

Review of: Killen, Andreas, ed. (2006). Berlin Electropolis: Shock, Nerves, and German Modernity. Berkeley, Los Angeles and London: University of California Press.

Citation for published version (APA):

Oosterhuis, H. (2006). Review of: Killen, Andreas, ed. (2006). Berlin Electropolis: Shock, Nerves, and German Modernity. Berkeley, Los Angeles and London: University of California Press. *History of Psychiatry*, 17(3), 360-362. <https://doi.org/10.1177/0957154X06069571>

Document status and date:

Published: 01/01/2006

DOI:

[10.1177/0957154X06069571](https://doi.org/10.1177/0957154X06069571)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Andreas Killen. **Berlin Electropolis: Shock, Nerves, and German Modernity.** Berkeley, Los Angeles and London: University of California Press, 2006. Pp. vii + 295. ISBN 0-520-24362-5.

DOI: 10.1177/0957154X06069571

Since the late 1980s, nervous disorders, neurasthenia and traumatic neuroses in particular, have constituted a popular subject in the historiography of psychiatry. The latest contribution to the field is this study by the New York-based historian, Andreas Killen. It deals with the interrelationship of nervous diseases and modernization in Germany, especially Berlin, during the period 1870–1930.

Germany's rapid industrialization during its *Gründerzeit* was accompanied by a growth in the occurrence of neurasthenia and shock or traumatic neurosis as diagnoses. Modernity came with a hurried and hectic pace of life and an excess of impressions and stimuli, while industrial and bureaucratized work put new mental and physical demands on employees. Overburdening and exhaustion of people's minds and nerves constituted the downside of progress. Initially such disorders were identified in particular by 'nerve doctors' who in private practices and sanatoriums treated bourgeois patients, but in the final decade of the nineteenth century the social setting of nervous disorders changed drastically. In the wake of the introduction of various types of insurance for employees – who were ill, disabled or the victims of accidents at work – and the related medical services (medical examiners and public health institutions), several nervous disorders evolved into common diseases. In the ensuing decades, according to Killen, this 'democratization' of such diseases led to radical changes in their medical definition and treatment. While the emphasis was first on harmful, external material influences on the nervous system, to which basically everyone could fall victim and for which sufferers were not to be blamed, the emphasis soon shifted to a largely psychological interpretation, which concentrated mainly on individual deficiencies, subjective motives and patients' self-responsibility. This caused nervous disorders to become controversial and stigmatized.

Killen elucidates this development on the basis of three case studies: railway accidents, war traumas, and stress among telephone operators. The major strength of this study lies in its detailed social-political contextualization of the medical concern for nervous disorders. This concern was closely linked with physiological and psychological insights involving the body as energy reservoir; with views that emphasized the resemblance between the workings of the nervous system and electricity; with the valuation of productive labour, efficiency and modern technology; with the striving for risk control by means of collective insurance; and with social-hygienic care for the individual and public health. Killen argues that medical-psychiatric discourse on nervous disorders was marked not only by a cultural-pessimist critique of modern society – a theme that has traditionally received much attention from historians – but also

by more pragmatic and positive reactions to the challenges of modernity. Science and technology, it was believed, would face up to modern-day disorders through planned, rational organization of social and personal life. For instance, collective insurance was meant to control the risks of modern life and realize a new form of social cohesion. Such optimism, shared by those in bourgeois-liberal and social-democratic circles, was especially noticeable in Berlin. At the end of the nineteenth century the German capital rapidly developed into a vibrant metropolis with a technologically advanced infrastructure and flourishing medical market in the domain of nervous diseases.

Yet precisely the expansion of that medical market, thanks to collective insurance, caused a reversal in the medical interpretation of nervous disease. For the most part it involved various occupational diseases that physicians had to assess in relation to claims for social security benefits and pensions. In medical circles the growing number of claims led to doubts as to a particular nervous disease's degree of objectivity and the legitimacy of diagnosis, treatment and the interrelated financial benefits. Was it really a disease with a somatic substratum or was it rather a matter of fantasy, suggestion, psychic 'contagion' or even intentional simulation in order to be freed from the duty to work or, in the case of soldiers during World War I, from service at the front? More and more physicians came to believe that nervous occupational diseases had been invented by the insurance system and its related medical and social services. In this respect they spoke of 'profit neurosis'. Instead of diagnosis and treatment they saw it as their task to break the assumed fantasy of disease and to unmask simulators, thereby not always eschewing rigorous methods. The legitimacy of nervous disorders and social benefits became the main issue in the struggle between insurance institutions and medical examiners on the one hand and employees and war veterans on the other. Especially during the Weimar Republic the affordability of the social security system became a key issue, and after 1926 insurance companies no longer accepted nervous disorders without demonstrable physical symptoms as disease. This made an end to the principle of collective responsibility for the pathological effects of modernity, while patients themselves were increasingly held responsible for their complaints. Nervous sufferers, because of their unhealthy lifestyle, hereditary defect, inclination to 'hysteria' or lack of willpower, discipline and work ethic, would not be capable of facing up to the strains of social life. Moreover, they would undermine public health. Henceforth the remedy was sought in social-hygienic and eugenic measures to counter the supposed degeneration of the German nation.

On the whole, this study by Killen is an excellent example of the social history of psychiatry, but I would like to conclude with three specific, more critical comments. First, based on his three case studies the author largely tells the same story three times over, and as a result the narrative continuously jumps back and forth in time. The drawback of this approach is

that the countless repetitions really test the reader's stamina. Second, I find the book's title somewhat deceptive: the study is less about Berlin than about relevant developments in Germany, as illustrated by Killen's frequent excursions to other major centres of science and technology. The author may be right that Berlin performed a leading role, but the way he situates his narrative in this city is often rather perfunctory and is supported by rhetorical means only. Third, this study does not do enough justice to other recent scholarship on neurasthenia. A case in point is Joachim Radkau's monumental *Das Zeitalter der Nervosität* (1998). Radkau made an extensive examination of records of neurasthenic patients, and these hardly reveal any evidence, so he argues, of the alleged damaging impact of new technologies and industrialization on people's mental balance. Because this conclusion is at odds with Killen's central argument, Killen should not have ignored it. In this respect it is also symptomatic that his study's bibliography does not contain one of the major recent historical publications on the history of neurasthenia: *Cultures of Neurasthenia* (2001), an internationally comparative volume edited by Marijke Gijswijt-Hofstra and Roy Porter, with as many as four chapters on Germany.

HARRY OOSTERHUIS
University of Maastricht

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