are taken into account. What Bleuler believed to be the manifestation of a ‘primitive’ mode of thought may well have been a desperate act to avoid the whip or rope which were regularly used to punish ‘offenses’ like theft, insubordination or refusal to work. Whippings and beatings were not carried out in secret and German medical doctors engaged in discussions as to which form of corporal punishment would be the more effective (in causing fewer cases of sudden death or inability to work) and more ‘humane’ (Timm, 1985: 137–9). However, the colonial reality of corporal punishment is completely absent in Bleuler’s description of the behavior of ‘the negro’.

The historical context of colonization was likewise absent in a branch of psychiatry which could have easily encountered the difference between a psychotic patient and a so-called ‘primitive’. Colonial psychiatry had, at least, to decide which colonial subject was to be treated as a psychiatric patient and which was not. Colonial psychiatry, however, did not begin to study mental diseases scientifically before the late 1920s and, not surprisingly, reiterated the preconceived notion that ‘the African personality’ bears an uncanny similarity to the schizophrenic patient. It took twenty more years and the involvement of Fanon and other psychiatrists from the colonies to describe how colonial practices affect both psychiatric theory and mental health (McCulloch, 1995: 46–52, 132). Once the objects of anthropological studies are seen within their historical situation, it is no
longer surprising that Kretschmer and Mühlmann ranked the 'Bushmen' among the 'most primitive' people. The San lived as hunter-gatherers in small, egalitarian communities without private property and a formal hierarchy. They constituted the most 'alien' group met by European settlers in South Africa and were placed in the lowest position in the social hierarchy of this new colony. As early as 1774, the Burish administration started military expeditions to exterminate this supposedly 'inferior race' (Lewis-Williams and Dowson, 1993: 67).

In the first half of the 19th century, colonial institutions and ideologies were reimported into Europe. In Britain, the disappointing performance of the military in the Boer War prompted concerns about the 'deterioration' or 'degeneration' of British recruits, which was ascribed to an unhealthy urban environment or the increased fertility of the laboring poor. To improve the 'race', Galton called for 'checking of the birthrate of the unfit' and advocated the 'productivity of the fit by early marriages and healthful rearing of their children' (Soloway, 1995: 41, 59). Whereas in Britain social problems were attributed to the increased fertility of the allegedly inferior British working class, in Germany psychiatrists discovered the root of modern evil in the agenda of a supposedly 'alien' minority. Facing the abolition of the monarchy and social unrest after the First World War, Kraepelin, a leading German psychiatrist, suggested 'internal colonization' to stem the destructive influence of 'Jewish internationalists' and social revolutionaries who had willingly 'excluded themselves from their nation'. To promote 'internal colonization', Kraepelin called for settlements 'on one's own soil', marriages at an 'early age' and a dedicated struggle for the 'inner cohesion of the German nation' (Kraepelin, 1921: 5–8).

While Kraepelin envisioned 'internal colonization' within Germany would halt the forces of rebellion and unrest, the Nazis declared that Germany had to expand to offer enough space for all its citizens. In 1938, Hitler proclaimed that Germany would not seek colonies overseas but concentrate on colonial expansion in Europe. In 1939, the leading German anthropologist Mühlmann relocated his field of research from Polynesia to Eastern Europe, and proclaimed that Germany had a colonial mission in this region (Fischer, 1990: 104–6). In the ensuing world war, the fascists used both technological and ideological means that were originally developed in a colonial context. On a technological level, a 'modernized' version of concentration camps was erected in Eastern Europe and used for the mass murder of Jews, Roma ('gypsies') and other targeted populations in the newly conquered regions. However, concentration camps were no fascist invention. British troops had originally used concentration camps to subdue the Boers' rebellion in South Africa. In 1904/5, the German colonial troops in Southwest Africa erected concentration camps in the war against the Nama and Herero. Thousands of Nama and Herero starved in these camps and only about half of the Nama nation survived (Davidson, 1991: 298–9). The Herero nation was nearly exterminated...
after a military defeat, when the survivors were driven into a desert. The German colonial troops shot everybody who approached a water hole. Only about 16,000 of originally 65,000 Hereros survived. The general in command, von Trotha, argued that in the present ‘race war’, only the ‘extermination’ of the Herero nation could lead to lasting peace (Timm, 1985: 29). Thus, when schizophrenics were compared with ‘primitive people’, they shared an especially endangered place in the imagined hierarchy of human beings. The victims of colonialism provided a precedent for subsequent compulsory sterilization and extermination of patients with mental diseases during German fascism. It is within the internal logic of these imported colonial practices that the few black Germans, children of French soldiers occupying the Rhineland after the First World War, were likewise subjected to compulsory sterilization (Fremgu, 1984: 144).

**On Inner and Outer Frontiers**

The eugenic movement that promoted sterilization laws in different American states and psychiatric theories that perceived schizophrenics as ‘primitive’ shared a common concern. Both erected an imaginary frontier between Western civilization and degeneration or madness. The transformation of a colonial border into internal segregation is still visible in the fate of the Ishmaelites, while only indirect allusions to colonial reality can be found in the comparison of schizophrenics with ‘primitive people’ or in Kraepelin’s propaganda for ‘internal colonialization’. However, given that schizophrenics were seen as carriers of a degenerative trait which induces a regression to a ‘primitive’ level, it is a close step to treat them in the same way as the ‘degenerates’ and ‘primitive people’ encountered at the external colonial frontier. How suggestive these imagined analogies actually were can be demonstrated by describing Federn’s treatment of schizophrenic patients (in 1926). Federn was one of the first psychoanalysts who treated schizophrenics in a psychotherapeutic setting. He claimed that there exists a frontier or border in the psyche that separates external and internal stimuli and that this frontier is weakened in psychosis. Thus, internal, subjective thoughts and emotions were perceived as external realities. Federn imagined that this ego border is supported by sexual energy and that it is weakened by sexual activity or masturbation (Federn, 1978: 43–186). Federn was not concerned with a colonial frontier or social border that has to be defended against madness and ‘primitivity’, although the solution he suggested mimics the defense of these other frontiers. He strongly recommended sterilization of patients to increase the sexual energy defending the ego border and was proud to proclaim that he had already sterilized patients in Austria at a time when this was still illegal (Federn, 1978: 111). The internalized colonial frontier is once more incorporated when Federn
detects a weak borderline within the mentally ill patient himself. However, independent of where this imagined separation line is located, the defense consists in the same method — sterilization, the prevention of further growth and spread of the seeds of madness.

Regression and the Constitution of Western Modernity

Different psychiatrists and psychologists offered various theories about how regression, dissolution or degeneration is supposed to create psychotic states. Moreover, the description of these states varied according to the theoretical model preferred. While Freud (1977, VII: 308) postulated that the psychotic patient regresses to a narcissistic stage where the self is primarily concerned with itself, Jung countered that this same stage is rather to be described as an intense relationship between the infant and its mother (1938: 394). While Freud stated that the regression of sexual energy is the driving force of the regressive process, others stressed the importance of a regression of the ‘ego’ (Benedetti, 1975: 103–5), while still others used the term ‘regression’ to simply indicate a loss of ‘higher’ brain functions (Storch, 1965: 19). Similarly, the groups of human beings who were compared with schizophrenics on the grounds of their presumed ‘primitivity’ differed significantly between all the authors.

While there was little doubt that children and ‘primitive people’ were the primary objects of adequate comparison, some authors claimed that women (Freud, 1977, X: 155), vagabonds (Kraepelin, 1920: 19), poets and dreamers (Bleuler, 1911: 6) act on a mentally ‘primitive’ level. Clearly delineated by these differentiations is the white European male, able to think rationally and to handle reality. Ironically, while most of the quoted psychiatric and anthropological theories tried to define primitive thought, the analysis of regression theory revealed a structure which had been described as typical for ‘savage thought’ — a dual order of opposites (Lévi-Strauss, 1973: 134–44). Pairs of oppositional value are placed in an analogous position. Thus, a regressive, primitive level is opposed to a developed and rational level (Figure 5).

There are striking dissimilarities when regression theory is compared to the structure of ‘savage thought’ as described by Lévi-Strauss. Lévi-Strauss stressed that the two chains of oppositional pairs do not need to show some inner resemblance. In a myth, winter may be opposed to summer and men to women, but there does not need to be any resemblance between women and summer or men and winter. Concepts are ordered in two oppositional rows because they represent a ‘formal correlation between two sets of differences’ (Lévi-Strauss, 1973: 137). In other words, the similarity between the opposition of summer and winter and men and women is given by the fact that men differ as much from women as summer differs from winter, and not by some secret connection.
Regression theory is constructed according to a different pattern. There is some similarity between children, schizophrenics, vagabonds, women and ‘primitive people’, yet this similarity is not described in any consistent theory. It is constituted by the perceived opposition of all these groups to Western man, a rational and realistic agent of science and truth. Accordingly, the description of the regressive level is full of devaluing statements. Autistic thought is supposed to be ‘completely unproductive’ and ‘socially inadequate’ (Bleuler, 1930: 114). This supposed unproductivity was seen as a kind of moral guilt: Jung (1938: 147) claimed that ‘notorious laziness’ characterizes ‘primitive man’. Comparing autistic and rational thought, Bleuler spoke of the ‘autistic stupidities’ that are motivated by wishful thinking (1927: 26) and Kretschmer claimed that the primitive mind is unable to use abstract concepts (1939: 86–7).

Mystical constructions are usually characterized by a certain interdependence of the oppositional elements. North cannot be defined without South, winter without summer. The implied notion of time is one of periodical cycles: winter and summer, day and night change in a cyclic manner. Both notions are fundamentally different in regression theory. A linear development from childhood to adulthood, primitivity to civilization and superstition to rationality is required. Time is here perceived as proceeding on a linear scale, and any ‘reverse’ movement can only be conceptualized as pathological. Psychotic patients and ‘primitive people’ have no choice: either

Figure 5 Structure of Evolutionist and Regression Theories (see Heinz, 1987)
they adjust to modern conditions or they are unfit to live in the modern world. The 'primitive' side of the equation contains all those qualities modern man needs to subdue in order to discipline himself according to the rules of Western capitalism. 'Female' emotions, dreams, laziness or unproductivity are to be controlled if a pathological development is to be avoided. At the heart of the identity of modern man lies a vivid image of pathological desires, unproductive, rebellious and threatening.

Extermination and the Reconstruction of Difference

Ernst Rudin stated in 1939 that it had been 'the psychiatrist' who drew the attention of the 'state and party' (i.e. the governing NSDAP) to the threat hereditary diseases pose to public health, and he applauded that the 'German state and people' started the fight against this danger (1939: 166). It is true that psychiatrists like Hoche, as early as 1920, called for the 'extermination of life unworthy of living', at a time when fascist ideology and politics were still to be established (Degkwitz, 1985: 213). In 1930, Bleuler claimed that 'degenerates' should not be allowed to procreate and called for the compulsory sterilization of 'incurable criminals'. Bleuler warned that if society enables physical and mental cripples to procreate and if it continues to suppress natural selection, the civilized nations will regress rapidly (Bleuler, 1930: 144).

During German fascism, between 250,000 and 350,000 psychiatric patients were sterilized. The law which legalized sterilization in psychiatric patients had already been prepared before the Nazi Party achieved control of the German government, and the only major contribution the fascists made to this law was its compulsory character (Degkwitz, 1985: 214–15). While enforced sterilization was in accordance with the dominant psychiatric theories of the time, the extermination of about 80,000 psychiatric patients and elderly poor was carried out secretly and was briefly interrupted when cardinal Count von Galen publicly filed charges against the mass murder of patients (Degkwitz, 1985: 218).

In 1943, Hans Luxenburger justified the compulsory sterilization of schizophrenic patients. He did so without alluding to the idea that schizophrenics are degenerated or have regressed to a primitive level (1943: 176). Any reference to degeneration or psychoanalysis would have met widespread resistance at this time. Psychoanalysis had never promoted eugenic policies. A majority of psychiatrists rejected psychoanalysis, uneasy about its focus on sexuality and criticizing that its theories were too speculative (Kraepelin, 1920: 5). Moreover, during fascism, psychoanalysis came under attack because of its alleged affiliation with 'Jewish categories' and mentality (Klitzing, 1983: 34). Degeneration theory, on the other hand, had been widely abandoned after Kraepelin established a psychiatric nosology.
which differentiated between separate disease entities and their respective causes (Kraepelin, 1913: 740). However, Luxenburger implicitly evoked the dangers of imminent degeneration when he stated that civilization has abolished natural Auslese und Ausmerze, i.e. selection and extermination of those unfitted for survival. He propagated eugenic efforts to halt this ‘dangerous’ development, including Rassenpflege, the intended selection of desired racial traits, and the extermination of the ‘hereditary diseased’ by means of sterilization (1943: 165). Apparently, the perception of schizophrenia as a threat to evolution had been so firmly established that no comparison with other ‘primitive people’ was required to justify the extermination of schizophrenic patients. Sterilization and extermination of psychiatric patients were propagated independent of their prior colonial context and internalized to control the behavior and genetic make-up of the German people.

It may not be directly evident how the extermination of psychiatric patients helped to dominate the general population. If mental illness is supposed to be hereditary, it should not be the fault of the individual who suffers from a disease. Thus, no practical consequences seem to derive from this concept of the etiology of mental diseases. However, Haug (1986: 70–95) has demonstrated how fascist ideology linked the idea of hereditary personality traits with the notion of individual duty to prove one’s innate qualities. ‘Racial superiority’ is thus not perceived as a given quality but has to be demonstrated by ever increased perfection of performance. The extermination of ‘unworthy life’ drastically supports this call for self-discipline and subjection by showing the fate of those who do not conform to the needs of society. However, the successful extermination would create a paradoxical problem. The disciplinary function of the extermination of ‘unworthy life’ is linked to its continuous existence and may be lost as soon as the extermination is completed. Moreover, what is now exterminated as ‘unworthy life’ represents one side of the dual pairs of opposites that constitute the modern subject. If the primitive, lustful and unrealistic pole is finally exterminated, the irrational dreams and urgent desires of modern man can no longer be projected into a ‘primitive’ mirror-image of Western man. Therefore it is not surprising that Rüdin strongly opposed the idea that the extermination of ‘unworthy life’ abolishes the need for psychiatrists. Instead, Rüdin argued, there is an increasing demand to diagnose hereditary diseases on the one hand and to treat environmentally caused diseases in patients of good racial stock on the other (1939: 166–7). In other words, the extermination of ‘unworthy life’ increases the demand to identify other forms of ‘bad racial stock’ and to differentiate it from useful members of society. The extermination of ‘unworthy life’ induces its replacement with other forms of detested existence. Speeding up extermination increases the need to produce more groups of social outcasts. The apocalyptic extent which this extermination machinery will acquire is well known.
On the Deconstruction of Evolutionist Theories and the Regression towards Animalistic Behavior Patterns

Evolutionist theories had been criticized long before the defeat of fascism. Facing the atrocities of the First World War, Freud (1977, X: 349) compared the behavior of contemporary soldiers with the rituals of 'primitive' warriors and concluded that these rituals express guilt which is absent in modern mass killings. This confrontation of Western and supposedly primitive behavior reversed the rank order and undermined the notion of Western evolutionary superiority. In his later writings, Freud tried to explain the structures of the unconscious without resorting to phylogenetic theories (Coward, 1983: 210). A similar cultural criticism was voiced by the leftist psychoanalyst Reich, who compared the mostly harmless behavior of psychotic patients with the mass murder enacted by military generals (1973). Members of the groups that were placed in an inferior position in the imagined evolutionary hierarchy used contradicting data and alternative theories to refute the dominant view. Attacking racial hierarchies based on head- and supposed brain-size in European and African Americans, Du Bois and Boas demonstrated the effects of age, social class, nutrition and cause of death on the measured variables (Boas, 1962: 36; Stepan and Gilman, 1993: 184). Becker, a student of Bleuler, attributed the higher frequency of mental illness among Western European Jews to political persecution and not biological race (Stepan and Gilman, 1993: 184–5). In anthropology, the experience of direct contact with 'primitive people' during field studies destroyed the belief that 'the primitive mind' differs significantly from Western rational thought process. Evans-Pritchard complained in 1934 that previous theories on 'primitive mentality' were characterized by an impressive lack of empirical research data in support of evolutionist concepts (1976: 81). Quoting his own research, he strongly argued against the notion of 'prelogic thought' in 'primitive man'. Instead, even magical concepts are logically constructed and arranged in a way that they can never openly be falsified by experience (1976: 150). In a similar way, evolutionist theories were criticized by Mühlmann because of their lack of empirical foundation. Even publishing during fascism, Mühlmann stated his doubt that the existing anthropological data allow an objective ranking of races according to their value – although he was firmly convinced of an intellectual inferiority of 'negroes' and proclaimed that in the struggle for life, there is a necessity to subjectively rank 'our own race' highest (1936: 385–430). With respect to his studies in Native Americans, the psychoanalyst Erik H. Erikson stated that the presumed similarity between a savage, a child and a psychotic adult has been misleading. 'Primitive people', like all other groups of human beings, would have their own variations of childhood and mental diseases. He concluded that 'primitive societies' neither represent infantile stages of human development nor abnormal variations of the presumably progressive Western culture; instead Erikson claimed
that these societies have to be regarded as complete forms of developed human existence (Erikson, 1965: 107).

Deprived of the main object of comparison, the theory of phylogenetic regression in psychosis either had to be abandoned or relocated. Both options were pursued. Some psychiatrists used ethnological concepts to maintain regression theory after 1945. Here, psychotic regression is no longer perceived as a re-manifestation of ‘primitive mentality’ but as a re-emergence of animalistic behavior patterns. Accordingly, Ploog interpreted masturbation in a young schizophrenic woman as regressive manifestation of instinct behavior, in this case of a preformed motor copulation pattern (Ploog, 1958: 83–8). The psychiatrist Heinrich compared human development to the domestication of wild animals and claimed that these effects of domestication may be lost during cerebral diseases. As a consequence, obsolete onto- and phylogenetic behavior patterns may be displayed. Heinrich suggested that what he called the ‘enclitic communication with the environment’ would be one of these regressive behavior patterns. According to Heinrich, it is characterized by the experience of persecution and imminent danger and found in ‘wild animals’, ‘primitive people’ and paranoid patients (1981: 50–63). This regressive mode of perception would not be similar to a normal human emotional experience. Rather, it was supposed to be an equivalent of an animalistic instinct reaction to a physiological stimulus. Heinrich claimed that human freedom to react to external stimuli is lost or undeveloped in these ‘primitive’ and mechanistic reactions to a stimulus (Heinrich, 1984: 50–1). Thus, the perceived difference between modern man and the psychotic or ‘primitive’ mind is modified, but not reduced – it is no longer understood as the gap between European man and the object of his colonialist approach but between man and animal. Again, no shared human experience is recognized.

Another approach was taken by psychoanalysts and psychiatrists who abandoned the concept of phylogenetic regression. It was in ontogeny only that the causes of psychosis were located and found. The newly identified pathogenic factors were the mothers of the patients. Not all mothers, of course, but the ones who subscribed to emancipation or who for other reasons did not match the traditional role description. According to Lidz et al. (1969), the traditional role of the man in the family is to provide for the material necessities and to achieve status and prestige for his family, while the mother’s duty is to satisfy the concrete and emotional needs of the family. Any deviation from this traditional role pattern seems to threaten the mental health of the offspring. Rosen claimed that in such problematic families, a ‘dominant mother’ and a ‘weak father’ can be found. If the weakness of the father does not balance the ‘perverse’ lack of ‘motherly instinct’ in his wife, their children will suffer severely from the lack of empathy. If this pattern occurs early in life, their psychosexual development is severely disturbed. Psychosis may then manifest itself later in life as a regression to this pregenital stage of sexual development (Rosen,
1964: 18–58). Thus, if a woman deviates from the role enforced by traditional social rules, she not only risks the break-up of her family but risks the break-up in the soul of her child, the split in its soul reflecting the conflicts between husband and wife. However, Lidz and Terry did not envision the resulting psychopathology of the psychotic child in terms of a degeneration or phylogenetic regression. All the psychotics do is to retreat from shared life and meaning, a regression that does not lead into savagery or animalistic behavior but into loneliness (Lidz and Terry, 1969: 125–6).

The notion of 'social withdrawal' represents only one of the modern variations of regression theory. There is a current renaissance of theories that interpret psychiatric and psychosocial problems as the inadequate manifestation of primitive or animalistic behaviors in civilized societies. Moreover, the uncertainties and complexities that accompany the post-modern reconstruction of international production and exploitation seem difficult to conceptualize. Therefore, simplistic models of social competition in animal populations are revitalized to explain modern pathologies. This tendency occurs in the presence of increasing doubts about traditional explanations of human development. Neither the bourgeois version of a steady progress towards rationality, freedom and increased consumption nor the Marxist idea of a stagewise development towards the abolition of class oppression command much contemporary support (Lyotard, 1993: lxxvi–lxxix). Today, the comparison of human and animal behavior is no longer based on complex models about the evolution and dissolution of human culture in interaction with mankind's biological structure. In the absence of these models, crude comparisons between socially targeted and primate behavior prevail. This is exemplified by Goodwin's statement that US inner-city youth resemble other primate populations in the sense that the young males kill each other off until only the hyperaggressive and hypersexual individuals survive (Breggin and Breggin, 1993: 9; Stone, 1993: 1584). While his ideas are based on the notion that 'pathological' behavior is a kind of inadequate remanifestation of savage primate behavior, Goodwin did not specify how he envisioned this presumed return to jungle conditions. Obviously, while no longer commanding credibility in post-modern societies, the 'grand narratives of human evolution' have pre-structured the perception of deviant behavior in a way that the dehumanization of unproductive or unintegrated parts of the population is once again an option of modern society.

The psychoanalyst and anthropologist Georges Devereux (1984: 181) addressed the dangerous character of maneuvers which first 'dehumanize' human beings, so that empathy with their fate seems inappropriate, and then attack these populations on the grounds of their alleged inhuman status, thus confirming their exclusion from human society. A hierarchical classification of human beings, which ascribes value to one group by contrasting them to a group of depreciated individuals, may thus lead to perilous consequences.
References


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