Psychiatry at War: Psychiatric Culture and Political Ideology in Yugoslavia under the Nazi Occupation

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ABSTRACT

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This dissertation examines the social and cultural history of psychiatric concepts and definitions of “normalcy,” “deviation” and mental illness in German-occupied Yugoslavia in the Second World War, and the way those were conditioned by both the extreme (and amoralizing) circumstances of the Nazi occupation and the local Yugoslav social and political conflicts. I pay particular attention to the impact of the occupation on the development of psychiatric thinking and practice, as well as on ways in which psychiatrists reacted to and conceptualized the criminality and violence that they encountered with increasing frequency in their meetings with patients. In my research, I have three overarching objectives. The first is to examine the construction of psychiatric knowledge and authority during a tumultuous period of inter-war state and nation building, intense political conflict, German occupation, and the emergence of the Communist state. The second is to analyze how these different governments utilized the psychiatric profession itself in their projects of state building. The third is to use previously unexamined psychiatric records to recover the social history of the wartime era, focusing on the perceptions of peasants and the urban lower classes who made up the bulk of psychiatric patients.

The effect of the war on the practice and ideology of the profession was deeply counter-intuitive: for reasons I go on to examine in detail, the occupation encouraged the development and ultimate predominance of environmentalist psychiatry and psychotherapy, at the very moment when German psychiatry was undergoing Nazification and a further drift towards organicist, biological and hereditary theories of mental illness. In that sense, my dissertation offers a revision of the common historical understanding of WWII psychiatry (and indeed of Nazification generally) in Eastern Europe, and argues that even collaborationist psychiatrists gradually rejected organicism and racial theories, and came to embrace psychogenic approaches and relied on the psychotherapeutic, re-educational effects of psychiatry.
Psychiatry, far from being a marginal profession in Yugoslavia, was viewed as central to the state during the interwar, wartime and postwar periods. In the wake of the First World War, it was considered to be providing essential scientific guidance to the inter-war state's attempts to implement a civilizing project of sorts and overcome what was perceived as the widespread popular “backwardness” or “primitivism;” after the outbreak of the war, psychiatrists again turned out to be central to the task of political and ideological (re-)education. Thus, psychiatry played a pivotal role in efforts at political education of the (largely illiterate) masses because it directly addressed the issue of reforming the national character and molding the "mind of the nation." Collaborationist politicians sought to use the profession to develop their own brand of reformatory, therapeutic fascism, while the Communist Party worked through the psychiatric concept of war trauma in order to come to terms with some of the more problematic implications of its own social revolution after 1945.

The core chapters of the dissertation focus on close-reading of psychiatric patient files, and utilize various theories and approaches of literary criticism to analyze these case histories. Psychiatric records have been completely neglected as windows into Eastern European social history. Consisting of intensive, detailed interviews with patients, these documents include patients’ speech and contain independent writings by patients, which provide a unique (albeit highly mediated) insight into the lower classes, workers and peasants, and their understanding of ideology, politics, violence, illness and normality. In that sense, this is an attempt to write the inter-war and wartime history of Yugoslavia from below, and to understand what ideology and political affiliation meant to those who were not members of the elite, how they thought of their own position, choices and possibilities in an atmosphere in which political or ideological indifference was simply not an option.
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Introduction

This thesis sets to examine hitherto neglected types of historical documents and materials, and to offer a new angle on writing the history of WWII in the Balkans. It is both a study of the formation and transformation of psychiatric knowledge under extreme socio-political circumstances, and an exercise in reading social, cultural and even political history and context through psychiatric case files and histories of psychiatric confinement.

This research explores the social and cultural history of psychiatric concepts and definitions of “normalcy,” “deviation” and mental illness in German-occupied Yugoslavia in the Second World War, and the way those were conditioned by both the extreme (and amoralizing) circumstances of the Nazi occupation and the local Yugoslav social and political conflicts. I have three overarching objectives. The first is to examine the construction of psychiatric knowledge and authority during a tumultuous period of inter-war state and nation building, intense political conflict, German occupation, and the emergence of the Communist state. The second is to analyze how these different governments used the psychiatric profession itself in their projects of state building. The third is to use previously unexamined psychiatric records to recover the social history of the wartime era, focusing on the perceptions of peasants and the urban lower classes who made up the bulk of psychiatric patients.

Psychiatry and politics: Violence, revolution, collaboration and state-building

Throughout the 1930s and 1940s, Yugoslavia's diverse rules and regimes co-opted the psychiatric profession in often surprising ways, and used its conceptual tools to re-frame ideological debates and to pathologize certain political choices and movements. Against the common historiographical view that East European psychiatry was underdeveloped, unpopular and irrelevant for understanding the social and political history of the region, my thesis proposes that, from the point of view of the state and the core political movements, psychiatry was one of the most important
professional disciplines of the time: it played a pivotal role in efforts at political education of the (largely illiterate) masses because it directly addressed the issue of reforming the national character and molding the "mind of the nation." Collaborationist politicians, therefore, sought to use the profession to develop their own brand of reformatory, therapeutic fascism, while the Communist Party worked through the psychiatric concept of war trauma in order to come to terms with some of the more problematic implications of its own social revolution after 1945.

The nature of the relationship between psychiatric practices and violence, war and trauma\(^1\) has remained a large and important theme, but it was perhaps most thoroughly broached by studies of colonial psychiatry,\(^2\) which have interrogated the effects of political violence on perceptions and definitions of psychiatric illness, maintaining that the political context, war and colonial mentality determined the specific content of mental illness, and shaped both the psychiatric and patients’ understanding of the origins and meanings of psychiatric diseases. At the same time, these examinations have successfully opened the question of the status of the psychiatric profession and institutions within the system of colonial hierarchies, and argued convincingly that psychiatric ideologies and asylums could be viewed as paradigms of the colonial order, which reproduced as well as fueled some the most important contradictions and misconceptions of European imperialism.

The Yugoslav psychiatrists’ attitude towards their patients contained certain aspects of the colonial relationship and worldview (social racism, the essentialization of ethnic and class categories

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which came to be associated with certain forms of mental pathology; aspirations to a civilizing mission), but their status and the structure of their institutional system under the occupation were significantly different: psychiatrists were themselves a part of the occupied collective, certainly in a more privileged position than peasants and workers brought to their hospitals, but still inferior and essentially powerless when faced with the German authority or the collaborationist structures. In that sense, their relationship with their patients was complex: although intellectually, sociologically and culturally removed from them, especially during the war psychiatric practitioners often found themselves on the same side – that of threatened, potentially victimized, politically inferior, second-rate citizens - with the inmates who recounted stories of extreme violence and oppression.

Since long before the war, the Yugoslav psychiatric profession shared some of the most important values of German psychiatry of the time, and adopted and reproduced notions that constituted core elements of German imperialism, social racism and the Nazi biological state; in that sense, their treatment of patients could rather frequently reenacted the discrimination and even brutality that certain categories of hospital inmates had already experienced in the external world. But with the German presence, many psychiatrists now discovered that they could also find themselves on the receiving end of the racialized and eugenic theories of human development and national character that they had adopted. Consequently, their relationship with certain wartime patients developed in unconventional directions, and could nurture uncharacteristic degrees of empathy and mutual understanding. Hospitals and asylums could even occasionally serve as shelters to those persecuted by Gestapo agents or Ustasha functionaries. In any case, Yugoslav psychiatrists found very little to share with the creators and administrators of the new order: they were rarely considered (and for the most part did not consider themselves) a part of the wartime occupation/colonial regime, and this circumstance shaped their relationship with patients and their interpretation of the patients’ malaise. In the immediate postwar period, Yugoslav psychiatrists experienced yet another form of
disempowerment, as the new heroes of the popular revolution filled their hospitals and dramatically challenged the existing hierarchies and authorities, and their own profession was exposed to a period of suspicious scrutiny by the regime as a domain of middle-class practitioners and “bourgeois science.”

For this reason, the study of a professional group under Nazi occupation on the European periphery can help us move beyond simple binaries of collaboration and resistance, and assess the behavior of both elite and non-elite sections of the population in all their complexity and ambiguity. Moreover, psychiatric case histories of collaborationist soldiers and policemen reveal new dimensions of collaboration, in which motivations were contradictory and ambivalent, and resentment of the occupation and violence could coexist with being an integral part of the German military – and ideological – occupation machine.

Several studies have recently addressed the problematic relationship between psychiatry and political revolution, emphasizing the active role of psychiatrists in pathologizing various constellations of political factors and circumstances in times of great turmoil and social change. As Paul Lerner’s book demonstrated, psychiatrists in Central Europe tended to align themselves with conservative political forces, and diagnosed appeals for radical socio-economic and political transformations as symptoms of mental illness or disorders, while enumerating negative psychological effects of revolutionary systems such as the Weimar Republic. While psychiatrists in Lerner’s account used their professional conceptual arsenal and terminology to oppose the revolution unfolding on the ground and de-legitimize the new political regime, Elizabeth Lunbeck’s Psychiatric Persuasion focuses on psychiatrists’ troubled relationship with less violent forms of social change.

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transformation in the early twentieth-century United States. Pre-revolutionary Russian psychiatry, on the other hand, argued that autocracy stunned psychological development and produced pathological reactions in the population. Expressing itself in such divergent ways, the psychiatric concern with the effect of political systems on the mental health of the nation marked the profession’s development throughout the twentieth century: this “mixing of science and politics,” in Julie V Brown’s words, was part and parcel of the project to spread psychiatry’s legitimate domain beyond the confines of the asylum and severe mental pathology and into the sphere of evaluating the “normality” and abnormality of everyday life or of broader social phenomena. In the case of Yugoslav psychiatry in the first half of the twentieth century, its stance towards the war and the subsequent Communist takeover assumed central importance and in many ways re-defined the psychiatrists’ professional priorities and conceptual discussions in this period. While many valuable studies analyzed psychiatrists’ orientation in favor or against revolutionary politics and changes, my dissertation will explore the situation in which left-wing, progressive psychiatrists and the Communist Party itself shared deep concerns regarding the revolution’s pathological potential: it will reveal the complexity and contradictory nature of psychiatric pronouncements and evaluations of the political turmoil of the 1940s and especially of 1945, and show how psychiatry, short of denouncing the revolution entirely as detrimental to mental stability and conducive to pathology, could instead express the Party’s own worries about the chaos and disorder which the revolutionary change might encourage. In that sense, my research offers a somewhat different view of the relationship between psychiatrists and revolutionary politics, one in which there were no clear alignments or expressions of uncompromising opposition or support, and in which psychiatrists’ attitudes towards social and economic transformations were guided both by their pre-revolutionary doctrines of modernization and

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enlightenment, and by their perceptions of social, political and professional instability and insecurity in the emerging people’s democracy. The politicization of the Yugoslav psychiatry at this time was thorough, and their scientific observation and analyses often focused on evaluations of the political situation but their political activism was tightly related to their professional concerns and could not be separated from nor properly understood without them: by criticizing dangers of the revolutionary chaos and the population’s unpreparedness for taking over new responsibilities, they recommended themselves as the optimal actors to resolve the tension, adjusting their pre-revolutionary enlightenment mission to the new circumstances.

The material analyzed here also offers an extraordinary opportunity to examine how political notions and categories functioned in psychiatric patients’ narratives: how political problems and conflicts informed and molded the content of madness and forms of its expression, and how the central political battles, socio-economic cleavages and uncertainties of the time were reflected in delusional pronouncements of the insane. Understandably, political considerations played a predominant role in patient narratives at this time; the extreme political context shaped and informed psychiatric patients’ statements to an enormous extent: it became intimately intertwined with narratives of personal life and problems, while political categories, conflicts and figures entered patients’ psychological universes in a myriad of different ways. Many of these were quite straightforwardly delusions and hallucinations, but they offer a unique glimpse into the confusion, fears and disorientation of the era, and illuminate ways in which the war, occupation, collaboration and mass murder impacted, and were processed and interpreted by, the proverbial common man. In his study on the relationship between psychosis and political citizenship, James Glass⁶ argues that paranoid schizophrenic delusions indeed possess an identifiable internal structure and symbolic logic,

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and could be viewed as a paradigm of the human psyche that exists outside the political, that has in fact withdrawn from the social contract because it experienced it as inhumane, unempathetic and threatening. Glass’s contention is that schizophrenic imagery is inspired by power relations and an interpretation of the political highly reminiscent if Hobbes’ “state of nature.” Therefore, schizophrenic patients live in a psychological world dominated by fear, ruthless power hierarchies and constant threat of brutal violence, devoid of mutual sympathy and understanding. In fact, delusion functions in Glass’s narrative as a substitute of sorts for empathy, and as a form of defense, so that feelings and experiences of powerlessness tend to be expressed as delusions of grandeur and omnipotence. Glass conducted his research in a clinical setting, as an observer in a psychiatric hospital in Maryland; it is intriguing to think about the political nature of schizophrenics’ narratives in a context in which the actual life circumstances of patients rather than their delusions started resembling the Hobbesian state of nature. If we were to view their psychotic breakdowns as attempts to withdraw from the political context of the time – characterized by the omnipresent and often random violence, crude authoritarianism, inhumanity and ruthlessness – what was the structure and prevalent imagery of their delusions and hallucinations, and what could they tell us about the relationship between schizophrenia/mental illness and political experience? In my analysis of case histories from the wartime Yugoslav hospitals, I examine ways in which patients’ delusional pronouncements and narratives became responses to an oppressive political reality. I explore how they processed and represented the dangers, threats and contradictions of the occupation and civil war, and what conception of power, political life and political activity guided their understanding of themselves and their position in society. At the same time, through patient files of resistance soldiers, collaborationist police officers, former POWs or civilians whose family members were killed or missing, I will sketch the way in which hitherto marginalized and disregarded sections of the Yugoslav population were drawn forcefully and suddenly onto the political stage, and how their understanding of the meaning of
politics, ideology and violence evolved under such circumstances. Psychiatric case histories of those who were broken by the omnipresence of the political contain valuable information regarding what the war, Hitler and fascism, Communism, Tito and Pavelic, Chetniks and Nedic meant to non-elite sections of the Yugoslav population, what determined those meanings, how they changed, as well as what motivated people to take part in a conflict whose purposes and aims they could hardly fathom, and how they made sense of the rapidly changing world around them and adjusted themselves (or failed to adjust) to the new (and deadly) demands of mass politics. My dissertation investigates how such a violent encounter with world politics and domestic ideological divisions proceeded on the ground, and how it affected both Yugoslav citizens’ interpretation of and involvement in politics, as well as the psychiatrists’ re-thinking of standards of normality and pathology and of their own role in the country’s new political realities.

I look at Yugoslav psychiatry in the context of the project of state modernization. My research argues that psychiatry was a core element in the Yugoslav project of modernity in a way that it was not, say, in the USA or Germany. The psychiatric profession received significant support from the state, and was considered exceptionally important in this regard. My dissertation addresses the question of how one might explain this support, and what exactly the profession was expected to offer. Psychiatric categories and psychiatrists’ thinking about the nation’s mental health and “national character” interconnected in a variety of ways with the task of modernization and Europeanization that the state elites had set. In the period before the outbreak of the Second World War, it was particularly important to prove the compatibility of the Yugoslav “national character” with what was at the time considered the value system of the West European civilization. The project of establishing a Europe-oriented set of the nation’s mental characteristics inevitably included the psychiatrists as central actors; aware of the possibility of using psychiatry as an essentially colonial tool, Yugoslav psychiatrists argued that the pattern of mental illnesses and frequency of certain diagnoses in the
country conformed with patterns and mental illness distributions in the Western world. These, in turn, were said to be radically different from those in the “backward” areas of the globe. The Yugoslav psychiatric establishment, thus, tried to practice a form of ethno-psychiatry in keeping with the Europeanization project of the political elites. At the same time, especially after WWII, psychiatrists regularly offered themselves as the main carriers of modernization in the countryside and among the urban poor, as the enlighteners and educators of the nation, in a best position to mold the nation’s mind in a necessary direction and transform and eliminate the problematic popular practices. The wartime period is particularly important as it also offers an opportunity to study the development of psychiatry in a modernizing country which found itself in a semi-colonial position.

*Professionalization, modernity and social control*

The effect of WWII on the practice and ideology of the Yugoslav psychiatric profession was deeply counter-intuitive: for reasons I go on to examine in detail, the occupation encouraged the development and ultimate predominance of environmentalist psychiatry and psychotherapy, at the very moment when German psychiatry was undergoing Nazification and a further drift towards organicist, biological and hereditary theories of mental illness. In that sense, my dissertation offers a revision of the common historical understanding of WWII psychiatry (and indeed of Nazification generally) in Eastern Europe, and argues that even collaborationist psychiatrists gradually rejected organicism and racial theories, and came to embrace psychogenic approaches and relied on the psychotherapeutic, re-educational effects of psychiatry.

The issues of modernization, modernity and reform and their implications for the practice of psychiatry are central to my research: professional motivations of Yugoslav psychiatrists were heavily determined by their modernizing agenda, but, especially in the context of war, occupation and revolution, the concept of reform and progress in psychiatry inevitably had multiple meanings and
repercussions. My dissertation deals with the issue of professionals’ relationship to different forms of ideology, their (limited) capability to continue their “business as usual” under extraordinary political circumstances, and interrogates the meaning of “objective science” as the primary ideological principle to which medical professionals subscribed in occupied Yugoslavia, asking how the profession’s ideology of primary loyalty to science over politics determined its attitudes towards the state-orchestrated maltreatment of mental patients. As Gotz Aly’s research⁷ made clear, in the case of some of the most prominent German psychiatrists under Nazism, a reformist, humane, progressive professional agenda could go hand in hand with murderous involvements and collaboration in extermination camps, if destruction was perceived to be in the service of scientific research and betterment. It is one of the central challenges of my research to explore the way their impulse to restructure the profession and society influenced how they conceived of and used their opportunities under an exceptionally violent occupation. But, as Richard Keller argued with regard to French psychiatrists in the Maghreb, it would be unproductive to proceed by putting the entire discipline and its practitioners “on trial:**⁸ instead, in order to illuminate and interpret the complex structures of the psychiatric profession, its functioning, ideology and strategies of knowledge production in the midst of violence, I view Yugoslav psychiatrists in their social, cultural and political context, as an elite group that functioned according to their own internal professional and scientific norms. This group defined their goal in modernizing as well as humanitarian terms, as a mission both to advance the achievements of their own discipline, and to help their patients by finding solutions to their suffering and by bringing to them the fruits of civilization and enlightenment. In the course of fulfilling this mission, psychiatrists were guided by a number of scientific and broader societal assumptions, many


⁸ Keller, Colonial Madness, p. 18
of which proved prejudicial and heavily biased, and these assumptions shaped their thinking about mental illness, treatment of patients and new avenues of psychiatric research. Moreover, the constantly “destabilizing presence” of patients\(^9\) in psychiatric hospitals affected and altered some of the most important psychiatric notions and hypotheses, and pushed the development of Yugoslav psychiatry in different directions. Therefore, instead of condemning the wartime psychiatry or searching for justifications for its practitioners, I propose to look at the profession’s values, conceptualizations and intentions as a window to understanding and re-interpreting the complexities and contradictions of the broader Yugoslav society of the time.

The issue of social control in the context of psychiatric institutions and treatment emerged as a focus of scholarly research with Michel Foucault’s seminal *Madness and Civilization*, which problematized linear narratives of psychiatry’s progress in the modern era. Foucault’s concept of social control and psychiatric power may be particularly pertinent to the Yugoslav case, given the unusually authoritative position of psychiatry within the inter-war medical institutional system of the country, and the profession’s broader societal role – bestowed upon it by the young state - as one of the central promoters of modernization among the population. However, it is even more apposite to interrogate the relevance of Foucault’s model of psychiatric (or disciplinary) power for interpreting the practice and ideology of Yugoslav psychiatry during the periods of time when it found itself in an extremely precarious position and lost its absolute authority both inside psychiatric institutions and in the broader socio-political context. During the war and after the political transformations of 1944-1945, Yugoslav psychiatrists experienced serious challenges to their authority and were forced to re-think their own professional strategies for advancing the discipline and its social position, as well as the profession’s preferred relationship to psychiatric patients. Under such circumstances – when the occupation and the revolutionary regimes regularly challenged its power of decision-making inside

\(^9\) Ibid., p. 10
hospitals and asylums, and when some patients became not only recalcitrant but disobedient to the point of permanently upsetting hospital hierarchies – psychiatry developed new strategies and conceptual tools. Losing the institutional ground, Yugoslav psychiatry needed to re-build its authority through different means, and it began promoting a new form of psychiatric therapy – education and enlightenment, whether of the youth seduced by Bolshevism, or of the new post-war political elite recruited from the ranks of workers and peasants. In the course of this transformation, Yugoslav psychiatrists moved away from the traditional model of confinement and absolute psychiatric authority in asylums, and fashioned their conception of the future of the profession in a way very reminiscent of Foucault’s understanding of disciplinary power – expanding the legitimate domain of psychiatric science, proclaiming illiteracy, low levels of cultural development, lack of formal and/or political education to be spheres of psychiatric intervention, observation and evaluation, and promoting themselves into the dominant arbiters of normality and abnormality with regard to issues not strictly related to mental pathology. Advertising themselves as educators and enlighteners, moreover, Yugoslav psychiatrists openly committed themselves to a project of actively constituting almost the entire population as psychiatric patients, and of reinforcing their own authority and control not by physical confinement and direct institutional control but through shaping and transforming the consciousness of the nation. The wartime Institute for compulsory re-education of Communist youth in Serbia, described in Chapter Five, is indeed a perfect example of Foucault’s concept of trading in normalizing judgments and of “micro-penality:” a system in which peers – those confined and subject to psychiatric treatment – regularly observe, report on and judge and punish each other – an exercise in “training and correction,” so that at any moment everyone is punishable as well as a punisher, depending on his or her ranking with regard to the dictated norm. As Elizabeth Lunbeck argues, this model of the psychiatric profession’s role is not reducible to institutional power hierarchies, but relies

on educating and producing patients/subjects who internalized modes of self-examination and examination of peers, and are prepared for re-producing the system of proclaimed norms and for judging their own and their peers’ adjustment to/distance from the “normal.”

Over the last forty years, a rich historical literature has emerged which investigated the origins of penitentiary institutions and psychiatric asylums in the eighteenth- and nineteenth-century Europe and the United States, and related their establishment and ideology to the growing concerns of a large variety of social and political actors over maintaining and buttressing the social order. Michael Ignatieff’s study of the early phases of English prisons, and Andrew Scull's and Robert Castel's investigation of the establishment and nature of insane asylums in England and France, respectively, offered highly persuasive class-based accounts of complex motivations behind the emergence of these radically new institutional landscapes, and hinged their explanations on the anxiety of public officials, manufacturers and industrialists, religious reformers and secular philanthropists regarding seemingly rampant social disorganization and degeneration produced by massive socio-economic and political transformations of the time.11 David Rothman's The Discovery of the Asylum: Social Order and Disorder in the New Republic, eschewed class as the central analytical category in his study of incarceration practices in Jacksonian America, but still argued that the driving force behind asylums, prisons and almshouses was the desire to prevent social disintegration at the time of immense social changes, and to fight growing deviancy and degeneration with a new rationality of the asylum, which was supposed to both discipline and rehabilitate the underclasses, and serve as a healthy example to the society at large.12 All of these studies emphasized the societal mission of the psychiatric institutions and practices, and their efforts to address the crisis of fragmented societies and re-establish


a stable, coherent society of firm ranks.

On the sociological front, Allen Horwitz’s theory\textsuperscript{13} argues that the degree of coerciveness in dealing with those considered deviant depends on the difference in social status and cultural background between deviants and their caretakers/broader community, so that, the greater the distance, the more coercive and less therapeutical modes of social control will be. This argument is bound to be relevant when studying a setting such as Yugoslav psychiatric hospitals of the 1930s and 1940s, in which the dramatic socio-economic and cultural distinction between most patients and their psychiatrists might have been one of the most important characteristics shaping the psychiatric dialogue and relationship. Even more importantly, in the course of the changes that the dominant psychiatric paradigm underwent in this period, the patient-psychiatrist social class distance acquired a somewhat different and more nuanced meaning but still retained its old role in defining what mental pathology was and complicated the development of a more psychotherapeutic hospital environment. My dissertation will also, however, investigate how and why this model can break, and what social and political circumstances can alter the equation so that the socio-cultural distance can be partly overcome and a less coercive relationship established. Still, even after 1945, in a radically different ideological atmosphere, class concerns determined some of the most prominent psychiatric diagnoses. In that sense, Steven Spitzer’s Marxian approach to the theory of deviance\textsuperscript{14} proves even more inspiring and apposite: according to Spitzer, labels of deviance are attached to those considered particularly threatening to capitalist modes of rule and to the central values of capitalism and class hierarchy, and forms of treatment – either coercive or therapeutic - are chosen which best fulfill the aim of preserving the class rule. This argument is particularly valuable when analyzing Yugoslav


psychiatrists’ attitudes on the social revolution after 1945 and its protagonists: even in a radically changed political reality, the most subversive forms of revolutionary behavior became symptoms of madness, and psychiatrists offered therapies which would result in less radical modes of social change.

My dissertation investigates the encounter between the emerging, foreign-educated psychiatric profession and those that these physicians themselves defined as their most important target - the lower classes, rural and urban poor. In the years following 1918 and the establishment of Yugoslavia, the elite medical professionals defined their modernizing mission in their native regions in a variety of ways, as a project of technological innovation, popular enlightenment or simply increasing the hygienic standards and awareness of disease prevention in the countryside or among the urban poor. In the process of rethinking the modernization process in Yugoslavia, they offered new conceptualizations of the uneducated, the poor and the working class, which emerged from their daily contacts with patients from the popular classes. Most importantly, these conceptualizations shaped the psychiatrists’ ideas of how to include the lower classes in the social community that they envisioned.

This project examines how these medical doctors’ strategies of assigning the lower classes their proper place in a stable social order evolved and changed over time, and what circumstances and experiences shaped those transformations. The encounter of the psychiatrists and their patients in state hospitals contained some important characteristics of a “clash of civilizations:“ they rarely shared the same concepts, and very frequently the common language that they spoke presented more of an obstacle, as words and themes held very different meanings and connotations for the two sides. These constant misunderstandings transformed the meaning of mental illness for the psychiatric profession: Yugoslav psychiatrists grew to pathologize certain aspects of the lower classes’ lifestyle, discourse and mindset, and integrated these new pathological markers into their definitions of standard diagnoses such as schizophrenia or paranoia.
I have focused on those sections of the population who were likely to be considered challenging or threatening to certain aspects of the existing social order, and investigated how their marginality and potential subversiveness affected their treatment in the system of psychiatric institutions. The purpose is not to ascertain the reality or otherwise of the existence of mental illness, nor to test whether patients diagnosed as insane in this study truly were mentally ill and whether their specific diagnoses were correct or not. My argument is that, if psychiatric categories are taken as social rather than medical concepts, their historical development and changing content and purposes can reveal valuable information about broader social, cultural and political circumstances and transformations. In this sense, my thesis relies on a body of scholarly work that addresses the changing content of psychiatric diagnoses, their multiple and complex meaning and the context in which they emerge or get transformed, such as Jonathan Metzl’s *Protest Psychosis*\(^\text{15}\) – a study of the dramatic transformation of the meaning of schizophrenia in the 1960s and 1070s America and of the changing sociological profile of a typical schizophrenic patient – and Elizabeth Lunbeck’s investigation of the emergence and meaning of the concept of female psychopaths in the Boston Psychopathic Hospital at the turn of the century. My dissertation looks at the development of Yugoslavia’s psychiatry during the most turbulent and brutal period in its entire history, and investigates how the profession reacted conceptually to the dramatic circumstances of the war, occupation and revolution. In the course of the 1940s, new diagnoses emerged to address the new context, while some of the existing categories underwent significant transformations. But the war and the revolution transformed the Yugoslav psychiatry in even more significant ways, changing the psychiatrists’ understanding of the structure and purpose of their relationship with patients, the nature and form of psychiatric interviews and files, and the way in which they conceptualized the essence and origins of mental illness and their own role in healing individuals and societies.

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Foucault contends that dialogue between patients and psychiatrists - that is, psychiatrists’ need to ask patients about their personal and family medical history, previous life experiences and causes of their illness – retains subversive potential and is in fact the point at which psychiatric power can break and the patient can challenge and upset the nature of psychiatric knowledge. This notion is extremely relevant for my research, and I will examine in great detail ways in which patient narratives could undermine certain prevalent psychiatric categories, and elucidate conditions in which these narratives and the language of patients became potent enough to defy and affect the current paradigm and understandings of the nature of therapy.

**History of psychiatry as an alternative history of the occupation**

In the course of the 1960s, 1970s and 1980s, the historiography of WWII and Nazi occupation of Europe moved in several overlapping directions and explored ever broader areas of inquiry. From A.J.P. Taylor's early focus on diplomatic relationships, political history and decision-making of the central political personalities of the time, but primarily on the importance of contingency and political accidents, historians of WWII gradually opened novel and more productive avenues of research: history of the state and state institutions, the importance of political ideology, history of civil society and of professions, the Holocaust and patterns of violence, and finally micro-studies of different regions and history of everyday life. In the course of these historiographical developments, the focus shifted away from 1945 as a moment of rupture, and historians began investigating more or less concealed continuities between the wartime era and postwar modernization, striving to interpret the years 1939-1945 less as an anomaly and more as an important episode, which at times fit rather well with some of the long-term trends of Europe's twentieth century and which shaped postwar Europe in

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a number of critical ways.

Robert Paxton's analysis of the nature, origins and mentalities of the Vichy political elites raised a number of troubling questions regarding the history of occupation and collaboration, and how those were to be approached in both the European and national contexts. Firstly, Paxton set out to write a collective biography of sorts of France's political leadership, but instead of focusing exclusively on personal characteristics and vagaries of decision-making, he highlighted structural trends in the history of political state institutions and of thinking about the role of the national leadership. In addition, Paxton's work emphasized the significance of political ideology and ideological alliances and loyalties in the context of Nazi occupation. Some of Paxton's findings were rather fascinating, foremost among them his argument regarding the continuity of the French elites across both 1940 and 1945, as well as his conclusion that the Vichy regime was more than a passive recipient and executor of the Germans' orders but in fact implemented, of its own initiative, a number of far-reaching social reforms that shaped the socio-political climate of postwar France.18

Gradually, the focus shifted away from state institutions and high politics, and military, diplomatic and political aspects of the conflict stopped holding center stage as historians increasingly explored the impact of the total war of 1939-1945 on civilians and societies at large, as well as on socio-cultural and professional institutions and structures outside the political state. In Germany, the Bielefeld school undertook projects which applied Max Weber's social models to the study of history and emphasized the importance and transformations of societal structures and institutions; over time, German historiography increasingly adopted a bottom-up approach to social historical investigation of WWII, and a group of important historians (including Martin Broszat and later Detlev Peukert) proposed to research the history of everyday life in order to begin unraveling some of the most troubling questions concerning consent, opposition, ideology, violence. Outside Germany as well and

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in relation to occupation policies in different parts of Europe, WWII research tended to increasingly focus on the disastrous effects of high politics and occupation agencies' decision-making on society, its structures, traditions and values, showing how the occupation impacted and transformed the complex conditions of daily lives of average citizens, and how society itself emerged as the central battleground.\footnote{An exemplary study is Mark Mazower, \textit{Insider Hitler's Greece: The Experience of Occupation, 1941-1944}, New Haven: Yale University Press, 2001} At the same time, both German and international historians increasingly adopted the view that Nazi military violence and occupation policies could not be understood without studying the ideological component;\footnote{Manfred Messerschmidt, \textit{Die Wehrmacht im NS-Staat}, Hamburg: R. v. Decker, 1969; Klaus-Jurgen Muller, \textit{Das Herr und Hitler}, Stuttgart, 1969; Omer Bartov, \textit{The Eastern Front 1941-45: German Troops and the Barbarisation of Warfare} London, New York: St. Martin's Press, 1986; Hannes Heer and Klaus Naumann, eds, \textit{War of Extermination: The German Military in WWII}, 1941-1944, NewYork, Oxford: Berghahn Books, 2000} the growing awareness of the significance of political ideology for German military behavior deeply affected the core questions which shaped the emerging field of Holocaust studies, and later on the study of patterns of WWII violence.

As historians were re-working their core research questions and focusing on societal transformations in the course of WWII occupations of different European regions, they increasingly strove to re-set the conventional periodization of Europe's twentieth century, and began to emphasize continuities between the wartime and postwar periods, arguing that post-1945 restructuring and modernization were not understandable without taking into account the transformations introduced by the total war.\footnote{Jan Gross, “Social Consequences of War: Preliminaries to the Study of Imposition of Communist Regimes in East Central Europe,” East European Politics and Society, 3, 1989, pp. 198-214; Jefferey M. Diefendorf, \textit{In the Wake of War: The Reconstruction of German Cities after World War II}, New York: Oxford University Press, 1993} Within such narratives, which emphasized the extent to which both ideas and personnel from the wartime and collaborationist regimes were used to foster the postwar process of reconstruction, it became clear that the liberation could hardly be seen as a moment of radical break. Even more importantly, these accounts challenged the interpretations which posited the period of 1941-1945 as an aberration, and instead worked the war and occupation years into long-term narratives of European political, socio-economic and even cultural development. According to these
views, WWII occupation and policies were a significant stage in a continuous social process that transcended both 1939 (or 1940/1941) and 1945. On the one hand, thus, the war constituted a less decisive detour, less of a rupture in a long-term account of Europe's modern history; but, in a different sense, it was simultaneously presented as the true revolution, much more far-reaching and comprehensive than the liberation, and whose legacies transformed the postwar reality to an enormous extent.

Philip Nord's recent study\(^{22}\) of the continuity of French social and cultural elites, institutions and models across the 1930s, the Vichy regime, and the Fourth Republic, as well as Gotz Aly's research\(^{23}\) into the modernizing, reformative impulses of the technocrats, engineers, medical and psychiatric professionals of the Nazi era and their enduring postwar legacy, raised a number of questions regarding the modernity of the German wartime and occupation regimes. These authors depicted the war, occupation and collaboration as socially revolutionary periods, which legitimized many of the transformative, modernizing trends of the 1930s and gave a final blow of the conservatism of the interwar era.\(^{24}\) Their conclusions have been extremely significant for the history of professions under Nazism and Nazi occupation, as they described various German and French collaborationist professionals not as reactionary Nazi fanatics but people whose motivations as well as ideological loyalties were more complex. These works open up the issue of a multifaceted relationship between political ideologies and professional allegiances in the context of violent occupation, and interrogate the role of science (or other professions' creeds) as an alternative and equally powerful ideology. I will build on such explorations of Nazi-era professions, and emphasize the ideological as well as personnel continuities between wartime, and even collaborationist, psychiatry (and


\(^{24}\) For a similar argument – that the war was less of a break and much more of an accelerator of developmental trends that shaped the landscape of postwar Europe – on the macro-economic plan, see Mazower, *Hitler's Empire: How the Nazis Ruled Europe*, New York: The Penguin Press, 2008
psychoanalysis) on the one hand, and Communist psychiatrists who set about revolutionizing the profession on the other. I will propose to think about the war and the occupation as, among other things, instigators of some truly revolutionary (and progressive) transformations within the Yugoslav psychiatric profession's outlook and inner dynamic, which were then carried further and elaborated upon under the post-1945 socialist regime.

In the recent years, the historiography of WWII in the Balkans also moved in the direction of micro-studies: authors such as Emily Greble, Tomislav Dulic, Marko Attila Hoare adopted approaches and methodologies which stressed local conditions and everyday history rather than dwelling on broader ideological issues or political decision-making. Greble’s investigation\(^{25}\) of the troubled inclusion of the city of Sarajevo in the system of the Independent State of Croatia highlights the importance of looking into particular motivations of local participants in major historical events, and demonstrates how local strategies of survival and manipulations of politics and ideology can affect our perception of the broader context. Dulic\(^{26}\), on the other hand, offers an extremely close study of several episodes of massacres in Bosnia, portraying in great detail how the pattern and logic of mass violence resulted from a complex relationship between political movements and often contradictory individual motivations, and how actors on the ground frequently altered meanings of grand political and ideological concepts. Dulic’s study of violence from below, with its focus on rural areas, is also an attempt to investigate the role of politics and ideology in motivating, organizing and perpetrating local ethnic violence in the context of WWII occupation. My research is akin to all these projects, in that it raises the question of the relationship between top-down socio-political ideological projects and their willing and unwilling participants on the local level. It is, among other things, an attempt at writing a


history from below through psychiatric files, a unique historical document which can provide an insight into the language, belief systems and political consciousness of psychiatric patients – mainly workers and peasants in the case of Yugoslav state hospitals - most of whom experienced the occupation and wartime violence in more or less brutal ways. In order to get a glimpse into the behavior and understandings of those historical actors who left no written trace such as diaries or letters, Greble, Dulic, Hoare and others often use official documents – court materials, various petitions, applications and complaints, as well as statements given to the police etc. Psychiatric case histories, on the other hand, offer a very different sort of information – they usually contained a much more intimate form of interviews, in the course of which patients were encouraged (or thought it appropriate) to explain their family and personal histories, thought processes, psychological traumas and war-related experiences, and were also pushed to make political commentary of sorts. In that sense, psychiatric case files constitute a precious and irreplaceable type of historical document, which can allow historians to research a hitherto inaccessible spectrum of human reactions, fears, motivations, and contains a possibility for formulating entirely novel channels of inquiry. The focus on patients’ narratives is, of course, extremely complicated by the heavy mediation of patients’ voices in psychiatric case histories, which were written and structured by psychiatrists, interspersed with psychiatric commentary and evaluations, while the psychiatrist’s voice regularly dominated any interview and exchange and was always accorded the right to the final word. In order to at least partly overcome this problem of an extreme imbalance of power in the very process of creation of my sources, I resort to various theories of literary analysis of texts in patient files, attempting to identify layers of telling, re-telling, reporting and interpreting patients’ narratives, and to reconstruct circumstances and assumptions that guided the original interaction. I combine close textual analysis and inquiry into the structure and language of the file with an investigation of the patient case histories’ role in the broader historical context – two separate yet related projects which have
generally remained unconnected in current scholarship\textsuperscript{27}.

Psychiatric patients are never representative of any society, and any history based on their hospital files must take their social marginality into account when setting research goals and formulating questions. But those confined to psychiatric institutions constitute a historically valuable and relevant social group nevertheless: in times of great turmoil and distress, when mass killings were the norm, they were the ones whom society decided to remove because they were considered inadequate to join it in any functional way. The importance of their case histories lies precisely in that they were defined as an anomaly, and a history of their confinement and treatment, and of reasons for their commitment to psychiatric institutions, can tell a somewhat different story of WWII in Yugoslavia: this will be a narrative of breakdowns, contradictions, inconsistencies, fear and confusion, criminality and violence, as well as of subversive critique, resistance and rebellion, that will, nevertheless, reveal vital issues, dilemmas and transformations confronting the society in which these forms of behavior developed and flourished.

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The institutional setting – and the central organizing principle - of my research is provided by two psychiatric hospitals – the Mental Hospital in Belgrade (now the Neuropsychiatric Hospital “Laza Lazarevic”) and the Hospital for Nervous and Mental Illness Vrapce in Zagreb. In addition, and to a smaller extent, I relied on wartime patient case histories from two other hospitals: the General Military Hospital in Belgrade, and the Neuropsychiatric hospital in Kovic, Serbia (which was used for treating a group of former partisan patients diagnosed with war hysteria in 1945).

Chapter One

Before the War: Molding the Mind of the Nation

In a lecture given at the thirteenth annual congress of the Yugoslav Physicians’ Society (*Jugoslovensko lekarsko drustvo*), held in Novi Sad, Serbia, in 1931, Nikola Sugar, a pioneer of psychoanalysis in Yugoslavia and one of the most intriguing personalities on the interwar Serbian cultural scene, pointed out the revolutionary changes that psychoanalysis was introducing into the general outlook and possibilities of mental sciences. Sugar argued that Freud’s insights opened up entirely novel opportunities for psychiatric practitioners, opportunities that had hitherto been ruled out due to the heavily psychiatry’s biological interpretative framework:

“In the era before psychoanalysis, we knew very little about the prophylaxis of psychoses and neuroses, about mental hygiene. We only knew that certain intoxications and infections… aid the development of certain mental illnesses, and that heredity was the most important factor. However, the importance of hereditary influences has been grossly exaggerated, probably so that psychiatrists would accept with less frustration their own powerlessness in the prophylaxis, hygiene and therapy of psychoses.”

Sugar was certainly very much ahead of his time: it would take several more decades and a devastating occupation and civil war for the Yugoslav psychiatry to tame its “gross exaggeration” of the importance of hereditary factors, and to embrace the movement for mental hygiene as one of its core purposes. Sugar was also clearly an outsider: not part of any official university or hospital establishment, much more active and prominent in the Psychoanalytic Society which he founded than in the state-sponsored Yugoslav Medical Association (*Jugoslovensko medicinsko drustvo*). And Sugar had a strong professional as well as intellectual interest in critiquing contemporary psychiatric

28 Nikola Sugar, “Uloga psihoanalize u dusevnoj higijeni i u profilaksi psihoze i neuroze” Ucitelj, 13 (47): 5, 1933, p. 322
conventions and practices. But his perception of psychiatrists’ frustration with methods, assumptions and abilities of their science proved to be particularly keen: at this time, Yugoslav psychiatrists were indeed frustrated with what seemed to be their own inability to advance the treatment of psychoses and neuroses, and to reach irrefutable conclusions regarding the onset and development of mental illnesses. This professional frustration they shared with their colleagues from different parts of the world, but it was further complicated in their case by the particular importance accorded to the Yugoslav psychiatry in a new, underdeveloped, modernizing state. This special mission consisted of the expectation that psychiatrists would be exceptionally capable of affecting the national psyche – keeping it safe from pernicious influences of insanity and mental degeneration, and at the same time forging a modern national consciousness. In royal Yugoslavia’s search for national identity and for the most efficient ways of creating and nurturing a young nation, psychiatric discussions regarding the nature, constitution and forms of development of the national character played a particularly significant role, especially in the context of the need of the Yugoslav intellectual and political elites to prove that the country truly and legitimately belonged to the society of modern, “civilized” nations.  

At the same time, modernity itself was becoming an ever more alarming problem: the skyrocketing rates of urban criminality, growing numbers of psychiatric hospital patients, spread of infectious diseases in poorer sections of cities, towns and villages, all instigated a heated domestic debate regarding the state of the mental health of the nation in the period of such dramatic transitions and in the aftermath of the catastrophic World War One.  

29 This debate was largely framed by early twentieth-century psychiatrists, ethnologists, psychologists and anthropologists such as Jovan Danic, Vojisav Subotic, Vladimir Dvornikovic, Vladimir Vujic, Branimir Males and others, and it was primarily informed by the principles of eugenics and contemporary racial theory. See Branimir Males, Antropoloska ispitivanja: Prilog ispitivanju telesnih osobina crnogorskih i susednih plemena, Belgrade, 1932; Branimir Males, O ljudskim rasama, Belgrade, 1936, Vladimir Dvornikovic, Karakterologija Jugoslovena, Belgrade: Kosmos, 1939; Vladimir Dvornikovic, Psiha jugoslovenske melanholije, Zagreb: Z. i V. Vasica, 1925; Vojislav Subotic, “Die Rusalien im Konigreiche Serbien,” Jahrbucher fur Psychiatrie und Neurologie, 22, 1902. For a discussion of the relationship between eugenics and nationalism in Yugoslavia in the Central and East European context, see Marius Turda and Paul Weindling, eds, ’Blood and Homeland:’ Eugenics and Racial Nationalism in Central and Southeast Europe, Budapest: CEU Press, 2007.

30 Laza Stanojevic concluded that, “since after the war [WWI] Belgrade had started developing fast and suddenly, it also
explain the source of such deformities and deviations, and to eliminate and cure them. It was thus supposed to be a rigorous exact science on the one hand, and a softer pedagogical discipline on the other, and for a long time it failed to resolve the inbuilt contradiction and combine these two aspects of its broader societal mission.

Moreover, psychiatry was supposed to lead the way in yet another major project of the interwar state: improving the urban and rural hygiene standards, educating the population at large about appropriate prophylactic measures and thereby preventing particularly sinister and unmanageable epidemics. In 1919, Dr. Krulj, Minister of National Health of the Kingdom of Serbs, Croats and Slovenes, wrote an alarming note to local health departments and physicians' associations, warning that “the state of health among the people was severely damaged,” and stressing the particular dangers of typhus, tuberculosis, venereal diseases (especially syphilis) that “threaten to exterminate our progeny with their enormous infection,” and alcoholism. The Minister encouraged Yugoslav medical practitioners to invest all their professional efforts in preserving the popular health, to provide medical help to the “ignorant people” whenever necessary and possible, instruct them in the basic social-hygienic principles and teach them how to secure themselves against infectious and social diseases\(^{31}\). Throughout the 1920s and 1930s, (endemic) syphilis was one of the central concerns of Yugoslavia’s Institute for Public Hygiene: its frequent outbreaks, especially in rural Bosnia-Herzegovina, Dalmatia and Montenegro, diagnostic difficulties and long-term (often lethal) consequences of undiagnosed infections presented the fledgling state’s medical establishment with a

\[^{31}\text{Archive of Yugoslavia, Fond 39, fasc. 2, a.j. 2-3}\]
very serious problem. Epidemics of syphilis were declared a psychiatric emergency mainly because of the frequent complication of untreated syphilis, which, in its final stage, could result in neurological and neuropsychiatric disorders (with symptoms reminiscent of psychotic illnesses), most commonly in degenerative paralysis progressiva or general paresis.  

Syphilitic paralysis usually presented quite dramatic psychiatric symptoms, and was often related to criminal behavior, so that it was believed to have a particularly negative effect on patients’ moral faculties. In the context of psychiatry’s major debates of the first half of the twentieth century, general paresis was an ideal psychiatric illness: it offered straightforward evidence of biological/organic/neurological foundation for psychotic symptoms or signs of “moral insanity.” Psychiatrists’ inclusion in the struggle to extinguish syphilitic infections thus enhanced the scope of their national mission, but it was unclear from their frequent discussions and admonitions in reference to this topic how exactly they conceived of their hygienic role, and the case of syphilis was paradigmatic of the general contradiction inherent in the interwar psychiatry’s definition of its own duties: if paralysis progressiva was fundamentally an organic disorder – and one which was often only properly diagnosed post mortem – and very rarely amenable to treatment, what specific tools did psychiatrists have for preventing and eliminating the epidemics? How could they formulate their contribution to the mission of eradicating syphilitic infections and thereby getting the nation somewhat closer to the society of the enlightened, and what was the value of their input? Clearly, their focus was on the neurological research (where, as Dr. Miodrag Bucic explained, patients’ dead bodies were the most useful for scientific progress), but there seemed to be very little that the profession

32 Dr. Milos Bogdanovic warned that syphilis stroke at the “core of the tree of mankind,” and made people more susceptible and vulnerable to all other diseases, including cancer and tuberculosis. The high rates of syphilitic infection among the Yugoslav population presented a “grave danger and [would lead to] difficult consequences for the entire society.” “Opsti pogled na pitanje sifilisa I trudnoce,” Srpski arhiv za celokuno lekarstvo, sv. 9, 1927, p. 761-765; see also L. Dojmi, “Rad na suzbijanju endemskog sifilisa u tuzlanskoj oblasti u 1927-1928,” Srpski arhiv za celokupno lekarstvo, sv. 12, 1929, pp. 1108-1124; Djordje Medakovic, “Lecenje sifilisa nervnog sistema i progresivne paralize savremenin metodama,” Srpski arhiv, sv. 7-8, pp. 340-349; Fr. Kogoj, “Lijecenje endemijskog luesa u Bosni I Hercogovini,” Medicinski Pregled, XIV-8, 1939, pp. 150-151
33 Dr Miodrag Bucic, “O neznanoj progresivnoj paralizi,” Medicinski pregled, XII-9, 1937, p. 168
could do beyond that, and the prospects were especially bleak with respect to the issue of psychiatrists’ broader social involvement. Even organically based psychiatric research was not nearly as productive as the profession had hoped, particularly when it came to deciphering and theorizing the origins and true nature of disorders such as schizophrenia (*dementia praecox*) and other psychoses. In his article on mental hygiene initiatives in Belgrade, for instance, one of the leading neurologists and neuropsychiatrists in Yugoslavia Laza Stanojevic argued for social psychiatric approaches, education of physicians in social psychiatry and for direct involvement of psychiatrists in prevention of mental pathology in large cities, but remained strikingly vague on how exactly those measures would develop in practice and how they would fit in with the dominant biomedical model and its focus on heredity and degeneracy. In Stanojevic's conclusions, the social involvement of psychiatrists had less to do with helping the potentially ill than with developing adequate mental institutions to control psychopaths and psychopathic criminals and remove them from the streets.\(^34\)

Moreover, the reformatory impulses of some of the most talented inter-war psychiatrists remained constrained within mental hospitals, where professional disappointments and frustrations soared through the 1930s: instead of being involved with healing and constituting the national character, many psychiatrists were faced with the realization that the best that they could do for mental patients was to keep them confined, heavily medicated and restrained without much hope for improvement. Within the paradigm of biological psychiatry, options for treatment were extremely limited, and for the most part highly unsuccessful or with merely temporary effects.

At the same time, psychiatry struggled with its own internal tensions. Although in the Yugoslav case it was not at the institutional periphery of medicine, the profession fought its own battles for recognition and popularization, for being understood and accepted as a true science, despite its highly

\(^{34}\) Laza Stanojevic, “Psihicka higijena i njene zadace u Beogradu,” Srpski arhiv za celokupno lekarstvo, sv. 1, 1929, pp. 35-37
“unscientific,” subjective methods of examination, such as patient interviews. At the dawn of the twentieth century, and in some parts of Yugoslavia until after the end of WWI, most psychiatric hospitals were not headed by specialized psychiatrists and only employed a very limited number of physicians trained in psychiatric medicine. But the inter-war years would see the most dramatic institutional development of Yugoslav psychiatry thus far: the profession would win its crucial battle for staffing mental hospitals with trained neuropsychiatrists and neurologists, Yugoslav medical universities would get their first departments for neuropsychiatry and their first psychiatric clinics, private practice and private sanatoria and mental asylums would mushroom, and the existing state hospitals would increase their capacities several times.35

Some of the most prominent psychiatrists of the interwar era: Laza Stanojevic, Radoslav Lopasic, Dimitrije Dimitrijevic, Isaac Alfandari, Vladimir Vujic, Nikola Sucic, were exceptionally active contributors to professional journals and frequent speakers at medical conferences, as well as editors-in-chief of medical journals (given that, before 1945, there were no specialized journals in psychiatry) and heads of physicians' associations. These were the crucial years for the professionalization of Yugoslav psychiatry, its separation from the other medical disciplines and institutional establishments; the state investment in the psychiatric institutional advancement and research, teaching and therapeutical facilities was remarkable. In 1921, the Zagreb Medical University developed its first curriculum in psychiatry and neurology, organized and taught by a separate Department, while a year later a University clinic for nervous and mental illnesses was opened and staffed with an increasing number of foreign-educated Croatian neuropsychiatrists. The Zagreb University clinic became one of the most vibrant centers of psychiatric research and publishing after 1932, when Dr. Radoslav Lopasic was named its director. Belgrade followed suit in 1923, when the Psychiatric Clinic was inaugurated on the premises of the “Laza Lazarevic” psychiatric hospital, and

35 Laza Stanojevic, “Zasto upravnik drzavnih bolnica treba I mora da bude samo psihijater,” Srpski arhiv za celokupno lekarstvo, sv. 6, 1928, pp. 488-493
was later transformed into the Belgrade University Neuropsychiatric clinic. Thus, after 1918 the Yugoslav medical educational system began producing its own specialists in psychiatry and neurology, instead of exclusively depending on returnees from the Viennese, Berlin, Paris or Prague universities.\(^{36}\)

Moreover, the investment in psychiatric clinics meant that young psychiatrists had at their disposal dramatically increased research opportunities, so that their original findings could become known in international professional circles and they could engage in a dialogue with foreign colleagues on a more equal footing. At the same time, after the appalling experiences of WWI, state psychiatric hospitals in Belgrade and Zagreb were partially reconstructed and the number of beds increased, while a number of mental hospitals and asylums were established in smaller cities and towns. In 1924 a psychiatric hospital was opened in Kovin, Vojvodina, and another one in southern Serbia, near Nis, in 1927; in addition, the Belgrade hospital got a satellite ward with over one hundred beds, in Moslavina, Slavonia.\(^{37}\) The Zagreb psychiatric hospital “Vrapce” also underwent an important internal reorganization: a new wing was built for physically ill and tubercular mental patients, and two satellite hospitals opened in Kalinovica and Jankomir, near Sarajevo. Furthermore, a psychiatric nursing school began its work on the premises of the Vrapce hospital, and a new service for outpatient counseling and care was established.\(^{38}\) Even more importantly, the 1930s saw the introduction of new organic therapeutical techniques for treating grave psychotic disorders: insulin therapy, cardiazol shock therapy and ECT.\(^{39}\)

In the budget of the Ministry of Social Policy and Popular Health (\textit{Ministarstvo za socijalnu


\(^{37}\) Dusan Backovic, “Mentalno zdravlje i mentalna higijena izmedju dva milenijuma,” \textit{Medicinski Pregled}, 11-12, 2010, pp. 834-835

\(^{38}\) “Proslava 75-godisnjice Bolnice Vrapce,” Neuropsihijatrija, 2, 1954, Zagreb, p. 191

politiku i narodno zdravlje) of the Kingdom of Serbs, Croats and Slovenes for the fiscal year 1922/1923, out of the amount of money set aside for hospital building and reconstructions, the single largest sum was allocated for the purpose of “raising hospitals for mental patients.” Out of all the Ministry's outlays for that year, the only project that was proposed to receive more funding than psychiatric hospitals was the new Belgrade Institute for research and eradication of contagious diseases, but even this institution was to depend on psychiatric staff and research to a great extent, because one of the most widespread infectious illness in interwar Yugoslavia was endemic syphilis, and psychiatrists were deemed indispensible for its diagnosis and treatment, especially in cases in which general paralysis had already set in.\textsuperscript{40} Although none of the surviving budgetary documents for later years give such a detailed breakdown of the Ministry's expenses, its officials continuously emphasized that addressing the spread of “social diseases” and deviations – such as alcoholism and criminal insanity - was the government's primary financial and institutional concern, while the untamed epidemics of endemic syphilis in “backward “ areas of the country remained a burning problem of national proportions. For those reasons, at least until the early 1930s, the Ministry of Health regularly received one of the most significant shares of the Kingdom budget's extraordinary and investment expenses.\textsuperscript{41} Even as late as 1938, the Minister of Health proclaimed that fighting the dual plague of endemic syphilis and alcoholism was the central aim of his Ministry, while a further increase in the number of hospital beds available to tubercular and psychiatric patients topped the investment priority list of the Ministry's fund for state hospitals. The Minister stated that “grave social diseases harmed the strength of our nation;” moreover, the medical profession would launch a critical battle not only for the overall state of the popular health but also for the country's economic advancement and military preparedness. Arguing for an even larger budgetary allocation for his

\textsuperscript{40} Archive of Yugoslavia, Fond 70, fasc. 3, Finansijski zakon za 1922./23. godinu, p. 19-20
\textsuperscript{41} Archive of Yugoslavia, Fond 70, fasc. 3, Pregled predloga opstih drzavnih rashoda I prihoda za 1928./29. godinu; fasc. 4 Kretanje drzavnih rashoda I prihoda u mesecu martu 1933. godine I za dvanajest meseci budzetske 1932/33. godine; fasc. 3, Pregled predloga budzeta opstih drzavnih rashoda I prihoda za 1934./35. godinu
department, the Minister countered the criticism that the health and hygiene services incurred the greatest expenditures without contributing any funds and maintained that these agencies were in fact the most valuable because “a rational, well ordered and well managed health system secures a healthy people for all branches of the economy and preserves it from great losses that ensue as a result of illness and high mortality rates. To the national defense we secure healthy, strong and resistant defenders of the independence and freedom of the state and the nation.”

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Writing after WWII ended, Dr. Dezider Julius, the then head of the Vrapce psychiatric hospital in Zagreb, accused the Yugoslav interwar psychiatry of purposely ignoring the socio-economic context of mental illness for ideological reasons: for Julius, this was the central characteristic of “bourgeois psychiatry,” which was “in its entire structure an example of a non-dialectical manner of thought, because it view[ed] the phenomena of patients and illnesses as isolated, static, separate from their environment, and not dynamically, in their development and changes, keeping in mind their relationship with the environment and their mutual influences.” Dr. Julius’s accusation suggested that the interwar paradigm was not only intellectually but also ideologically flawed and unacceptable, although in fact biological psychiatry and neuropsychiatric research would still continue to constitute a very important segment of postwar Yugoslavia’s psychiatric establishment. However, his central charge was straightforward and easy to prove; some of the most prominent psychiatrists of inter-war Yugoslavia had published profusely on the need to place the profession on a more scientific and medically exact footing. The reasons for this could very well partly have been ideological and political: delving deeply into the socio-economic and cultural context of madness and mental pathology could produce some quite unsettling answers regarding the need for radical social and

42 Archive of Yugoslavia, Fond 39, fasc, 7, a.j. 26 -27, Ekspoze ministra socijalne politike I narodnog zdravlja odrzan pred Narodnim predstavnistvom u debati o budzetu za 1938/39 godinu, p. 6-8
43 Dezider Julius, “Pitanja socijalne psihopatologije,” Narodno zdravlje, 6, 1949, p. 1
political transformations, and this would almost certainly prove problematic for the psychiatric profession, which constituted an integral segment of Yugoslavia’s elite classes. On the other hand, certain internal professional concerns, and especially the psychiatrists’ collective apprehension over the acceptance and establishment of their discipline as a legitimate and equal contributor in the field of medicine, also played a highly significant role, as Dr. Julius well knew since he was an active participant in interwar professional discussions. Regardless of the surrounding circumstances, however, interwar Yugoslav psychiatry did seem to have reached a consensus in its rather decisive dismissal of environmental factors and patients’ life circumstances as relevant for understanding the sources and developmental stages of various forms of mental pathology. In their publications and speeches at professional conventions and congresses, most psychiatrists of this era affirmed fairly radically the primacy of heredity and of the organic, and regularly omitted to trace possible effects on mental stability of psychological experiences and impressions, of family circumstances or socio-economic conditions.

Still, this consensus was tainted by a particular sense of uncertainty. There was deep professional frustration that it was proving so difficult to demonstrate which organic, neurological or hormonal, mechanisms and processes triggered the onset of mental illnesses and conditioned their development, and – by extension – to prove irrefutably the critical role of biological, constitutional predilection. This was further complicated by the growing popularity and the presence of psychoanalysis and its proponents. Dr. Laza Stanojevic, the first head of the Belgrade University psychiatric clinic and chair of the Department of Neurology and Neuropsychiatry, affirmed that all psychiatric problems, even disorder of a “functional nature,” should be dealt with through adopting appropriate scientific approaches, rather than with “the so-called scientific methods, which purport to analyze all secret mechanisms hidden in individuals.”44

44 Laza Stanojevic, “Histericno ili histeroidno?,” Medicinski pregled, IV-8, 1929, p. 249
unearth mechanisms of the human soul was ironic, and it certainly conveyed the author’s absolute repudiation of methods and assumptions of psychoanalysis; still, it remained unclear whether Dr. Stanojevic thought that there were no hidden mechanisms to speak of (at least in psychiatric patients, whose minds degenerated as a result of their illness), or the problem was simply in the “non-scientific” nature of psychoanalytic examinations. This unresolved question haunted psychiatric discussions throughout the period, and affected hospital practitioners and university clinics researchers equally: the relationship between mind and body, the nature, structure and substance of human psychological life, the (questionable) relevance of psychological factors – although the biological paradigm always eventually concluded that these inquiries bore little weight, it engaged them over and over again, marshaling all the evidence it could gather to sustain its own fundamental assumptions. The question of the existence of psychological substance of mental illness also preoccupied hospital psychiatrists to an enormous degree, while their everyday contacts with patients frustrated them and pushed them ever more resolutely into the embrace of a degenerative model.

For these reasons, the discussion regarding the relationship between environmental and hereditary factors – or between external conditions and “fate,” in Dr. Radoslav Lopasic’s term, - constituted the single most important subject of Yugoslavia’s interwar psychiatry. In those debates, epilepsy, general paralysis and encephalitis were indeed considered to be the ideal diseases, providing the certainty of a biological ground for symptoms of insanity. From these, similar models were applied to other psychiatric illnesses, of which schizophrenia and the unknown conditions around it presented psychiatrists with the most serious difficulty. In his attempt to address the issue of external factors squarely, Radoslav Lopasic, head of the Zagreb University psychiatric clinic and a senior psychiatrist at the Vrapce hospital, published a critical analysis of the general results of several most important identical and fraternal twin studies, which were meant to test the concordance or otherwise of the onset and development of psychoses, criminality and psychogenic disorders in different sets of
twins. Predictably, Lopasic concluded that the state of international research supported the biological paradigm, and even emphasized the critical role of heredity (of “biological fate”) in instances of criminal insanity or hysteria, highlighting the fact that the world’s leading psychiatric researchers noted a minimal contribution of environmental, psychological effects. When pressed to account for possible or obvious external influences, Lopasic argued that in some cases “certain environmental stimuli” could not be disregarded, but what gave these external factors their importance was precisely the fact that the patients in question “inherited a foundation that made them susceptible.”45 In several other instances in the article, Lopasic bypassed a discussion of psychological traumas or psychogenic disorders by shifting his focus to an entirely different set of environmental factors, such as difficult birth or childhood head trauma, while his analysis came closest to an appraisal of the relevance of the broader context when he noted that, in certain parts of the country, social and popular customs, ceremonies and festivities encouraged enormous and harmful alcoholic intake. Immediately, however, he qualified his concessions, adding that only the “hereditarily burdened” were likely to succumb to these potentially illness-producing circumstances to a pathological extent: “Many times it happens that psychopathic types become criminal, especially if they have no will or are of weak will with hysterical, epileptic or imbecile mental mechanisms, on top of which then usually comes syphilis, alcoholism and tuberculosis.”46 In other words, Lopasic concluded, and in so many words, that biology was destiny, a cage of sorts, from which people rarely managed to escape. This made his argument in favor of the enhanced role of psychiatry in preventing and treating criminal disorders somewhat vacuous: if indeed diseases that were considered to be socially produced were fundamentally determined by heredity and individuals on the whole had very little chance to escape the fate written in their biological constitutions, there was very little that psychiatrists could contribute either in terms of prophylaxis and mental hygiene, or in treatment and

45 Radoslav Lopasic, “Delirium tremens kod blizanaca: Kazuisticki prilog psihijatrijskom studiju blizanaca,” Medicinski pregled, V-12, 1930, p. 342
46 Ibid., p. 342
recovery.

There was an even more serious problem implicit in Lopasic’s conclusions: his general disinterest in society, its mechanisms and effects on mental health and pathology suggested that psychiatry also had very little to say about the broader social context and tendencies, and a very insignificant role to play in discussing and evaluating the possibilities for and implications of social reform. In other words, by ignoring the psychiatric importance of the social context, Lopasic severely limited his own and his profession’s options for legitimate social engagement and increased socio-political relevance, and thereby indirectly denied that psychiatry could and should have a particularly important function in times of great social and cultural transformations and dislocations. In fact, Lopasic’s argument illustrated a curious interwar tendency: despite the enormously traumatic and long-lasting societal and psychological effects of WWI on all parts of the new country, the potentially pathogenic role of WWI was almost never raised, let alone thoroughly analyzed, in the mainstream psychiatric discussions of the 1920s and 1930s. Lopasic’s article was no exception. He concluded his discussion with his own case-study – an attempt to address the question of heredity vs. environment through an analysis of *delirium tremens* (“acute alcoholic psychosis of hallucinatory nature”) in a pair of identical twins treated in his hospital. Lopasic emphasized the validity of his argument regarding biological destiny (“udes” or “sudbina” in Serbo-Croatian) by pointing out the identical nature of psychoses in his two patients: they emerged at the same time and presented astonishingly similar symptoms, with identical hallucinations, reactions to confinement, physical indications. Moreover, the two patients had identical life trajectories: spent their childhood and youth together, married at the same time, served military duty in the same unit and were sent off to the frontline in 1914 together. The hereditary nature of their psychoses was, in Lopasic’s view, further confirmed by the similarity of their characters and temperament, of the nature of their marital problems, and, of course, their propensity to alcoholism. Lopasic had to address the problem of the shared environment: if the
patients were exposed to identical societal and psychological experiences, the causal relevance of these external effects could hardly be completely disregarded, but Lopasic remained steadfast in his response to this challenge: “There is no doubt that those moments had a certain effect on their behavior... But in the final analysis, those were all psychic reactions, psychological processings of their mental capacity, which was created on one hereditary disposition... If there had not been for it, ... we would not have been faced with the identity [of their symptoms and reactions] and such a great similarity, which astonishes us always and to such a degree.”

Even more interestingly, Lopasic clearly stated that the pathological traits of their personalities were only expressed after their military stint and especially following their return from the war, but he accorded absolutely no importance to the potential significance of the patients’ wartime psychological experiences: “They both leave for the front and return happily to their homes, where they continue the old lifestyles as if those had never been interrupted.” In fact, Lopasic offered no further information regarding how the patients viewed their own participation in the war, where they were and what happened to them, and how they interpreted their experiences from the wartime years. It is quite possible that Lopasic never even posed these questions to his patients. His claim that the war did not seem to change their lives – or personalities – in the least was extremely telling of the strength of the intellectual paradigm that determined the professional context and atmosphere in which Dr. Lopasic functioned, treated his patients, formulated his research questions and conducted his research. His dismissal of the war is even more surprising given that, in the rest of the passage, he described how, following their return, the patients’ marital conflicts became more dramatic, and they engaged in unstable, irritable, even psychopathic and paranoid behaviors: exploring that connection was clearly not a fruitful avenue of research in Lopasic’s view. Such an omission Lopasic explained in his conclusion: continuing twin studies was particularly important, he argued, because their results would truly indebt psychiatry,

47 Ibid., p. 345
48 Ibid., p. 344
moving it “in a more realistic direction, and giv[ing] it an important biological component.”49

In the same, vein, an article by two leading Serbian psychiatrists – Dr. Laza Stanojevic and Belgrade University Professor Dimitrie Dimitrijevic – set to examine a case of multiple murders committed by a patient diagnosed with encephalitis. The patient in question – a thirty-four-year-old peasant, who had apparently suffered an encephalitic infection immediately following his return from the war in 1918, and who subsequently got married and moved away from his parental home – attacked and killed his father and step-mother, and her two daughters, in June 1933. The authors immediately emphasized the paramount importance of the history of encephalitis for understanding the behavior, affect and general psychological universe of the accused patient: noting that on numerous occasions, and especially in cases in which “abnormal” individuals committed criminal acts, a convincing psychological motivation, proportional to the deed, was difficult to find, Stanojevic and Dimitrijevic suggested that psychiatrists and lawyers should forgo attempts to look for psychological motives altogether, and instead focus on “understanding the perpetrator’s general mental state.”50 The general mental state was, however, in this case fully determined by the encephalitic episode from before over a decade: the only dilemma that the authors faced was whether there had existed a prior paranoid pathological constitution that encephalitis merely reinforced, or the brain inflammation was the sole cause of the patient’s pathological and ultimately criminal behavior.51 The authors’ decision not to look for explanations and factors in the patient’s psychological life was then perfectly understandable in light of their account of the long-lasting degenerative and largely irreparable effects of encephalitic infections: in fact, an actual or suspected history of encephalitis at any point in a patient’s life critically affected the process of psychiatric examination and diagnosing, and generally rendered all major instances of that patient’s pathological behavior directly causally

49 Ibid., p. 345
50 Dimitrije Dimitrijevic, “Slucaj visestrukog ubistva u halucinatorno-paranoidnoj psihozi kod hronicnog encefalita,” Medicinski pregled, IX-9, 1934, p. 170
51 Ibid., p. 172
linked to the encephalitic episode. Interestingly, in the case of Drs. Stanojevic and Dimitrijevic’s case study, a different interpretative framework could have found the patient’s account of his life circumstances and history quite intriguing and more relevant for understanding the sources of his mental unsettledness and possible motivations for criminal actions: the patient noted himself that he had murdered his father and step-mother because both of them had continuously tried to poison him and his new family, and that “his father, persuaded by the step-mother, always hated him and sent him off to war at the age of fourteen. When, following the war, he returned home, he lived with his father, got married, had eight children, of whom they [father and step-mother] poisoned seven.”

In the article, these pronouncements were quoted mainly to illustrate the degree of the patient’s mental degeneration and his gradual succumbing to systematically delusional ideas; the possibly devastating psychological trauma suffered by a fourteen-year-old alone on the WWI Serbian battlefront (although the authors noted that the patient “remembers the war,” they offered no further commentary), or the equally profound effect of witnessing deaths of his seven children, were not taken into account even tentatively. The encephalitic episode effectively annulled the relevance of such considerations. Instead, the patient’s extreme “affective tension,” which eventually led to the realization of his “involuntary ideas” of murder, was not caused by any psychological mechanisms but rather emerged as a result of “nervous disorders and illnesses, one of which is encephalitis.” Moreover, the reason for his criminality “lay in the affection of subcortical ganglia, which, as the core of affect, can be very labile and consequently react to proportionally weaker stimuli.”

This effectively reduced the patient to an automaton, “a like of a wire-wound machine, which, after having been put in motion, simply could not be stopped [or stop itself] anymore.” Such considerations had serious repercussions for the dominant psychiatric understanding of human nature.

52 Ibid., p. 171
53 Ibid., p. 173
54 Ibid., p. 173
Not only did the belief in biological determination of human character, temperament, psychological predilections compromise the concept of free will and limit its scope and relevance; it also severely restricted the role and the effect that education and general social upbringing could have. In a different article, in which he presented the international research on the issue of where lay the cerebral, organic center of human consciousness and psychological activity, Dr. Dimitrijevic emphasized the importance of “subcortical localization of psychological functions,” and suggested that, since propensities, psychological traits and sensibilities were likely so tightly related to and determined by these cortical and subcortical centers, the structure and purposes of social education should be re-considered and put on a new foundation in light of the latest scientific research. This new footing would necessarily mean a much narrower scope and function of education, which would only make sense if it focused on perfecting these inborn, hereditarily determined propensities, and renounced other broader and more ambitious – i.e. unrealistic - aspirations\textsuperscript{55}.

If encephalitis and general paresis were model psychiatric diseases, schizophrenia was the exact opposite, a rather unfortunate circumstance given that the diagnosis comprised between seventy and eighty percent of Yugoslav psychiatric hospital inmates. In many ways, schizophrenia epitomized all of the psychiatric profession’s most unsettling frustrations: the uncertainty regarding models and details of pathogenesis and the failure to identify the organic core of the illness (which called attention to the limitations of the current biological model and research, and encouraged psychoanalytic writing on the possibility of purely psychological causes), pessimism about possibilities for treatment and prophylaxis (in the context of the profession’s strong emphasis on the unchangeability of a schizophrenic or schizoid constitution), the absence of a unified set of pathological symptoms (which underscored psychiatry’s long-time sore point – what they perceived as a failure to develop a more “scientifically respectable” and less subjective mode of examination of patients and

\textsuperscript{55} Dimitrije, Dimitrijevic, “O supkortikalnom psihizmu po koncepciji Haskovca,” Medicinski pregled, VII-8, 1932, p. 150
evaluation/classification of their symptoms) and last but not least – a profound and seemingly unbridgeable disconnect between patients and their therapists, the psychiatrists’ continuous inability to realize a meaningful communication with their psychotic patients. With so many questions regarding its origin and nature open, schizophrenia for the most part remained a domain of neuropsychiatrists and neurologists, clustered around medical universities and their research clinics. As I will show below, esteemed psychiatrists such as Drs. Stanojevic, Dimitrijevic and Lopasic in Belgrade and Zagreb approached the problem from a biomedical point of view, publishing numerous articles on the possibilities of surgical treatment of schizophrenia, on the latest international research regarding novel, hitherto undiscovered neurological symptoms, on endocrinological changes and their relationship to both the onset of the illness and the “schizoid constitution,” etc.

The professional consensus on the constitutional and hereditary nature of schizophrenia was very rarely challenged; even some of the most outspoken promoters of the psychoanalytic theory and methods, such as Dr. Hugo Klajn – a Viennese graduate, student of Wagner-Jauregg and Kraepelin, but also of Freud and Paul Schilder, and a prominent member of the Belgrade psychoanalytic association – argued in favor of biological and hereditary determinism in the case of schizophrenia and against purely psychological explanations, and proclaimed the absolute inadequacy of psychotherapy (and questionably efficacy of most organic therapies) for schizophrenic patients. Klajn was not an orthodox Freudian, and this may partly explain the firmness of his stances on the organic nature of schizophrenia, or of his frequent statements that eugenics was indeed the only form of prophylaxis for this degenerative and constitutionally determined illness. But his general insistence on the applicability of psychotherapy even in hospital settings, and on the importance of understanding complex psychological mechanisms when dealing with psychiatric patients, made his conservatism on the question of schizophrenia quite surprising, and illustrated the solidity of the inter-war psychiatric paradigm when applied to the single most common diagnosis of the time. Echoing Dr. Stanojevic’s
earlier remark that the term schizophrenia was used to refer to a “cluster of pathological changes” which involved “dissolution of personality” and developed “without any true external cause,” Klajn opined in his 1928 lecture to the Serbian physicians’ society that this was an illness of an “undoubtedly organic nature,” whose “pathogenesis and ethiology psychology alone [could not] possibly explain.” Furthermore, Klajn made it clear to his audience that the medical community accepted as a given that schizophrenia was conditioned by “a certain inborn disposition, which [was] hereditary above all: this predilection probably comprised both brain functions and the endocrine system.” Still, Klajn did dedicate a significant portion of his speech to psychoanalytic theories of schizophrenia, and conceded that psychoanalysis contributed important insights in relation to understanding and interpreting the pathological symptoms and psychological mechanisms at work when the illness had already developed.

However, in his surprising conclusion, Klajn argued that, even though the psychogenic approach could clarify the logic of schizophrenic patients’ broken associations and the sources of their delusions, psychotherapy would, on the other hand, prove absolutely futile in treating such patients, because they had utterly lost the ability to make any connections and rapport with the external world; they were unconquerable fortresses. In fact, Klajn’s proposition with regard to therapeutic possibilities for schizophrenia was entirely pessimistic: “Indeed, the constitution of a hereditarily burdened person can hardly be changed. But what we can still do is at least partly to prevent the procreation of such people.” Klajn shared his enthusiasm for Kraepelin’s Deutsche Forschungsanstalt fur Psychiatrie in Munich, which comprised a genealogical institute to provide counsel to the “hereditarily burdened;” eugenicist in inspiration, the institute advised those with documented family histories of schizophrenia not to have children. In the end, therefore, eugenics remained the only sphere of activity for psychiatrists: although Klajn finished his talk on a high note, urging his colleagues to strengthen their

57 Ibid., p. 105
efforts for raising professional and public consciousness of the problem of schizophrenia, the sense of inadequacy was palpable. His sketch of the state of scientific research on the onset, nature and development of schizophrenia, and on success rates of various therapies, communicated deep professional uncertainties and ambivalences on key matters. Furthermore, Klajn clearly stated that, beyond the German-style eugenic measures, there was hardly anything that psychiatry could do to help the treatment of the most common psychiatric disease of the time, and it had virtually nothing to offer to the large schizophrenic population inside psychiatric hospitals and in private care. The implications were enormous and quite daunting, especially for hospital psychiatrists (and Klajn was one of them, working in Belgrade’s central psychiatric hospital in addition to leading his private practice), who daily faced dozens of unresponsive schizophrenic patients.

Klajn’s speech emphasized yet another burning problem of practicing psychiatrists, both in Yugoslavia and elsewhere in Europe: the question of whether schizophrenic patients engaged in any meaningful, substantial psychological activity behind their mental barrier to the external world. Because of his psychoanalytic and dynamic psychiatric background, Klajn was certainly much more attentive to psychogenic arguments regarding the nature of schizophrenia, and especially to appreciating nuances inherent in Eugen Bleuler’s new term - “schizophrenia” - for Kraepelin’s *dementia praecox*. In particular, Klajn emphasized Bleuler’s insight that “dementia” was not always adequate because it implied (irreversible) degeneration of brain functions and gradual simplification and disappearance of patients’ mental activity; on the other hand, “schizophrenia” highlighted the complexity of psychological mechanisms of “personality dissolution” and “interiorization,” patients’ excessive focusing on their internal lives at the expense of the external reality and stimuli (the implication being that some patients harvested a rich and intricate, if unapproachable, internal life, and were not “demented” in any conventional sense of the term, but that their mental functions were preserved behind the veneer of the illness). Klajn did communicate Bleuler’s point and a broader
psychiatric discussion of the turn of the twentieth century regarding the existence (or lack thereof) of schizophrenic patients’ interior psychological lives, but he nevertheless insisted that Krapelin’s and Bleuler’s terms could and should be used interchangeably (which indeed was the practice in psychiatric hospitals at the time), thereby partly ignoring the importance of Bleuler’s revision and challenge. Furthermore, on several other occasions in the course of his speech, he seemed to argue, contrary to Bleuler, that schizophrenia would have to be seen as an invariably incurable condition, and he often referred to the “impoverishment” of schizophrenic patients’ psychological associations, to the “slowing down” of their psychological (intellectual, emotional) abilities, “flattening” of the sphere of their affects. In fact, Klajn’s interest in the character and meaning of schizophrenia’s underlying psychological mechanisms was somewhat inconsistent with his general framework and conclusions, and their discussion seemed out of place in the broader context of his speech: yes, he confirmed, there probably existed complicated and long-term psychological processes which accompanied schizophrenic disorders, but they could neither reveal anything about the source and nature of the illness (hereditary, organic), nor point towards successful modes of psychotherapy. What emerged from Klajn’s speech, therefore, was ultimately the futility of any discussion on psychological lives and symptoms of schizophrenic patients. Nevertheless, he still very eloquently formulated the frustrating dilemma which emerged from his clinical work: schizophrenia for him time and again proved to be the “most mysterious illness,” while schizophrenic patients exhibited a panoply of most diverse symptoms, puzzling their psychiatrists who were often not quite ready to write them off entirely but at the same time regularly failed to devise successful strategies for establishing consequential communication with them. Klajn lamented that, with schizophrenic patients, “one felt that, true, they were ‘distraught,’ but it was almost as if they could be different, if only they wanted to get their act together,” and that those were those “unintelligible patients” who, “despite their ‘lunacy,’ were still
This contradiction was particularly keenly felt in hospitals, where the issue of the conceptual distinction between *dementia praecox* and schizophrenia fostered bitter discussions, experimentations with patients and finally a deep sense of professional disappointment and helplessness. This frequently resulted in the conclusion that schizophrenia was synonymous with psychological and intellectual emptiness and obtuseness, and that there was nothing one could possibly work with when administering therapy to such patients. Dr. Nikola Sucic, employed in Zagreb’s Vrapce hospital and later appointed head of the female ward of the Neuropsychiatric hospital in Kovin, Serbia, wrote about “a complete blockage of any thought process” in schizophrenic patients, “as if their thoughts had simply been taken away from them;” Sucic further emphasized what he defined as an absolute absence of logic in schizophrenic patients’ statements, so that any analysis of the content of their pronouncements would be pointless; “a schizophrenic train of thoughts is completely destructed,” there ensues an “extraordinary poverty of thinking, monotony,” while the capacity for any intellectual activity is degenerated and impossible. On the other hand, Sucic, as most of his practicing colleagues did, still gestured towards the possibility of a much more complex psychological picture, one that was unavailable to him but that seemed to occasionally demonstrate signs of its own existence and significance: responding to Bleuler’s ideas, Sucic confirmed that, even in the most catatonic and stuporous patients, a system of thoughts and ideas sometimes appeared to brew under the surface, sporadically breaking through in the form of a sudden, lucid and intelligible thought or a violent act.

Such conceptualizations of schizophrenia directly affected the psychiatric clinical work and treatment of patients. The definition of *dementia praecox* as a disorder entirely unrelated to external impressions and conditions (as per Stanojevic’s article quoted above) modified hospital psychiatrists’

58 Ibid., p. 87
relationship to their particularly difficult or unapproachable patients, rendering them very willing to forego any reflection on the inmates’ statements or life histories, de-contextualize their illness and pathological symptoms, and place them squarely within the “scientifically objective,” biological explanatory framework. Just as in the earlier examples with progressive paralysis or encephalitic infections, this method of psychiatric examination often disregarded even some of the most unsettling and forceful experiences and psychological traumas, such as participation in the war or death of close family members. In the same vein, schizophrenia became a diagnosis that directed the therapists firmly and consistently away from any attempt at social engagement or broader social commentary. But the predominant psychiatric paradigm catered to some of the more socially conservative sensibilities of the profession, allowing them to avoid criticizing certain aspects of social relations and norms, cultural conventions or political life that could have been seen as potentially producing mental pathology.

Dr. Stanojevic’s instructional article about a case of female schizophrenia inadvertently illustrated these contradictions. In it, Stanojevic described a patient accused of murdering her husband, and who was subsequently sent to a psychiatric hospital for observation after a reported brief history of unusual speech and behavior. His sympathies were clearly on the patient’s side: in terms of criminal law and responsibility, there was no free will to speak of – the patient’s mental state was “entranced to such an extent that she was likely incapable of understanding the horror of her criminal deed, as this usually happens in cases of pathological attacks in schizophrenia.”60 Moreover, the patient could not possibly do anything to either cause or prevent the onset and development of this damning illness; the conditions of her pathology were absolutely outside the purview of her powers. On the other hand, as Stanojevic himself reported in the article, the patient had been reported entirely healthy and “of exemplary behavior” (even though very poor) before her getting married at the age of

60 Laza Stanojevic, “Pravna pogreska, u jednom slučaju sudske ocene shicofrenicno obolele zene, povodom ubistva izvrsenog nad svojim muzem,” Srpski arhiv za celokupno lekarstvo, sv. 7, 1931, p. 539
seventeen. Shortly after being married to a man whom she had never met before and admitted she never liked, her conduct and character traits seemed to have changed fundamentally. Stanojevic did address the fact that the onset of the illness and the beginning of the marriage coincided, only to dismiss it as irrelevant, because “here we have a characteristic pathological picture for schizophrenia with constant unrest, penchant for wandering, intra-psychic ataxia etc., so that it is unnecessary, and even entirely impossible to try to explain this case... with methods of psychological analysis!” 61 In other words, the very diagnosis of schizophrenia made any other lines of inquiry purposeless and superfluous; in fact, Stanojevic briefly engaged the argument that (traumatic) marital sexual relations might cause psychological disorders, but quickly ended his discussion indicating that he was not convinced by such proposals. As a result, his article missed the opportunity to establish the psychiatric normative authority in questions of marriage, marital conventions, female sexuality and their potential pathology: his understanding of schizophrenia prevented him from offering any commentary on the social issues involved. This was certainly problematic professionally, but was perhaps equally convenient, as it was a way out of questioning some well established norms of behavior in gender relations. In Stanojevic’s view, the wife was thus completely and unquestionably innocent, a victim – but not of her environment and family, but of her flawed biology and heredity. There remained, however, a whole set of questions and closely related circumstances that Stanojevic chose not to investigate: the context of a very poor young woman, who was married off to someone she did not choose nor approve of, and who then reported physical abuse at the hands of her new husband and his family, and who also admitted that she had attempted to run away from her new home. At the hospital, Stanojevic interpreted her derogatory statements about her husband and her reportedly constant erotic innuendo as proofs of “her thoughtlessness and frivolous take on issues very important for her life,” rather than as relevant information that could possibly illuminate the history and conditions of her

61 Ibid., p. 538
mental deterioration.  

In a similar vein, Drs. Vladimir Vujic, of the Belgrade hospital, and Dimitrije Dimitrijevic discussed schizophrenia in the context of the phenomenon of religious conversions, concluding that the decision to convert was necessarily and in all circumstances a pathological symptom of a serious psychotic disorder. In their co-authored article, they presented and briefly analyzed cases of six patients - all diagnosed with paranoid schizophrenia - who had voluntarily converted, mainly from Orthodox Christianity to Catholicism and Islam. The issue of religious conversions was a profoundly political one, especially given the tight connection between religion and nationality in Yugoslavia and the Balkans in general; in fact, the authors themselves emphasized this point, arguing that the Serbs as a national group were not characterized by a particularly deep religiosity, precisely because the country’s “long-lasting enslavement and liberation struggle gave the religion a predominantly national mark, which served to strengthen the national rather than religious consciousness.”  

Moreover, Vujic and Dimitrijevic concluded that, due to such collective historical experience, the Serbian national character internalized a particularly strong hostility towards the idea of renouncing Orthodoxy in favor of a different faith, so that conversions “were considered to be the greatest sin as well as the greatest shame.”

Therefore, this brief historical introduction served to establish some arguments regarding the Serbian national character, and also to highlight the political sensitivity of the problem of conversions: it was not merely an issue of personal choice or preference; instead, any decision to convert had tremendous implications for the well-being and survival of the nation, because it undermined one of the central tenets of the modern Serbian national consciousness - “it is better to die than to convert.” If, then, religious converts publicly repudiated one of the core values of their society, they went

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62 Ibid., p. 535
63 Vladimir Vujic and Dimitrije Dimitrijevic, “Promena vere kod paranoidnih psihoza,” Srpski arhiv, sv. 1, 1932, p. 169
64 Ibid., p. 170
against the dominant narrative of Serbian national history and thereby clearly endangered the stability of the national consensus. For that reason, a psychiatric discussion of religious conversions in Serbia could not possibly have remained a scholarly article with no direct political relevance; the authors’ scientific explanation would inevitably have a resonance beyond the narrow confines of their profession, and they had an opportunity to engage in a broader social and political discussion regarding the meaning of religious life and of religious conversions in the modern Serbian and Yugoslav state. Their stance, however, was clear from the very first page of the article: impulses to convert “always emerge in people whose mental life is particularly unbalanced.” Moreover, “schizophrenia thus proved to be the most conducive of psychotic illnesses to the appearance and development of such ideas, which could emerge in different ways in the context of this disorder.” In other words, the proper context in which religious conversions should be discussed was schizophrenia rather than the converts’ political views or religious sentiments, and one could hardly conceive of a reason to leave your own faith other than hereditary dysfunction and mental disorder.

The patients described and discussed in this article, on the other hand, themselves raised a number of political, personal (marital) and faith-related reasons for their decision to convert (dissatisfaction with the Orthodox Church’s injunctions, philosophy and rituals, or desire to protest political decisions of the government, for instance), but these were not given much attention as pronouncements of schizophrenic patients rarely held any credence in psychiatrists’ eyes. In this case as well, Vujic and Dimitrijevic decided against discussing a politically sensitive phenomenon in social, political or even cultural terms, and instead recast it as a medical condition, a consequence of a biologically conditioned mental instability: in their interpretation, the decision to convert was stripped of any deeper political or religious significance, and undertaken almost mindlessly, under the effect of

65 Ibid., p. 169
66 Ibid., p. 173-174; see also: Laza Stanojevic, “Da li je F. D. ratnik-vojnik odbio da primi oruzje 'iz verskog ubedjenja' ili pod uticajem religijoznih sumanutih ideja (paranoia chronica religiosa)?,” Srpski arhiv, sv. 11, 1928, p. 857
schizophrenic delusions and hallucinations. Their medicalization of the conversion problem placed that issue outside the purview of topics eligible for discussion, examination and questioning. Their effect was thus deeply conservative, lending the credibility of science to re-affirm the existing value system: the established consensus was to be preserved, and any challenges were viewed as pathological.

However, the socially conservative influence of biological psychiatry – which was by no means extraordinary or exceptional in the broader Central European context – would still prove rather problematic in the Yugoslav case, where cultural traditionalism went hand in hand with calls for reform and modernization. The first half of the twentieth century saw an upsurge of publications on the theme of ethno-psychiatry, and Eastern Europe participated in this increased academic production in a number of ways. After 1918 in Yugoslavia, deliberations and evaluations of the national character became even more salient, especially in the context of the new state’s dual project of nation-building and Westernization. Psychiatrists (and psychoanalysts) found themselves in the midst of this heightened attention to questions regarding the nature and characteristics of the Yugoslav, Serbian or Croatian national mentality: was there a national soul and what was it like? What were the nations’ or ethnic groups’ qualities and shortcomings and how did they come to be? What marked the South Slavs’ uniqueness and historical individuality? Answers to these questions were considered necessary in order to designate the proper path for future development, as well as to work out the content, the meaning of the new Yugoslav nation. The end of WWI and the establishment of the Kingdom of Serbs, Croats and Slovenes marked a new start in the long-time search for the “national essence;” the “liberation” and final unification of the South Slavic lands offered an opportunity to re-mold and

perfect the national mind, weed out the imperfections and symptoms of “backwardness,” “primitivism,” centuries of “foreign enslavement” and ultimately join the family of “civilized nations.” As Rory Yeomans has argued, the relationship between Yugoslav integral nationalism, eugenics and socially progressive ideals was extremely tight in the interwar period; anthropologists, ethnologists and medical doctors of all brands joined forces to propose a creation of a new European nation, to be forged out of three different “tribes.” The new progressive and “civilized” nation of Yugoslavs was to result from a synthesis of the best and noblest attributes of the three groups and consequently be superior to their separate ethnic cultures; this novel “Yugoslav consciousness,” based on modern civic virtues and rational, “enlightened” principles, would be on a par with Western nations, and would do away with the “primitive” baggage of “tribal” differences. In order to achieve this, Yugoslav integrationists proposed to co-opt the technological achievements of medical sciences and eugenics, and to elevate the health, hygienic and civilizational standards of the rural and urban populations. Inter-war Yugoslavia's nation-building was thus heavily based on racial biology and ideas of racial hygiene. Those in charge of the national health were in fact completing a most essential political task. The head of the Yugoslav Physicians' Association, Svetislav Stefanovic, was indeed one of the most prolific writers on issues of racial hygiene and improving the breeding stock of the nation. (“Of 'Yugoslav Barbarians' and Croatian Gentlemen Scholars: Nationalist Ideology and Racial Anthropology in Interwar Yugoslavia,” in Marius Turda and Paul Weindling, eds, ‘Blood and Homeland:’ Eugenics and Racial Nationalism in Central and Southeast Europe, Budapest: CEU Press, 2007, pp. 83-122). The new Yugoslav national character would be as far from the Ottoman cultural and historical legacy as possible; in fact, throughout the 1920s and 1930s, a group of anthropologists and ethnologists set about proving the biological proximity of the “Dinaric” and “Nordic races;” Dvornikovic and Males argued that the “Dinaric race,” to which a majority of the Yugoslav population arguably belonged, was closer to the “Nordic race” than to any other “race” in Europe. At other times, Males contended that the “Dinarics” were indeed superior to their West and North European counterparts, and that the Balkan or Slavic racial type could infuse the decaying European West with virility, force, energy, and racially revive it, prevent it from degeneracy. The entire Dinaric debate purported to prove that the Yugoslav “race” existed biologically, well before the creation of the (increasingly dysfunctional) Yugoslav state, but also directly countered Central and West European anthropological, psychiatric and ethnographic arguments regarding the “primitivism” and “brutality” of eastern Slavs. (Olivera Milosavleivc, Savremenici Fasizma 2: Jugoslavija u Okruženju, 1933-1941, Belgrade: Helsinski Odbor za Ljudska Prava u Srbiji, 2010, pp. 47-84). On political and cultural discussions regarding the meaning of interwar Yugoslivism, see Andrew Wachtel, Making a Nation, Breaking a Nation: Literature and Cultural Politics in Yugoslavia, Stanford: Stanford University Press, 1998; Dejan Djokic, Elusive Compromise: A History of Interwar Yugoslavia, New York: Columbia University Press, 2007; Marko Bulatovic, “Struggling with Yugoslavism: Dilemmas of Interwar Serb Political Thought,” in John Lampe and Mark Mazower, eds, Ideologies and National Identities: The Case of Twentieth-Century Southeastern Europe, Budapest: CEU Press, 2004, pp. 254-276.
were filled with articles calling for educating new generations into political Yugoslavs, psychiatric treatises treated the issue with greater caution and set their hopes lower.

For Zagreb psychiatrist Nikola Sucic, the unification of 1918 represented a realization of the long-time liberation dream of all Yugoslav “tribes,” but he warned that the ingrained negative traits of South Slavs might prove to be a serious obstacle to national prosperity. As a result of centuries of subjection to foreign rulers, wrote Sucic in the introduction to his textbook on nervous and mental illnesses, South Slavs grew some highly deleterious national characteristics: having no other choice but to adjust to constant humiliation, exploitation and suppression, to the spiritual as well as material poverty, bearing and internalizing the mark of inferiority in comparison to other, free nations, the South Slavic collective mind inevitably developed in pathological directions. They turned “envious, arrogant, lazy, overly passionate, selfish, unreliable, careless to the point of affect;” moreover, the long-term experience of political and cultural oppression bred feelings of shame, collective dishonor, fear and anxiety, which were “the source of all forms of mental freezing and backwardness, and an obstacle to cultural advancement of individuals and masses.” Sucic in fact described these historically conditioned collective traits as forms of “affective disorders,” treating the “South Slavic race” as a psychiatric patient; the patient was bound to be lacking in self-confidence, independence and trustworthiness, and to end up in a state of deep apathy and mental impoverishment: “There lay the consequences of that awful period, in the course of which South Slavs had been spiritually suppressed and as if under a spell again any positive work with no hope for a better future. A defeat after a defeat left them terrified and apathetic, for centuries on the level of mental poverty and cultural backwardness, from they still haven’t awoken.” The catastrophic historical circumstances also strengthened the negative biological traits of the South Slavic race, while preventing those positive ones from developing.

69 Sucic, Bolesti zivaca i duse, p. 12
70 Ibid., p. 13
Sucic’s interpretation of the tragic consequences of South Slavic history was already contradictory to the biological psychiatric paradigm, since it indicated that external circumstances could in fact cause mental pathology, or at least significantly shape the race’s inborn qualities. But Sucic’s challenge was rather modest: his treatise only confirmed a thesis that had long been accepted among his colleagues and educational psychologists, that it took many generations and several centuries for pedagogues to alter a nation’s character traits or mentality, and to make educational and environmental effects relevant in understanding a broader psychological picture of a collective. In his article entitled “Limits of education,” Krsta Jonic argued that “one should not expect deep changes to occur in one individual or one generation as a result of educational influences. That requires a much more long-duree perspective, and only over the course of many generations exposed to [proper] educational influences can one count on transformations and perfecting of instincts.” Even more disturbingly in the context of the Yugoslav psychiatric mission, “[t]here have been many known examples when members of some primitive people, even though they had been introduced to civilization very young and seemingly got used to a cultured life, still under certain circumstances turned their backs on the new life and returned to their old uncivilized ways.” This occurred because “the hidden power of heredity was stronger than any education [or upbringing].” Thus, if this was Sucic’s premise, the reverse must have been true as well: if the historical circumstances succeeded in shaping the South Slavs’ racial character in depraved ways over a very long period of time, it would be equally difficult and time-consuming to eliminate the negative weight of history and clean the national character and “national soul” of their dangerous imperfections, and any results would necessarily be uncertain and unreliable. Sucic and his colleagues grew ever more pessimistic about their daunting task, especially given the profound distrust of the value of education and pedagogy among traditional psychiatrists and the frustrating everyday reality of hospital work, even more so as

72 Ibid., p. 289
the period drew to a close and the general political circumstances became much less conducive to the flourishing of mental health.

Sucic implored his readers to compare the grandiose architecture of Munich, Rome, Paris or Berlin to the meager cultural institutions of their own country: “We have not got such museums like other nations, we do not have such artwork either – and what we do have is scattered, unsystematic, with no determination of time and space.” For Sucic, the central problem was the absence of local and locally trained psychiatric professionals, who could lead the people out of the “darkness of ignorance, the worst poverty and difficulty of all European peoples.” In fact, Sucic believed that it was foreign domination and submission to foreign rulers as well as doctors that resulted in such a tragic state; the solution was to raise “our own people, our own psychologists and psychiatrists, sons of this nation, who will better understand and interpret the pain and suffering of someone who is not only their fellow human but also their co-national.”

Grga Bogic, who was the head of a mental health sanatorium in northern Serbia and active in the fledgling mental hygiene movement, argued that psychiatrists naturally had a leading role to play in improving the nation and its spiritual and physical capacities. Bogic worried that the country had become a “breeding ground for all forms of evil, vice, lowliness and dirt,” and proposed that an intense psychiatric educational effort was necessary to improve the social consciousness and hygienic upbringing of the masses, in the interest of national advancement. In addition to their cultural and educational work, psychiatrists had yet another important eugenic national task, to remove and prevent the anti-social and the pathological: to create “an indestructible will to remove from our environment – even before it appears – everything unhealthy and non-beautiful and to realize for each honest man his right to healthy work and a healthy life.”

73 Nikola Sucic, *Psihologija i Psihopatologija covjecanstva: Psihologija i Psihopatologija Nagona i Ljubavi*, Zagreb, 1939, preface

There was thus never any doubt that this was a mission for psychiatrists, that deliberations and evaluations of pluses and minuses of the national character fell squarely in the psychiatric professional domain. Consequences could often be unsettling: Dr. Stanojevic noted that, as a result of centuries of cultural and spiritual impoverishment, “the Oriental and Slavic races” were particularly prone to superstition and superstitious beliefs, while Sucic fully agreed, suggesting that this was a problematic and potentially pathological phenomenon, and that the line between harboring superstitious beliefs and exhibiting signs of a full-fledged mania was a thin one. Therefore, in addition to being symptoms of “primitivism” and an “enormous spiritual poverty,” superstitious convictions could easily evolve into insanity: “they [superstitions] hide in themselves nothing ill as long as they do not undergo a sick twist, i.e. as long as they do not begin to spread and build a system of irrefutability… in and of themselves they might not be signs of illness unless they tend towards such processing and systematization that turns them into a core around which kindred, maniacal ideas spread and build.”75

In other words, superstition was in an important way akin to mania and insanity, a dangerous reservoir of blunders, prejudices and mistaken ideas of enormous power, which appeared extremely resilient and could hardly be extinguished. Sucic read this stubbornness as yet another sign of cultural primitivism and a sad consequence of centuries lived in the retrograde, medieval darkness; hospital psychiatrists faced the problem on a daily basis, and regularly lamented their patients’ tendency to understand mental illness and its treatment in terms other than those of modern science. For Sucic, certain types of superstitious beliefs and rites had a decidedly harmful effect on children’s psyche, making them prone to feelings of fear and anxiety and impairing their future affective health and stability. But consequences of this potentially pathological national trait could be much more serious.

In his article in a Belgrade medical journal, Dr. Stanojevic related a disturbing story of a female patient obsessed with paranoid ideas of a superstitious nature, who compelled her husband to kill two

75 Sucic, Bolesti zivaca I duse, p. 50
women because she suspected them of casting evil spells on her and her family. After her two children died, she had had several miscarriages and suffered “continuously from an unknown disease.” The patient grew convinced that her long-time misfortune was a result of the two women’s magic; during her stay at the psychiatric hospital in Belgrade, she confirmed several times that the women often clearly told her that they were purposely throwing curses so that “there would never be a healthy baby crying in my house.” When they finally threatened her that they were working to bring about the deaths of both the patient and her husband, she reportedly could not endure any longer and convinced her husband to get rid of them. Dr. Stanojevic cleared the husband of any guilt and responsibility: his mental state was understandably labile after listening to his wife’s pathological paranoid ideas for a very long period of time. Although at first he had been very skeptical towards the entire narrative of spells, curses and magic, the husband finally caved in when the patient continuously intimidated him with stories of their impending death. Stanojevic strongly emphasized the pathological effect that such powerful and frightening superstitious convictions had on an otherwise healthy and intelligent man. In addition, he dedicated most of his article to detailed descriptions of the patient’s ideas: her conversations with the two victims, her account of their supposed strategies for casting spells, her explanations of the apparently direct correlation between the women’s rituals and her children’s fatal illnesses. This tragic case served as a perfect illustration of Sucic’s arguments regarding the potentially disastrous consequences of popular beliefs in black magic: it demonstrated how a powerful system of paranoid pathological ideas developed from a strong superstitious seed, and it highlighted the broad impact of such beliefs – in Stanojevic’s interpretation, the husband, although not superstitious and “primitive” himself, proved unable to resist the attraction of the wife’s explanations simply because he was raised and lived in such an environment. Dr. Stanojevic concluded that the single most important cause for the murders was the “oriental races’” extraordinary predisposition to

76 Laza Stanojevic, “Dvostruko ubistvo nad dvema zenama, izvrseno od strane jednog seljaka pod uticajem sumanutih ideja gonjenja dusevno mu obolele zene (slucaj indukovanog ludila),” Srpski arhiv za celokupno lekarstvo, sv. 3, p. 181
gullibility and superstitious misconceptions; there was no doubt in Stanojevic’s mind that superstition equaled and bred mental pathology. But the pessimism pervading Sucic’s discussion of the topic seeped through Stanojevic’s exposition: the wife’s pathology seemed so deeply ingrained and rooted in her long-time blunders and prejudices that her psychiatrists could do little to help her; nothing appeared to change her mind, and she remained convinced that the murder of the two women saved her and her husband’s lives, so she never expressed any regrets but instead considered herself the chief victim. The patient, quite expectedly, was an illiterate peasant woman.

Another logical and highly unsettling consequence of such deeply ingrained “backwardness” and “primitivism” was that the South Slavic “race” was considered culturally and biologically inferior by the Western nations; Sucic was particularly concerned that “the South Slavs had stopped being a nation – they became common people [raja], despised by the cultured world.” Moreover, “being a Slav, a Serb, a Croat or a Bulgarian meant being – uneducated, poor, oppressed ... being: filthy and tattered.”77 From Sucic’s and Stanojevic's points of view, it would thus prove understandably difficult to complete the national project of 1918 – to affirm the state’s modernity, collectively conform to what was perceived as the norms of the civilized world, and ultimately win full acceptance into the European society of nations. This was one of the burning questions posed and debated by Yugoslavia’s inter-war intellectual and political elite: whether the Yugoslav peoples truly belonged to the civilized European West, or their geographical location or historical experience permanently tainted their mentality and national character so that attempts at reform might end in complete or partial failure. Psychiatrists established themselves as the most competent participants in the discussion: as researchers of human – and by extension national – mind, they considered themselves, and were largely accepted by their audience, to be fully intellectually and methodologically equipped to deliberate on and resolve the matters of national consciousness and collective mentality. Moreover, as

77 Sucic, Bolesti zivaca i duse, p. 10-11
I will show below, they had long perceived psychiatric illness as an indicator of sorts of socio-cultural modernity or otherwise of national and ethnic groups. The “psychopathologica index” of a culture also defined what position that culture occupied along the axis of civilization. Such reasoning necessarily presupposed an essential link between modernity and pathology, and suggested that the pattern and character of “racial psychoses” could reveal salient information about a nation's mental and cultural set-up. Therefore, in the early twentieth century, Yugoslav psychiatrists engaged in a dialogue with their Western and Central European colleagues regarding the value and viability of comparative psychiatry, arguing that qualitative and quantitative differences in patterns of mental pathology were directly related to the core psychological and physical features of national, racial or ethnic groups.

Such comparative ethno-psychiatry seemed like a possible solution to the difficulty posed and elaborated by Stanojevic and Sucic. If biological psychiatry could prove the “racial” or “genetic” closeness of the Yugoslav (or East European) peoples to their German or Western counterparts, then the problems stemming from historical backwardness or cultural primitivism might not present such an enormous obstacle to advancement and reform: the common “racial” core of all the European peoples, expressed through commonalities in distribution and frequency of various types of psychiatric illnesses, could conceivably override the weight of retrograde historical experiences. In an instructive series of articles published in Serbia's most important medical journal of the time, Dr. Vujic established some core tenets of Yugoslavia's inter-war ethno-psychiatry. Vujic resolutely rejected and protested the research findings of those foreign scholars – most famously Eugen Bleuler – who placed Yugoslavs alongside “North Africans, Abyssinians,... Turks, Australian blacks” because of their reported particular resilience to general (progressive) paralysis, in spite of a high incidence of syphilitic infections.78 Vujic countered these claims with the hospital statistical data which confirmed syphilitic dementia to be one of the most common psychoses for Yugoslavs – in fact, the rate of

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78 Vladimir Vujic, “Prilog uporednoj psihijatriji naroda o psihozama kod Srba I,” Srpski Arhiv, sv. 9, 1934, p. 742
progressive paralysis in the Belgrade psychiatric hospital conformed to, or even exceeded, that of the Leipzig and Freiburg hospitals. To him, this meant that Yugoslavs took part in the modern, civilized distribution of this disorder, which set them firmly apart from the “primitive” groups mentioned above, even if this meant many more people in Yugoslav hospitals diagnosed with an apparently irreversible degenerative lethal illness. The same results Vujic ascertained with regard to two psychoses – schizophrenia and manic-depressive psychosis (bipolar disorder), except that “schizophrenia was more frequent among Slavs and Jews than among Germans and Hungarians, but those differences were not considerable.” As long as the general rates and patterns conformed to the Western findings, certain inconsistencies, disimilarities and unevenness were allowed; in fact, they were, in Vujic's opinion, most probably a result of a particularly unfortunate set of historical circumstances and the consequent cultural backwardness: the lower rate of depressive and melancholic disorders (in comparison with manias) among the Serbian population, for instance, Vujic saw as a function of primitive popular beliefs and superstitions, which abounded in furious witches and other aggressive fantasies. These in turn shaped the collective consciousness and expressions of mental pathology. Vujic also vehemently disagreed with Viennese psychiatrist Emil Mattauschek, who claimed that Bosnians and Herzegovinians suffered extraordinarily frequently from epilepsy and hysteria, which indicated a higher incidence of hereditary degeneracy, and with Kraepelin, who echoed Mattauschek's views with regard to the Slavic propensity to hysteria. In fact, Vujic documented that the rates of both epilepsy and hysteria in Serbia and Yugoslavia never exceeded those calculated in Dutch, German and Swiss clinics. In other words, Yugoslavs were European biologically but backward historically and, according to the distribution and rates of mental illnesses in Yugoslavia, biology did after all succeed in overpowering the negative historical experiences, a conclusion that allowed a modicum of optimism and professional self-confidence, especially in the

79 Ibid., p. 744
80 Ibid., p. 745
organic framework of the interwar European psychiatry. It was, however, still unclear how the transition from primitivism to civilization would occur, and what role psychiatrists should carve out for themselves. Yugoslavia's traditional psychiatry of the inter-war years was only marginally concerned with psychotherapeutical methods and achievements, and generally detested psychoanalysts' insistence on re-education and rehabilitation, two aims that seemed indispensable if the psychiatric civilizing mission were to succeed.

*Psychoanalysis and its promise*

In 1925, Dr. Nikola Sugar worked with Vienna-based psychoanalyst Paul Schilder to conduct an analysis of a particularly enigmatic patient, diagnosed with paranoid schizophrenia, whose delusional system and linguistic expression proved exceptionally incomprehensible and difficult to interpret. In their subsequent article based on this case81, Sugar and Schilder focused on linguistic disorders and innovations in schizophrenic patients, and offered a detailed and systematic exploration of their patient's lengthy, convoluted statements, on the level of both form and content, emphasizing the essential connection between the two. The article elaborated the theoretical underpinnings of the two analysts' approach, and demonstrated very clearly the practical implications of such an approach for treating schizophrenic patients in therapy. For those reasons, this case effectively highlighted the nature of the psychoanalytic alternative, and the extent to which that alternative challenged the traditional psychiatric narrative and methodology. Schilder's and Sugar's choice to discuss a psychoanalytic therapy of a grave case of schizophrenia was quite extraordinary in itself, given the general reluctance of psychoanalysis to tackle the problem of psychoses and especially of schizophrenia. But this decision only made the difference between the psychoanalytic and traditional psychiatric paradigms even sharper: schizophrenia was one of the central problems of twentieth-

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century psychiatry, and it generated much professional frustration while remaining largely resistant to most organic and pharmacological therapies. Sugar and Schilder, on the other hand, claimed that schizophrenic patients were to be approached solely with a “talking cure,” and that the structure of their language and the content of their stories were the key to resolving the puzzle.

These assumptions were nothing short of revolutionary. It would take the Yugoslav traditional psychiatric hospitals at least another twenty years to even attempt a close analysis of patients' pronouncements, hallucinations and delusions; in 1925, Sugar and Schilder set out to demonstrate that their schizophrenic patient, who spoke in unintelligible phrases, coined barely comprehensible neologisms and twisted his syntax in most unexpected ways, was a legitimate interlocutor worth listening to. Moreover, they claimed that there indeed was a coherent system in the patient's speech, and that his linguistic innovations indicated a complex thought process rather than (irreversible) degeneration. In their conclusion, the authors suggested that the only way to locate, recover and encourage such patients' psychological connection to the “normal world” would be to translate and interpret the meanings of those concepts and motifs that dominated their linguistic world. In other words, the usual therapeutic pessimism with regard to schizophrenia here gave way to a rather different feeling, and the conclusion implied that a long-term recovery might be possible if a theory of such translation and interpretation could be developed and perfected.

The article itself had an unusual structure: the authors included a copy of the patient's case history in the beginning, and separated it from the subsequent analysis; in that way, the article attempted to emphasize the transcripts of the patient's statements in their more authentic version, not yet colored by the analysts' commentary, and to suggest that a careful reading of (or listening to) what schizophrenics had to say should be the core of the therapeutic method. In the course of their elaborate examination of the formal grammatical, syntactic and semantic structure of the patient's speech, they

82 Ibid., p. 39
compared it to the language of children, “primitives,” aphasic persons and modernist poets (whose poetry the patient reportedly understood very well despite his limited education), concluding that “in the essence of these linguistic disorders lay our patient's special [psychological] attitudes” rather than a hereditarily conditioned organic degeneration. In other words, the neologisms and “agrammaticism” (or “paragrammaticism”) of his speech indicated his “special need” to express unconventional emotions and impressions: the constraints and conventions of grammatical language simply were not suitable to articulate the patient's extraordinary experiences, and he consequently shunned them and replaced them with a different set of rules. Still, Sugar and Schilder emphasized that it was highly important to keep in mind that the “special language” was used only when the patient spoke of his “insane ideas,” and he returned to regular syntax and vocabulary when talking about his everyday life, which indicated that “the patient was fully capable of distinguishing between the real life and his insane creations.”

The healthy core was thus preserved: traditional psychiatrists intensely debated this issue, asking if there remained any relevant psychological activity in schizophrenic patients – Sugar and Schilder responded that the seemingly insensible, unintelligent, “empty” language of their gravely ill patient did not indicate a complete mental degeneration but, to the contrary, pointed towards a complicated but understandable and highly intelligent mechanism, comparable to literary techniques of, say, Georg Keiser, and also akin to the behavior (speech) of children and some non-Western peoples. The line between the “normal” and the “pathological” was blurred.

Reflecting their assumption that there was such a close connection between the form and the content, Sugar and Schilder also engaged in a close analysis of the patient's arguments and stories, maintaining that his entire mental state and life history needed to be considered in great detail because the content of one's experiences was never an accident but “that those contents express[ed] something essential.” Indeed, they concluded that the explanation of the patient's symptoms and their structure

83 Ibid., p. 30
84 Ibid., p. 35
could be read from what he was saying: the core of his mental deterioration lay in the internal psychological conflict that ensued as a result of his growing awareness of his homosexual tendencies. All his paranoid delusions and hallucinations could be made logical sense of, therefore, if the therapists listened and analyzed closely enough.

Psychoanalysis, on this reading, potentially provided a radically different model for dealing with schizophrenia, and one whose results and mechanisms might prove more satisfying for therapists and psychiatrists themselves. Other psychoanalysts in Yugoslavia responded to different sets of issues and sources of frustration: in his book on the relationship between psychotherapy and education, Dr. Hugo Klajn claimed that “medical psychology imposes great responsibility on educators, not allowing them to view their task fatalistically, passively, to use their supposed helplessness before unchangeable, inherited and inborn traits as a justification for their inactivity.” Moreover, Klajn defined medical doctors, psychiatrists and psychotherapists in particular, as natural experts on pedagogy, education and re-education, and argued that the core of the psychiatric mission in their daily clinical practice necessarily consisted of pedagogical work and re-education, of transforming their patients' behavioral patterns and value systems, and of correcting mistakes committed by “ordinary” teachers and parents. Finally, Klajn addressed the problem of WWI war neuroses and their long-lasting yet largely ignored consequences in the Yugoslav society: in his summaries of patient histories, he wrote of a WWI veteran who had been hurt in an explosion, returned home and had not been able to speak ever since; his doctors assumed that it was a physical injury that prevented the patient's vocal cords from functioning, although no organic disorder could be identified with any certainty. After six years, when this former soldier was already written off by traditional medicine as permanently disabled, Klajn encountered him in a psychiatric hospital and treated him with psychoanalytic methods and hypnosis, eliminated his hysteria, “re-educated” him and equipped him

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85 Hugo Klajn, Vaspitanje sa gledista medicinske i socijalne psihologije, Belgrade: Geca Kon, 1939, p. 323
to re-enter the peace-time society as a fully functional member.\textsuperscript{86} This reported achievement was indeed quite fascinating.

Yet, although, in the Yugoslav psychoanalysts' interpretation, psychoanalysis largely functioned as a medical \textit{deus ex machina} of sorts and developed relatively optimistic answers to some of the most jarring questions with which the psychiatric profession struggled in this era, it rested on assumptions and principles that proved to be unacceptable for the majority of traditional psychiatrists who held posts at universities and university clinics and in state hospitals and sanatoria. In that context, the Yugoslav psychoanalysis subsisted on the medical and cultural margins, and the field's activity and overall social influence were surprisingly modest given the proximity of the most important psychoanalytic centers such as Vienna and Budapest. Still, the interwar years in Yugoslavia saw some veritable psychoanalytic breakthroughs in cultural and institutional terms: the first translations of Freud's and his collaborators' works appeared in Yugoslavia in the 1920s and 1930s, and the country got its first psychoanalysts trained in Vienna and certified through the membership in the International Psychoanalytic Association – Dr. Nikola Sugar of Subotica and Dr. Stjepan Betlheim of Zagreb. Dr. Sugar was also the only one before WWII to practice didactic psychoanalysis, which meant that he single-handedly shaped an entire post-WWII generation of Yugoslav psychoanalysts and intellectually affected almost an entire century of Yugoslavia's psychiatric practice and thinking.\textsuperscript{87}

Institutionally, psychoanalysts did not achieve much: the first meetings of psychoanalytic societies only attracted a few medical doctors and trained psychiatrists; the remaining – and most enthusiastic – members were philosophers and humanities professors. Having completed his psychoanalytic training in Berlin with Felix Boehm, Sugar first moved to Vienna where he attended Freud's lectures and collaborated closely with Paul Schilder; as a prominent Viennese psychoanalyst,

\textsuperscript{86} Ibid., p. 21
Sugar returned to Subotica and Belgrade, and started to organize psychoanalytic circles and training groups. These eventually evolved into the formally registered Belgrade Psychoanalytic Society, which held its meetings at the Belgrade University's Department of Philosophy, in the office of its Dean Nikola Popovic, a member of the group and an avid promoter of the Freudian ideas although never a practitioner. However, in 1940, after two years of relatively successful functioning and fruitful discussions, the authorities pressured Popovic to discontinue the “undesirable” association's meetings on the premises of the University, so the psychoanalysts went on gathering in Sugar's apartment in Subotica until the beginning of the war. In the meantime, Sugar never published in any of the Yugoslav medical journals; in fact, he exclusively wrote in German and Hungarian, except for one (and to my knowledge only) article in Serbo-Croatian printed in a Belgrade pedagogical paper, organ of the Teachers' Union. Hugo Klajn temporarily worked in the Belgrade Psychiatric hospital, but reserved psychoanalytic therapy for his private practice and only published traditional psychiatric articles in mainstream medical publications. On the other hand, at Miroslav Krleza's request, he began writing for several left-wing literary and cultural journals, and also maintained contacts with Belgrade's strong and vibrant group of Surrealists, who combined psychoanalytic insights with Marxist social theory. While he was fairly successful internationally – he published in Viennese and German psychiatric journals and collaborated with Schilder and a host of Viennese Adlerians and followers of Staeckel – Klajn's attempts to popularize psychoanalysis in Belgrade left something to be desired: at meetings of the Serbian physicians' society, his arguments that sexuality was an important and legitimate topic for medical discussion fell on deaf ears, while right-wing press protested after he used the word “penis” in one of his public lectures.

In Zagreb, Dr. Betlheim's were lonely efforts in the 1920s and 1930s. As a freshly graduated

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88 Klajn, Razvoj psihoanalize u Srbiji, pp. 34-35
89 Milan Popovic, “Psihoanaliza u Srbiji,” p. 181-182
90 Razvoj psihoanalize u Srbiji, p. 39
neuropsychiatrist, he first worked with Wagner-Jauregg in his Viennese clinic, but also grew interested in psychoanalysis, and continued attending Freud's lectures and training with Paul Schilder, Helen Dutsch, Karen Horney. In 1922, Betlheim started working in the Vienna Ambulatorium, one of the first psychoanalytic outpatient clinics which offered free mental health care and mental hygiene support, primarily aiming at the working class and the poor\(^91\). Having returned to Zagreb in 1928, Betlheim founded a similar free clinic there, and it became the kernel for Yugoslavia's mental hygiene society, founded in 1932. However, as a professor of neuropsychiatry at the Zagreb Medical University and a temporary psychiatrist at the Vrapce hospital, Betlheim too restricted his interests to traditional psychiatry and neurology, while keeping his psychoanalytic experiences for work with his private patients and for his involvement with the professionally sidelined and heavily underfunded mental hygiene movement.\(^92\) In fact, progressive psychiatric approaches, such as work therapy and some forms of psychotherapy, could be – and sometimes were - tested and applied only in marginal professional settings: in psychiatric wards of provincial general hospitals, or in small-town outposts of the Belgrade and Zagreb state psychiatric hospitals.

The only psychoanalytically oriented psychiatrist who did discuss his private practice in traditional medical publications was one of the members of Sugar's initial training group, Dr. Ljubomir Dumic. Although, unlike his other colleagues, he was not active in the international circles, he seemed to have built a vibrant private practice and gained access to those professional publications in which any mention of psychoanalysis was normally shunned. Dumic's articles were never theoretical; instead, he apparently only aimed to explain the mechanisms of the unconscious and the basic tenets of psychoanalytic therapy through descriptions of his patients' neurotic conflicts and their resolution. Dumic's writings were quite revolutionary in the context in which they appeared,


especially because he never even suggested that there might have been a biological, hereditary or neurological factor in any of the disorders that he analyzed; instead, all the problems were completely psychogenic, stemming from individual psychological conflicts, convoluted life histories and the immediate socio-cultural context, and therapy was exclusively the talking cure, with full recovery achieved in most cases. However, in a different sense, Dumic's alternative could not be further from revolutionary: in his practice, psychoanalysis (and psychotherapy) had the exactly same role as traditional psychiatry and neuropsychiatry did in the hands of Drs Stanojevic, Vujic or Lopasic – it served to reinstate and reinforce the traditional conservative order. Dumic's patients all reportedly succeeded in rejoining their respective social communities as fully productive and functioning members, who dutifully fulfilled their assigned roles; in that sense, psychotherapy re-taught them their original roles which they had gotten wrong for some reason, but there was very little actual re-education in Dumic's approach. In fact, for a therapist who paid that much attention to environmental factors, Dumic remained surprisingly restricted in his social commentary and consequently his analysis offered very little potential for social reform of any sorts: in his articles, we see a divorcee “cured” of her “obsessive” love for a younger man and transformed into an exemplary mother dedicated to “social causes” and with no sexual life; a recently married young woman released of her moral qualms about sexual intercourse and ready to fulfill her wifely duties properly; another woman convinced not to protest too loudly at her husband's occasional infidelity, and to be more submissive to him; a husband made to repent his affair as well as his dubious respect for the Church and religion, to return to his family and discontinue his disrespectful outbursts towards his father; a young man “cured” of the habit of masturbation, etc. In fact, Dumic regularly de-contextualized his patients almost as much as his more traditional colleagues did: with no reflection on the broader social circumstances and conflicts, and with a narrow focus on a person's individual psychological
conflicts. This was a form of psychoanalysis that merely fixed patients to send them back to the front, as Klajn put it in 1939. It, therefore, may not have been that surprising that Dumic was present in the official publications, but the conservatism of his approach again failed to open up a space for psychiatrists to take part in discussions of the burning social and political issues of the day as more than mere mechanics. By keeping certain themes, values and patterns of behavior outside of the legitimate scope of discussion, Dumic could not address some of the central larger problems around his patients' disorders, the issue of the highly patriarchal, repressive education of children, psychological complications emerging as a result of moving from the countryside to urban areas, or the problems of divorce and abortion and their new meanings in the new circumstances.

On the other hand, most of Dumic's more established colleagues adopted a much more radical definition of social reform, and, consequently, their views of therapy and re-education often carried decidedly Marxist overtones. They saw mental illness in its different expressions as firmly embedded in a broader socio-political context, a symptom of capitalist society's own pathologies, while true recovery was only possible through a sort of revolutionary reinvention of an individual, and through deeper social and political transformations of the patient's environment. It was understandable, therefore, why Klajn or Sugar were never given nearly as much space in the medical and psychiatric mainstream as Dumic was, and why their work was only received and discussed on the social margins. It was also quite telling that Yugoslavia's three most prominent inter-war psychoanalysts – Betlheim, Sugar and Klajn – all spent their formative educational years in “Red Vienna,” in the intellectually vibrant and challenging atmosphere of the city in the immediate post-WWI years. As Elizabeth Ann Danto suggested, the psychoanalysis practiced in Vienna at this time was rather peculiar and unexpected from the point of view of today's understanding of the discipline: progressivist, activist, geared towards community and social engagement, towards social criticism

rather than conformism and psychological de-contextualization, open to treating patients of all social classes rather than only the well educated and financially established middle class. Klajn, Sugar and Betlheim belonged to this group of the earliest psychoanalytic practitioners, sharply aware of the economic cleavages marking the societies in which they moved and of the effect these cleavages had on the individual psychological development, and they brought some of “Red Vienna” and its socialist activist form of psychoanalysis back with them to their respective cities of origin. Betlheim started Zagreb's own free clinic; Sugar often treated working-class patients at no cost in his private practice in Subotica and published widely on the symbiosis and complementarity of Freudism and Marxism; Klajn called for a more socially engaged psychoanalysis and for more attention to the role of socio-economic factors in the development of neuroses.94

In fact, both Sugar and Klajn exposed the hollowness of the Yugoslav state's and psychiatrists' proclaimed educational and civilizing mission, arguing that a true re-education and a satisfactory resolution of psychiatric conflicts and illnesses were impossible without a social revolution. Sugar wrote that, just like psychiatry, law and retributive justice purported to have a re-educational, reformatory role, to correct mistakes in the upbringing of criminals and delinquents and re-socialize them as successfully as possible. However, Sugar opined, the causes for delinquency and criminal behavior lay not in personal pathologies but in the economic inequalities, mass poverty and an elaborate system of state violence and repression; re-education to decrease the skyrocketing criminality rates was thus a futile attempt without broader social transformations. In a similar vein, the psychiatric profession could not properly address various forms of social deviance – such as prostitution, alcoholism, spread of venereal diseases or increased aggressiveness and criminality – unless they analyzed (and worked to reform) other structural problems, such as the economic hardships and appalling living circumstances of the poor, authoritarian patriarchal families which

94 See Danto, *Freud's Free Clinics*, pp. 1-13
produced anxious, aggressive, sexually repressed personalities, etc.\textsuperscript{95} Klajn, the most prolific of the three, stated his criticism of the contemporary psychiatric view of re-education and therapy most bluntly: in his “Education from the point of view of medical and social psychology,” he argued that an economically exploitative society, divided into masters and slaves, could not possibly honestly attempt to “civilize” and re-educate the slaves – i.e. the lower classes – to allow them true access to equal opportunities and liberate them fully from their material and spiritual hardship, because, by eliminating the slaves, the masters would effectively self-destruct. Moreover, any psychiatric discussion of the popular backwardness or of personal and social pathologies of the masses must bear in mind the central cause of all these phenomena – the authoritarian upbringing, threats of retribution, discouraging and traumatizing social and family pressures, which did not merely express a petty bourgeois form of false morality but consciously aimed to produce disciplined and obedient citizens. Those internal psychological conflicts that ensued and that constituted the psychiatric professional sphere thus could not be understood outside the context of societal and state repression, of the power system and violence (or threats of violence) applied by the stronger against the weaker. Traditional psychiatry and the orthodox Freudian psychoanalysis, on the other hand, were not prepared to tackle the core issues, and consequently they only “made up for what [traditional] education failed to accomplish, … not changing the final educational goal” which served to re-produce the structures in which “a man would exploit another man.” Klajn added that neuroses and psychoses were not merely destructive, but contained some very important constructive elements, and constituted an attempt to solve the conflict between individual desires and societal demands. However, for traditional psychiatry and psychoanalysis, “there seemed to be no other way out of this conflict but through the neurotic’s adjustment and subjugation to the environment, a more perfected adjustment to such an imperfect society. They completely neglected the possibility of changing that very environment, of

\textsuperscript{95} Klajn, \textit{Razvoj psihoanalize u Srbiji}, pp. 30-31
deepening and encouraging the belligerent attitude to the point at which it became truly unnecessary, which means: until such living conditions are implemented which enable everyone to fulfill their true living needs.

Thus, for both Klajn and Sugar, the only truly socially engaged psychiatrist (or psychoanalyst) was a socialist revolutionary, and psychiatry and psychoanalysis were there to show the way towards social revolution, through re-education which would create individuals strong enough to effect societal changes. In turn, such transformations of the socio-economic and political environment would gradually re-educate the masses and eliminate the most troublesome forms of individual and social mental pathology. In that context, it was indeed quite subversive when Dr. Sugar claimed that it was absolutely necessary for all pedagogues and teachers to be thoroughly acquainted with psychoanalysis in order to have any success in educating children and preventing the onset and development of mental illness in the youth: “…Psychoanalysis as a method for eliminating societal drawbacks as well as for a deeper look into a child’s soul, will create a new profession, a profession for consultations on children’s upbringing and education.” Sugar emphasized that first psychoanalysts, pedagogues and psychologists would have to “create the need for such a consultative activity,” because in most cases, “difficulties in a child’s education and the real reason for children’s weaknesses lay in parents’ weaknesses, so that the education and instructions of parents becomes a precondition for a [proper] upbringing of children.”

96 Klajn, Vaspitanje sa gledista medicinske I socijalne psihologije, pp. 316-317
97 Sugar, “Uloga psihoanalize u dusevnoj higieni i u profilaksi psihoze i neuroze,” p. 325
Chapter Two

The Change of Paradigm

In the history of twentieth-century psychiatry, the role of war, especially the two global conflicts, in revolutionizing the field has been largely uncontested. In his seminal article on the relationship between interpretations of WWI shell-shock and development of psychological medicine in the UK, Martin Stone argued that psychiatrists' experience with observing and treating shell-shocked British soldiers finally ended the absolute dominance of biological psychiatry and hereditary concepts of mental illness in Britain and Europe, and ushered into an “enlightened psychiatric era,” in which more attention was to be paid to psychological origins of psychiatric disorders and to psychotherapy as a (preferred) form of treatment.\textsuperscript{98} The effect of WWI and of heated, complex debates around the diagnosis of shell-shock on the psychiatric professional outlook has been researched in great detail; the rich scholarship on the topic of WWI war trauma, its conceptualizations and economic, social and political implications highlighted the central importance of the war experience for transforming and re-defining inter-war European mental sciences.\textsuperscript{99} At the same time, however, several studies published after Stone's influential argument relativized somewhat the strength and straightforwardness of his statements: not denying the impact of war trauma therapies, researchers such as Peter Leese, Ben Shephard and others emphasized that continuities were perhaps as important as discontinuities, and that, while psychodynamic tendencies in understanding and treating mental illness certainly predated 1914, the psychogenic model was only one of several wartime approaches to shell shock, and, perhaps most importantly, the effects of wartime psychotherapeutic thinking on inter-


war psychiatry were uneven at best, with post-1918 biomedical psychiatry's limited willingness to grapple with the dynamic model while the profession remained largely indifferent to psychoanalytically based interpretations.\(^\text{100}\)

Still, not even this recent scholarship dismissed the enormous importance of psychiatric insights and discoveries related to shell-shock. As Tracy Loughran argues, even though it would be incorrect to consider WWI the catalyst of a new psychiatric paradigm, the long-term effects were profound nevertheless: “after 1918, thousands of doctors who had been forced to think about the fragility of human mind like no other generation of medical men, were scattered throughout the country.”\(^\text{101}\) It was not, however, until after WWII that a more radical transformation occurred and a psychogenic, psychoanalytically informed paradigm temporarily marginalized the hitherto dominant hereditarian, organic psychiatric explanations. The reasons for this change were numerous, some of them ideological (such as the discreditation of biological psychiatry through its association with some of the most gruesome Nazi crimes) and others sociological (the resettlement, due to the Holocaust, of a large contingent of European psychoanalytically oriented practitioners to the U.S., where a strongly psychodynamically based psychiatric profession emerged as the leader of Western psychiatry). As Robert Michels and Sander Gilman have both argued, following WWII psychoanalysis was actually perceived as a field most capable of bringing psychiatry back to the legitimate medical circles and boosting its scientific credentials, and thus assumed a supremely important role in the theory and practice of mental health sciences “to the degree that psychoanalytically oriented psychotherapy became the norm even for those practitioners who rejected psychoanalysis.”\(^\text{102}\)

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101 Tracy Loughran, “Shell-shock and psychological medicine in WWI Britain,” Social History of Medicine, 22:1, 2009, p. 91

1970s, psychoanalysis may have been gradually marginalized, but the adopted model of treatment and psychoanalytic conceptual framework continued to shape the psychiatric medical practice.\(^{103}\)

In Yugoslavia as well, post-1945 psychiatry seemed to have undergone a truly fundamental break with the earlier professional narratives. The official explanation adhered to by the psychiatric profession was ideological: in a new socialist era, psychiatry could not possibly be exclusively organic and biological, ignorant of and uninterested in the socio-economic and cultural context. But this explanation was at best incomplete. Already during the war and well before the socialist revolution of 1945, the validity of the biological psychiatric model had undergone some serious and consequential professional re-thinking. This was obvious from psychiatric discussions, evaluations, observations and notes in mental hospital case histories; it was clear that a tremendous paradigmatic shift was about to occur when even the collaborationist regime's psychiatric project began to refer to mental pathology in decidedly psychodynamic terms. These trends were certainly reinforced by the socialist take-over at the end of the war, but they were certainly not initiated by it; in fact, much of the post-war psychodynamic thinking had roots in phenomena and figures rather removed from socialism.

Philip Nord has emphasized in his recent work the complex and mixed background of the postwar French state and followed closely its various segments' roots in the apparently radically diverse legacies of the 1930s, the resistance and Vichy\(^ {104}\). In a similar vein, Yugoslavia's psychogenic psychiatry, which had its beginnings in the remarkable yet marginalized work of a group of left-wing Freuds in the 1920s and 1930s, was given a decisive boost in wartime, when hospital psychiatrists witnessed the inadequacy and breakdown of their own biomedical paradigm and searched for a new approach. It will be the aim of this chapter to observe closely the wartime interactions between psychiatrists and their civilian and soldier patients, and to explore the wartime origins of the new psychiatric model. Given that the psychiatric re-thinking of WWII trauma had an effect much more


profound, immediate and consequential than the WWI experiences with shell-shock did, I will look into the new challenges that Yugoslav psychiatry faced after 1941 and relate these novel, transformative experiences to the emergence of a dynamic and psychologically oriented postwar psychiatric interpretive/therapeutic framework.

In his 1956 article “Schizophrenia as a reaction to extreme situations,” Bruno Bettelheim argued that the experiences of concentration camp inmates and the circumstances to which they were exposed may have caused disorders very similar to schizophrenia, “so much so that a description of prisoner behavior would be tantamount to a catalogue of schizophrenic reactions.” Bettelheim could only reach this conclusion after his own incarceration in Germany and consequent subjection to “personality-disintegrating experiences in the camps,” after which he realized that there “exist[ed] parallels between these conditions and those which bring about the suffering of psychotic individuals.” Bettelheim supported his argument in favor of the psychogenic interpretation of schizophrenia and psychosis in general with his own observations of his fellow prisoners’ behavior in Dachau and Buchenwald; he ultimately concluded that “finding oneself totally overpowered” was the cause of schizophrenic reactions, regardless of the circumstances in which one experienced that terrifying feeling of submission, powerlessness and absolute loss of control. But understandably Bettelheim at the time could not have conducted systematic research about the camp prisoner population and their psychological difficulties to boost his theory. In this chapter, I will attempt to explore in detail precisely the work of those who did carry out such research and analyze those war-related situations, reactions, conditions and experiences of both victims and perpetrators, noted in case files and psychiatric discussions, which may have led Bettelheim's Yugoslav colleagues to re-consider their previously solid beliefs in the hereditary and constitutional nature of schizophrenia.

It is worth noting that even total war does not necessarily lead to such intellectual shifts. In his

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106 ibid., p. 113
research on the effects of the psychiatric treatment of WWI trauma on the civilian and soldier population in France, Gregory Thomas has argued that war-related traumatizations did very little to alter the erstwhile psychiatric paradigm, which defined mental illness almost exclusively in terms of degeneration and organic constitutional predilection. In his analysis of hospital case records, Thomas showed how psychiatrists remained immune to researching the complexities of psychological traumatization and rather uninterested in relating their patients’ wartime experiences with their psychiatric difficulties. But while French psychiatrists’ engagement with shell-shocked soldiers (as well as the affected homefront population) barely touched the dominant psychiatric theory, Thomas concluded that WWI trauma did succeed in revolutionizing French psychiatric practice in another way: the postwar introduction of open-access public mental health services, which eventually replaced primarily custodial mental asylums, in order to take care of the large and growing numbers of psychologically wounded demobilized soldiers and civilians radically modernized the way in which French psychiatry functioned, changed the relationship between psychiatrists and their patients as well as the predominant psychiatric conceptualization of those seeking mental help.107 As I will argue below, WWII in Yugoslavia achieved precisely what WWI shell-shock failed to accomplish in the French psychiatric context: it forced Yugoslav hospital psychiatrists to reconsider their own assumptions regarding the significance and mechanisms of psychological traumatization, and adjust their explorations and understandings of the nature, sources and treatment of mental illness to the new reality of mass violence and suffering. And while the experience of observing and interacting with traumatized soldiers and civilians revolutionized postwar medical debates, the accompanying transformations in Yugoslav psychiatric practice (such as the introduction of psychotherapy in public clinics and hospitals) were much longer in coming.

In this chapter I will analyze in close detail the relationship between psychiatrists and their

patients, focusing on the process of negotiation of definitions of illnesses, their sources and possible treatments. By looking closely at the content of the patient case histories and at the interactions between psychiatric hospital inmates and their physicians, I hope to establish the core themes and assumptions that guided these encounters, and constituted the predominant psychiatric culture in Yugoslavia of the inter-war and wartime years.

The interviews noted down in the patient files testify rather extensively to some of the major problems that the psychiatric profession was facing in a state-funded hospital at this time. The socio-economic, as well as educational, background of the majority of the Belgrade Hospital’s patients was significantly different from that of the psychiatrists, and so were their experiences, patterns of thought and belief and language. This particular distinction, I will argue, affected the development of psychiatric diagnoses and assumptions about the nature of mental illness to a significant degree. In particular, wartime files show how the predominantly biological, organic emphasis of the inter-war Yugoslav psychiatry was increasingly challenged, as awareness of the omnipresence and effect of war- and occupation-related psychological traumas grew, reiterated in the patients’ narratives of their own illnesses. Even when it came to diagnoses such as schizophrenia, whose biological and genetic predetermination was a virtual axiom before the war’s outbreak, the paradigm seemed to have shifted enough by the end of the war to allow for serious consideration of the relationship between environmental effects/life experiences and psychiatric conditions. Therefore, in the course of the war, the very role of psychological and environmental experiences underwent a notable transformation, which can be closely followed in the patient files.

These two core themes: the issue of class differences between patients and their psychiatrists, and the changing attitude towards the concept of psychogenic mental disease, were closely interrelated. The psychiatrists initially demonstrated a quite consistent dismissiveness towards the role of psychological trauma in the onset of psychiatric illnesses – something that the patients, on the other
hand, tended to emphasize. In one respect, this was clearly a function of psychiatry’s principal set of assumptions at the time, and of the influence of a heavily organic German (and Central European) psychiatry. On the other side, the very sociological profile of their patients determined the psychiatrists’ attitude towards their and their relatives’ pronouncements: a traumatic life experience narrated by an illiterate or marginally literate peasant or working-class person was very likely to be easily dismissed, and the causal link between a psychological distress and the development of a psychiatric condition was very rarely established, although it was quite regularly proposed by patients themselves. This changed in the course of the war, although the class background and educational level and eloquence of the patient always determined the extent to which their experiences and narrated hardships would be taken into account by the psychiatrists developing the diagnosis and treatment. As they faced new challenges under the occupation, the psychiatrists were more likely to look beyond the biological paradigm in certain cases only: those of patients more similar to themselves, or of patients most exposed to the realities and tribulations of the occupation – such as members of armed forces.

Therefore, this chapter will trace two interrelated processes: on the one hand, the way in which the clash of class differences between patients and physicians played out and affected definitions and redefinitions of psychiatric illnesses – dictating a significant level of disregard for patients’ pronouncements and interpretations, and simultaneously the increasing attention paid to the possibility of psychogenic development of various mental conditions. I will ask what drove this change of paradigm, and under what circumstances it could have been accomplished, as well as what slowed it down or outright resisted it. In the conclusion, I will survey the longer-term consequences of these wartime debates, and relate this growing awareness of the importance of psychogenic illness to the rise and influence of several psychoanalytic schools in Yugoslavia in the 1950s and 1960s.

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From the beginning of the war on, the Neuro-psychiatric hospital in Belgrade admitted and
treated a large number of patients, whose condition was frequently related to the circumstances of the occupation in one way or another by themselves or their family members and care-takers. At the same time, a pre-war trend continued, in which the hospital saw women from poor peasant families and of low educational background, whose statements pointed to their constant endurance of physical and psychological abuse by husbands or other family members. The psychiatrists, however, remained rather resistant to accepting either group of psychological trauma as relevant for interpreting the onset of mental illness for a significant period of time, and at first functioned fairly consistently within the strictly organic framework, in which psychotherapy was not practiced at all, and there was no alternative to medication and the insulin/cardiazol treatment.

One of the central problems in communication between the hospital’s psychiatrists and their patients was in their vastly different educational and economic backgrounds and general life experiences. In interactions between psychiatrists and patients of peasant background, the social and cultural discrepancy was highly noticeable, as the two sides seemed to share very few assumptions and operated with significantly dissimilar concepts and definitions of mental illness. The patients rarely possessed the set of assumptions and vocabulary compatible with their physicians’ professional medical outlook, and they employed concepts and categories easily dismissed by the psychiatric staff as “pre-modern” or “primitive.” This then regularly resulted in what could be seen as pathologization of poverty, ineloquence and under-education.

The very structure of the psychiatric patient file betrayed this tendency to socio-cultural discrimination: for instance, the knowledge test at the beginning of each interview was often not well adjusted to the patients’ social setting and educational background, as one was regularly asked to name specific historical dates and personages, to comment upon the political situation or to use counting and other mathematical skills. This frequently proved impossible for those patients, especially women, who had received little or no formal education and were functionally illiterate. When her psychiatrist
asked Olga\textsuperscript{108}, a peasant woman from the vicinity of Belgrade, the name of the queen, she did not know, but replied: “I know how to weave linen.” The different planes of knowledge and communication were obvious here. The main effect was that the patient’s mental state, orientation as well as intelligence were evaluated on the basis of a standardized set of questions which people from certain popular sectors simply were not prepared to answer. As her psychiatrist noted in the aftermath of the this initial questioning, she gave “an impression of a fairly primitive type” and “a picture of spiritual absence;” in addition, she was deemed “affectively obtuse.” Milka\textsuperscript{109}, another illiterate peasant woman diagnosed with epilepsy, replied to most of the orientation questions with “I’m not literate so I don’t know” and “I’m not sensible/reasonable enough to know;” moreover, her knowledge of the contemporary political situation was clearly less than satisfactory: she appeared to have barely heard of the war, and, finally, as an illiterate person, she could not do the assigned mathematical tasks, nor could she name months and the exact dates (“she counts time according to holidays,” the psychiatrist commented). As a result, her psychiatrists placed her in a particular, socially and culturally defined group of patients - of peasant background, little or no education - whose pronouncements would not be given due appreciation and whose “ignorance” would factor as yet another symptom of mental pathology and deterioration. Her interviewer noted that she “looked obtusely around herself, she didn’t understand questions, her answers were nonsensical and disjointed;” furthermore, her behavior was “childish, demented, suggestible….” However, in the rest of the interview, it became clear that Milka was in fact well aware of having a “falling illness” and recounted rather straightforwardly her feelings and sensations both before and after every seizure. Nevertheless, she was further described as “inconsiderate, uncritical, impressionable... when it comes to her illness, she attempts to tone it down.” Milka’s and Olga's case histories highlighted the importance of the general knowledge questionnaire for the process of ascertaining the diagnosis, as

\textsuperscript{108} Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-111, file 19538
\textsuperscript{109} Ibid., F-110, file 19527
well as the questionable appropriateness of such a knowledge test for certain sections of the population.

The insistence on the knowledge test frequently resulted in premature judgments of supposed pathologies and a tendency on the part of the psychiatrists to neglect or discount their patients’ expressions of intellectual complexity and variety. In November 1942, a group of psychiatrists from the Belgrade mental hospital wrote an expert medical evaluation of the mental state and legal accountability of their patient Ilija\(^\text{110}\), diagnosed with dementia praecox and accused of several small thefts and a larceny in his village. In their evaluation, the psychiatrists noted that the patient (who had very little or no formal education, and was illiterate) was a “primitive type…. He is not able to understand correctly his situation here, he doesn’t realize the purpose and significance of the interviews. He is uncritical…. Disoriented in time, he completes even the simplest mathematical operations slowly and incorrectly. He is empty, simplified. The expression of his face is dull…” The psychiatrists continued to state that, as a result of a long-term schizophrenic process, the patient’s intellectual functions were significantly weakened, and the prognosis for his conditions were “uncertain.” They concluded by saying that “his mental changes [were] not a subject of any active hospital treatment” - in other words, Ilija's condition was irredeemable. Such a pessimistic diagnosis and such firm conclusions regarding the patient's intellectual “primitivism” and degeneration seemed to be exclusively based on the psychiatrists’ evaluation of his responses to the initial orientation and knowledge test: his reported failure to understand the importance of the questioning, the difficulties he had with mathematical operations and counting time. In the rest of the document, Ilija's psychiatrists continued making frequent references to his “primitivism,” “emptiness” and mental or intellectual “simplicity,” and reported the “dullness” of his facial expression - all not so subtle allusions to his socio-economic position and educational background - that of an illiterate peasant. As they observed

\(^{110}\text{Ibid., F-111, file 19722-XI-756}\)
immediately before describing him as “primitive,“ “his inventory of general knowledge suits his
education and lifestyle.“ The authors of the evaluation, however, tended to interpret such indicators of
social rank as symptoms of the patient’s psychological impairment: his ineptitude for mathematics, as
well as his reported ineloquence in explaining why he would be accused of the deeds he claimed he
had not committed, were now seen as effects of his mental deterioration, and on those grounds the
psychiatric management of the hospital decided that the schizophrenic process had progressed so far
that any further psychiatric treatment would be in vain.

In the rest of Ilija's file, similar observations were written down, accompanied by a note that he
was “without content,” and that his manner of speech lacked any liveliness. Interestingly enough, this
entry, which was copied almost verbatim to the aforementioned expert evaluation, immediately
followed what was reported as the patient’s severe case of pneumonia. Ilija had been bedridden for
weeks, and suffered high fever, while prognoses remained uncertain until the very end. One could
then posit that the disorientation, a lifelessness, mistakes while counting could have at least partly
reflected his overall physical weakness rather than his “primitivism” and intellectual emptiness or
deficiencies. It is even more striking that, before the onset of pneumonia, a different psychiatrist
noted, in the aftermath of one of his interviews with Ilija, that “so far he hasn’t shown any manifest
signs of mental illness at all.” After the pneumonia episode, the psychiatrist depicted a rather different
image of the patient - one rather involved and interested in the progress of his own medical treatment
and legal case, submitting a petition, inquiring about his future and working on the hospital premises.
Still, he never revised the initial negative evaluation, and kept referring to Ilija's lack of sufficient
awareness of his illness, and his inability to fully understand his position, even his reported absence of
interest in his own situation. Over a year later, however, another certificate confirmed that Ilija's state
had demonstrated significant improvements, and suggested his release from the hospital. Given the
gloomy and dismissive tone of the initial evaluation, this was certainly an unexpected turn of events.
Furthermore, the hospital file of this patient showed him to be rather lucid on numerous occasions, and willing to enter lively interactions with the psychiatrists, to the point of writing a petition to the hospital’s management urging them to clear the “untrue accusations” raised against him. In this case, various aspects of the patient’s behavior and pronouncements were thus seen in the context of his class and educational background. What could have been merely indicators of a particular socio-economic position or signs of physical exhaustion and disorientation were instead explained exclusively in terms of psychiatric pathology.

Interestingly enough, this patient also demonstrated a particular awareness of class differences and his own socio-economic position. Ilija mentioned on several occasions that he did not have to work for anybody else because his family had had enough resources to prevent servitude. This is also how the patient explained why he thought he was unjustly accused: his neighbors hated him, because “he had his own piece of bread” and did not have to work for them. Furthermore, he speculated that the neighbors and local authorities hated his family because his mother had brought a large dowry to her husband so they did not need to work for others. Therefore, the patient very clearly interpreted the legal proceedings against him in class terms, as a consequence of the rich villagers’ resentment and hatred for a poor family who nevertheless would not accept a subservient position within the local hierarchy. He also stated that the accusers must have believed that, as a poor man, he could not defend himself, so they blamed the thefts and larceny on him. Therefore, the patient demonstrated a very sharp sensitivity towards his own (rather precarious) economic position, and towards the social and legal treatment that he received as a result of it. At the hospital as well, he reportedly complained and refused work, saying that he was nobody’s servant. The psychiatrists rejected this rather perceptive narrative, and noted that he was unable to explain satisfactorily why his neighbors would choose to accuse him although he was innocent, and interpreted this inability as a sign of his thorough mental deterioration and insufficiency.
The case of Marko\textsuperscript{111}, a patient of peasant background, diagnosed with schizophrenia, was rather similar, although class-based misunderstandings between the hospital’s staff and him were even more extreme and pronounced, given that Marko’s statements were at times unusually self-reflective and coherent and he seemed to always be ready to discuss his state. Although he was reportedly extremely talkative and willing to communicate spontaneously, without even having been asked any questions, his doctors rarely used this opportunity to analyze his statements, enter into a comprehensive dialogue with them, try to understand their meaning in the context of the patient’s illness and problems. The psychiatrists’ attitudes were instead primarily shaped by their evaluation of Marko’s socio-economic status and cultural and educational background. After deeming his general education to be "very poor, he could not answer even the most common of questions,” the physician concluded that Marko's "reasoning [was] primitive and superficial," and that, furthermore, his "intelligence suit[ed] his social standing and upbringing" (which, quite typically, implied that low intelligence was appropriate for and to be expected among the poor and uneducated, and thereby referred to both poverty and undereducation as biological, immutable categories).

After such a negative evaluation of Marko's responses to the questionnaire at the outset of his hospital interview, most of his psychiatrists' subsequent comments strongly emphasized the general irrelevance of Marko's other statements and generally did not take them seriously. After the patient insisted that he was not mentally ill, the psychiatrist noted that “he continue[d] to babble, disconnectedly and without any sense… He speaks profusely of his own will, tells about his girlfriends etc., jumps from one subject to another, babbles unstoppably, it’s difficult to fixate him.” Similar remarks were repeated at several points in the patient file, all referring to the alleged senselessness and disjointed nature of the patient’s discourse: “…then he continues talking confusedly and disorderly, in the end without any connection and non-sense.” However, although he was

\textsuperscript{111} Ibid., F-110, file 19446
described as empty and primitive, Marko did express a variety of ideas: an interpretation of his own illness and its causes and origins; a stance regarding the nature and course of his own treatment in the hospital; an interpretation of his relationship with his family and environment (termed “paranoid” by his psychiatrists). In Marko's lengthy narratives and responses, one could notice several different concepts converging - and clashing. There were some attempts to explain his illness in terms of somatic disorders, but at the same time, Marko also traced the influence and importance of environmental factors and directly related them to the emergence of his problems and his current stay at the hospital: his conflicts with the father, his marital difficulties apparently caused by the father’s interference: “Asked directly if he was crazy, the patient seems embarrassed and is silent, after the question is repeated he says that he is neither sane nor crazy, but his father made him crazy. He was married, but the father chased his wife away.” Finally, the patient explained rather lucidly the way in which his illness was interfering with his daily activities, his work routine and schedules, and his willingness to work: “Now he is feeling ill, ‘has a headache,’ ‘can’t work,’ ‘can’t sit at his bosses’,” ‘isn’t up for work,’ he only feels like going somewhere.” The psychiatrist conducting the interview noted the patient’s exact words and placed them in quotation marks, thereby emphasizing his own distance from Marko's pronouncements, ideas and wording. Marko clearly lacked the requisite conceptual tools and eloquence, and was entirely unversed in the scientifically acceptable language that would have been comprehensible to the psychiatric profession; as a consequence, one of Marko's interviewers concluded that he "[had] no special interest in his own personality." Inevitably, the way in which he explained and elaborated on his problems rested on a different set of concerns, emphases and assumptions, and sometimes it was simply an attempt on the part of someone with less than rich vocabulary and little formal education to describe states of fear, confusion or anxiety. But the difference of Marko's (and many other patients’) discourses from the rhetoric and interpretations given by the psychiatrists was striking and obvious, and it resulted in frequent dismissals of his input and
explanations, which were cited in quotation marks and ridiculed, used as the evidence of the patients’ mental disorientation and illness.

Still, despite the psychiatrists' comments, Marko did demonstrate a remarkable degree of introspection and even some hidden self-criticism, which made the notes regarding his emptiness and incapacity for self-reflection even more puzzling: "...then he admits that he is stubborn and quarrelsome, that he didn’t allow his father to order him around, that he doesn’t tolerate anyone, and regarding his work that he is hard-working and obedient, better than a woman. He doesn’t want to sit idle at home, likes to work for someone, to work on his own and for himself and that’s why his father and brothers hate him." This passage demonstrated yet another implicit attempt on Marko's part to connect the illness with his fraught relationship with his family - and with his surroundings at large, because later on he stated: “that everybody is his enemy, they don’t let him be, they want his destruction, want to bring him down.” Here one could see a different interpretation of the nature of mental illness emerging on the part of the patient - one which relied much more on the significance of life experiences and psychological factors. These remarks fell on deaf ears: the psychiatric establishment functioned firmly within the organic paradigm and dismissed the patient’s pronouncements as a “paranoid complex” or as insignificant babbling of an unintelligent, mentally impaired person.

The tendency to somatize their illnesses was rather frequent among this group of patients. Milka traced the origins of her epilepsy to supposed problems with her blood, which her psychiatrist set off in quotation marks, possibly to emphasize the irrelevance of her narrative: “she got sick before her marriage, so they advised her to get married ‘because her blood was strong.’” Marko provided a similar narrative: “He admits that he is a little crazy and says that he came here for his blood to be poisoned in order to regain his senses. The only thing that bothers him is that his blood is strong and he can’t get women out of his mind...his blood is corrupted.” In Milka's and Marko's cases as in many
others, this ineptitude to narrate one's illness in medical terms and their general ignorance or lack of formal education were confused with mental pathology and deterioration, and affected the psychiatrists’ judgment and likely added to their biases. A patient who spoke of her epilepsy as a result of her overly “strong blood” could not be accepted as a legitimate interlocutor; in addition, Milka's and Marko's inability to provide adequate answers to the initial questions effectively marked them as “disoriented” and discredited anything else that they may have said. In the rest of the file, for instance, Milka's voice was lost almost completely, and the interviewer never discussed any more of her personal history with her – or simply did not consider it important enough to note in the file.

Moreover, many of the inmates regularly employed a set of pre-modern concepts and assumptions which were obviously incompatible with the scientific understanding of psychiatric disorders and recommended therapies. This discrepancy in conceptual approaches further widened the divide between the two sides in the psychiatric dialogue and certainly worsened the status of the patients. When asked about her health problems, Olga soon started talking about the “magic” that her brother cast upon her in order to make her marry her current husband: “When the magic stopped working, she started fighting with the husband.” In addition, in her exposition the patient clearly used the language which proved to be incomprehensible to the psychiatrist: she described her involuntary marriage with the idea of magic spells having been cast on her; she also did not (and probably could not) explain her sensations of fear, physical and anguish in conventional, medically acceptable terms - she claimed that something was “beating” her under the chest “like an automobile,” that she felt somebody was grabbing her thighs, that she had a sensation that someone or something was lifting her bed in the air while she was in it with her husband, and that at night she would feel somebody strangling her while she slept. As a result, her interpretations and her concerns were quickly dismissed as having no relevance for the emergence of her mental illness. She simply did not possess the requisite rhetorical and/or conceptual tools to be taken seriously by her psychiatrist.
What emerged very clearly in Olga's case was the psychiatrists' disinterest in family violence and its potential deleterious effects on patients' mental stability. Olga felt that her brother had betrayed her by marrying her off to the man of whom she presumably had not approved; she even stated that she did not understand why the brother would do such a thing when she knew he truly loved her and meant her well. In this way, the patient directly related her marital unhappiness and the difficulties of her personal life with the origins of her illness, she even claimed that she felt better in the hospital than at home. This was further confirmed in the patient’s answer to the direct question: “Are you crazy or not?” Olga immediately recounted her problems in the village in which she lived with her husband, where “everybody hates [her]” and she had to argue with everybody, including her father in law who she believed also hated her. As she added, the husband was on his father’s side. This short exchange between the patient and the psychiatrists well demonstrated Olga's attempts to offer an interpretation of her health and mental problems that took into account the vicissitudes and malicious effect of her situation at home. She was diagnosed with schizophrenia, an illness firmly believed by the Yugoslav psychiatric establishment at the time to have an organic, constitutional basis.

In the context of the hospital, victims of domestic violence were predominantly peasant female patients, and at least initially, their narratives of difficulties with husbands or other family members received minimal attention. The belief in the negligible importance of psychological trauma as such certainly played an important role here; in addition, peasant women were among those patients whose input was the least likely to be taken seriously, since women from the countryside very rarely had much or any formal education, were not politically well-informed, traveled very little or not at all, and were more prone to operate with traditional, pre-modern categories when it came to the issues of health and sickness of mind and body. The narrative of Itana Stankovic, for instance, who spent over ten years in various psychiatric hospitals and mental asylums and was a “small-town worker,” as the

112 Ibid., F-110, file 19347-XI-392 (first admitted in April 1934, and diagnosed with schizophrenia)
file described her, revolved around family violence: asked about her family situation, she "was at first upset and railed for a while, then said... that is why I wanted to die, because my brother-in-law beats me." When the psychiatrists questioned her about reasons for the violence, she reportedly could not give a coherent response: "she answers something incomprehensible." She concluded by stating that she "preferred to die when [she] has no satisfaction of her own." Although Itana made several references, thus, to her own suicidal intentions as a result of her life conditions at home, this was not pursued any further; even more remarkably, her brother-in-law, who had brought Itana to the hospital, was not asked any questions in relation to her state or the onset and development of her illness, even though she herself singled him out as one of the main causes of her misfortune. The psychiatrists kept reiterating that she spoke "senselessly" and "gibberish," that her movements as well as pronunciation were "bizarre," that she often cried for no reason etc. Since she could not explain eloquently enough "why her brother-in-law beat her" - a question rather surprising in itself - her statements in that regard did not figure any more in the psychiatrists' notes and examinations. Her complaints about having no "satisfaction of her own" were also bound to receive absolutely no attention. In the course of her stay in the Belgrade hospital, Itana demonstrated delusions with political content: she claimed that the hospital was the king's court, and that she came there "to get married." Later on, she confided in the psychiatrist that, at the hospital, she was being "interrogated" and persuaded to sleep with the king. Such identifications with figures of political power could be interpreted as an indicator of the patient's position of weakness; and most clearly, Itana was in a profoundly powerless state on several levels, and regardless of whether her pronouncements were reliable or not, she was clearly not in a position to be listened to, nor to make any decisions as to her future - neither in her family nor in the hospital.

When asked if she had any enemies, Vesna\textsuperscript{113}, another patient of peasant background and diagnosed with schizophrenia caused by hereditary constitutional degeneracy, started crying and

\textsuperscript{113} Ibid., F-110, file 19346
replied that she had “lots of them... they attacked me and beat me with a horse [sic], axe and knives, and women hated me for being the best of all of them.” Finally, she complained of having a very difficult life with her husband: “she reproaches him and tells how he tortured and beat her. He was an idler... gave everything from the house away to his mistresses...she can’t understand why he hated her.” Violence and abuse were a constant theme in Vesna's pronouncements, and were finally made concrete and specific in her account of her marital life. However, as the cause of her illness was deemed to be heredity and hence unrelated to the difficult life experiences or psychological traumas, most of her statements were flatly dismissed. Her psychiatrist described her complaints as “childish” and “disjointed;” although she persistently claimed that she was crying for her house, because she “didn’t have anything anymore, neither her house, nor anything else,” the psychiatrist noted that her tears were “groundless.”

In this respect, the Belgrade hospital saw several instances of abuse of truly incomprehensible proportions, which tended to elicit very little sensitivity and compassion on the part of the psychiatrists. The fate of Senka – a battered peasant woman whose son’s sudden death left her in a thoroughly dysfunctional mental state – was quite shocking as well as rather typical: in spite of the mounting evidence showing that her family circumstances prevented her psychological recovery, she was repeatedly returned to her husband, whom she herself had singled out as one of the central culprits of her misfortune. Furthermore, her psychiatrists failed to attempt to alleviate her psychological pain or address the significance of her sorrow for her mental deterioration. Both Senka114 and her husband saw her illness as a direct consequence of her son’s death in a mine and her own subsequent sadness and devastation over it: “While she was at home, she ‘went off the hooks,’ but now she is fully conscious. That happened to her because she wailed a lot for her deceased son.”

In addition, Senka made several attempts to emphasize the affronts that she had suffered from her

114 G-222, F-110, file 19516
husband: “because her husband ‘lives’ with some widow, doesn’t work, doesn’t spend his nights at home…. When she ‘went off the hooks,’ she was only crossing herself, praying to God and going to the church.” The husband complained of her insomnia, aggressiveness and recalcitrance following the tragedy at the mine; of her frequent upsetness, “screaming, breaking things around the house, [running] away from the house… She says that some people assaulted her to kill her. She curses gods. Cannot sleep. Wanted to attack the neighbors.”

Senka, on the other hand, described her pain and disorientation over her son’s death in most poignant terms: “She dreamt of him frequently, it seemed to her that he would get up from the grave and return home. He was eighteen years old, he earned money and gave her so she could support herself. And when he died from a grave injury while working in the mine, she wept all the time and a lot, she remained in poverty, could not even buy grain. She didn’t stop weeping and wailing, and then they told her she lost her mind and incarcerated her, then they brought her [to the hospital].” She claimed that she had frequently seen him in front of her. Yet, when asked directly if she was “crazy,” Senka disagreed with the idea that she had “lost her mind;” instead, “she says that her husband was beating her and that’s why she wanted to cut her own hand off with an ax; she has a large wound on her right hand.” Senka in fact denied her insanity and instead related her difficulties to her physical abuse at the husband’s hands, again emphasizing the importance of environmental factors, psychological trauma and life conditions for the onset of mental problems in her own interpretation. Despite her constant statements regarding her mistreatment by the husband, however, she was released to him in February 1942, after having spent five and a half months in the hospital. The following month, the husband brought her back to the hospital in a significantly worsened condition. He claimed that she had tried to burn their house, while the patient had a different explanation: “… she claims that her husband beat her and tied her to the bed, and that he wanted to burn the house with her inside it.” To this, the psychiatrist conducting the interview asked her only if she was drinking
alcohol at home, probably a piece of information provided by the husband. Therefore, the examiner did not pursue the theme of the husband’s violence and did not inquire further into the psychological conditions in which the patient lived outside the hospital. He thereby demonstrated his choice to believe the husband rather than the patient, or at the very least to prioritize the husband’s account over taking the patient’s own words about her physical abuse seriously. The patient was now described as “completely empty” and “increasingly lost;” she was doing “nonsense,” laughed “for no reason,” and spoke “incoherently;” her explanation and pronouncements were consequently dismissed. Another female patient admitted at roughly the same time (and diagnosed with schizophrenia) had attempted to commit suicide; as she herself explained: she “tried to hang herself because she grew weary of life.” The examiner, however, expressed no interest in pursuing this line questioning and finding out in more detail the causes of the attempted suicide; he or she merely noted that “after this, she babbles on.” She reportedly exhibited damaged reasoning and critique skills, and was initially described as “disassociated and paranoid.” When the patient was approached again, more than a month later, the note simply stated that she still “talk[ed] disjointedly.” The patient’s statements, however, revealed a lifetime of suffering, an extremely difficult living situation and a series of psychological and physical traumas of possibly immense impact: frequently battered by the husband and stepfather, witnessed the husband’s infidelity, maltreated psychologically, finally it appears form her testimony that her child had recently died. None of this ever figured in the psychiatric notes, it was placed in quotation marks and occasionally commented upon briefly and in a dismissive tone. The patient declared that her greatest enemy of all was her stepfather who beat and persecuted her, “and so did his whole family.” Immediately after that, she was deemed “paranoid” by the examiner, and the relationship with the stepfather was never again raised. While she was at the observation at the General Hospital’s psychiatric ward, she mentioned that “everybody at home beat

115Ibid., F-112, file 19921
me,” and also that her husband used to physically abuse her constantly. She also made a reference to her child’s grave, and a recent pregnancy figured very importantly in her recounting of the onset of her own illness. These themes were never raised again at the mental hospital, although the patient made several efforts to point the examiners’ attention to her difficult life experiences. This may have been related, again, to the patient’s discourse and a set of ideas different from those of the doctors. When asked about her illness, the patient said that she was not mentally ill, she only became anemic after her pregnancy, “and my stomach hurt, because I had no shoes.” Further on, she claimed that she had seen God appearing at her window, and she knew it was God himself because “an ox bellowed” when He knocked on the window. Her reference to her own suffering at the stepfather’s hands came immediately after this, and the entire passage was clearly dismissed in the psychiatrist’s note. Although nobody at the hospital ever asked her about her child, she continued insisting on and talking about her experience of pregnancy, and of the pregnancy as the source of her illness: “She tells that she got sick after giving birth, ‘something burst under her skirt and I heard a female voice saying that it is getting out.’” It was never ascertained whether the dead child whom she had mentioned at the General Hospital was indeed the one to whom she had given birth recently, and whether her constant mentioning of the pregnancy was in any way connected to the trauma of losing her child; there was apparently no interest in exploring this line, nor was the death of the child in any way connected to the onset of her mental illness. Finally, when she explained how she found out that her husband was sleeping with her sister-in-law, she said that she “saw him riding a white swan, and a horse hit me right in the heart, and that’s how I caught them.” This description of the event, of her pain and the effect that this discovery had on her was bound to be dismissed. The patient was described as “babbling, confused, inconsiderate.”

However, at about the same time, in late 1941, another female patient, Mira, was treated at the Belgrade hospital, diagnosed with schizophrenia in remission, whose pronouncements were
understood much more seriously and whose patient file did not contain any dismissive remarks. Mira\textsuperscript{116} also attempted to commit suicide, but her explanations were appreciated, not secluded in quotation marks and not referred to as “babbling.” The patient was brought to the hospital from prison, where she was taken after having been arrested in the street, probably in relation to the previous arrest and deportation of her husband as a Communist supporter. The patient was a student of philosophy and, as the psychiatrist noted, involved with a students' association, and her interpretations of the sources and character of her illness were treated as relevant pieces of medical information, significant for understanding her behavior and the meaning of her gestures. The psychiatrist remarked that she was “completely aware of her illness.” Also, she was described as “absolutely logical, collected, critical of her current situation,” although she reportedly constantly exhibited hypochondriac ideas, as well as serious emotional instability. The key here was that the patient possessed the requisite eloquence necessary to define and interpret her disease and experiences in medically acceptable terms, or to come up with a discourse comprehensible to the psychiatric staff of the hospital (with whom she shared a set of ideas, language, general educational background as well as, probably, social and economic class). Regarding her previous mental state, she “admitted” that she “thought that everything happening around me was related to me; I though the whole world hated me.’ When other patients fought amongst each other, she though that everything was against her, that they were talking against her or her family.” As for the suicide attempt, she said that “she did it because she thought her whole family would be shot because of her.” By using an educated person’s vocabulary and syntax, explaining her hardships in a clear and straightforward manner, and emphasizing her current distance from her previous experiences, the patient obtained a degree of respect and willingness to listen on the part of the psychiatrists which was inaccessible for the patient from the file 19921. In addition, in the case of the second patient, the circumstances of the trauma

\textsuperscript{116}Ibid., F-112, file 20017
itself were rather different: Mira suffered a major shock directly related to and even produced by the vicissitudes of the occupation, arbitrary arrests and fierce persecution of those regarded as political enemies of fascism. It is quite remarkable that, even this early on in the course of the war, this form of psychological trauma - a product of Serbia's permanent state of emergence after April 1941 - was actually taken much more seriously than family violence. However, accounts of war-related suffering and traumatization did not always receive an equally sympathetic hearing; the class and educational background, as well as the very language in which patients framed their narratives, had a crucial effect on how the Belgrade hospital's psychiatrists responded.

The mystery of psychological trauma

The inability of the Belgrade hospital's psychiatrists to come to a coherent conceptualization of the issue of psychological trauma became very clear soon after the onset of the war and occupation. Difficult life experiences that hospital patients ever more frequently shared with their psychiatrists after 1941 were bound to make an impact, and indeed the physicians increasingly structured their interviews and hospital case files around narratives of traumatization, partly perhaps because their own perspective was undergoing transformation, partly because both the patients and their relatives/caretakers insisted on the importance of psychological suffering with a particular vehemence. Still, despite the prominence of psychological trauma as such, it remained unclear until the very end of the war what exactly its role was in the process of one's mental deterioration, and, even more importantly, how it was to be addressed and reacted to in a therapeutic context. In numerous files, although rhetorically dismissed, psychological trauma assumed the central place in conversations as well as psychiatrists' notes, and the psychiatrists demonstrated a curious confusion as to how to work it into their understanding of the diagnoses in question and their treatment.

This was particularly obvious in the case of a young female patient, diagnosed with schizophrenia, whose traumatization was powerful yet deeply misunderstood by her psychiatrist.
Jelena's117 was a case of an original trauma of truly immense proportions that received significant attention from the psychiatrist, while at the same time the patient’s own pronouncements were constantly dismissed as incomprehensible and disjointed. The patient, a thirty-year old woman, was brought to the mental hospital after having spent three days alone in the same room with her dead mother who had hung herself. Her psychiatrist, Dr. Nadezda Jevtic, described Jelena as “disassociated…babbling without any sense, …disoriented, foolish…” Jelena did not offer any alternative interpretations of the origins of her disease; instead she outright denied her mother’s death. When asked about her family at home, she mentioned that she had a living mother, to which the psychiatrist replied: “What do you mean mother when she committed suicide?” This rather insensitive comment upset the patient to the point of leaving the interview, and the conversation was only continued when the nurse brought her back. Dr Jevtic then remarked that the patient was “‘living in a regression that she [was] ten years old and that all questions [would] be answered by - Mom and Dad,’” however, despite this reference to psychoanalytical interpretations, Jevtic concluded that Jelena's denial of her ordeal - the mother's death - was a proof of the trauma’s insignificance, of its at best limited impact: “even though she spent three days next to her dead mother: [the patient told of the mother] “she is very well, thank you, she went to see the tailor“; the theme of the dead mother could not be pursued because the patient interpreted such questions “autistically… in the sense of hostility on the part of the environment.“ In the course of one of the subsequent encounters with Jelena, Jevtic noted that the patient was not able anymore to receive any external impressions; furthermore, she opined that the patient was not seriously influenced by the important events of the recent days, such as the German bombing of Belgrade in April 1941, or having spent three days alone with the dead mother, due to her “intellectual and emotional obtuseness." Hence, absolutely no attempt was made to analyze the role of the trauma through which the patient had gone immediately before arriving to the

117Ibid., F-110, file 19369
hospital in the onset and nature of her illness. In a notable twist, the psychiatrist thus emphasized the trauma - since it could hardly be ignored - and made it the central point of reference in the narrative of the case file, but also used its supposed insignificance from the patient's point of view to stress and prove Jelena's pathology and emotional inaccessibility. Similarly, the content of the patient's pronouncements did not figure at all in the process of diagnosing and devising therapy; the patient’s statements were only referred to in terms of incomprehensibility, nonsense and aimlessness. At no point did Jevtic pay more attention to explore the effects of the mother’s death, or make an attempt to decipher the origins of this “regression,” its potential meanings. As a result, Jelena received no therapy, either somatic or psychological, during her stay at the hospital, and died less than four months after having been admitted.

A similarly tragic misunderstanding – and the resulting inability to devise a strategy to address a trauma at the core of the patient’s personal history – occurred in the case of Jovanka, a peasant woman diagnosed with schizophrenia, first admitted in December 1940, then re-admitted in October 1941 and hospitalized throughout the war, until April of 1944. In early 1941, Jovanka's husband explained that they had had one child, who died of unknown causes when ten months old. Jovanka then confirmed in her conversation with Dr Jevtic that one of her children had died, while she added that she also had a second one. In the course of a later conversation, Jovanka claimed to have no children. The patient's exact family situation was then never conclusively ascertained, as none of Jovanka's interviewers pursued this line of inquiry. In a similar vein, Dr Jevtic did not take up the issue of the child's death, nor did she examine possible impacts of such a trauma on the patient's behavior or mental stability; Jevtic simply noted that "one gets an immediate impression that nothing concerns her with regard to the child, and that with regard to her husband she has some (transferred) ideas of annihilation (which actually refer back to her own personality)." However, Jovanka's

118Ibid., F-110, file 19389
narrative was interspersed with frequent references to death and destruction, as well as mourning. She mentioned "black clothes," emphasizing that she always felt the urge to cry when she saw someone clad in black. Jovanka then added that she was in mourning for her dead husband, although she also confirmed that he was still alive and brought her to the hospital. In one of her last meetings with the psychiatrists before her first release in March 1941, Jovanka retold a hallucination of hers, the occurrence of which prompted her husband to ask for her hospitalization and which she herself described as the beginning of her illness. The hallucination included a young boy who came to their door and asked for a broom. The content and meaning of this hallucination were not explored any further, although it might have been seen as rather significant in the context of Jovanka's earlier traumatic loss. Jevtic did not relate this story (and Jovanka's preoccupation with death and dying) to the patient's family tragedy in any way, and did not take it as an indication that Jovanka indeed expressed her sorrow for the deceased child. This inability to understand or recognize different - most frequently indirect and convoluted - ways of expressing a psychological trauma was quite typical for the Belgrade mental hospital at this time - Jelena's case was very similar, as it seemed that nobody at the hospital even attempted to interpret her regression as a form of coping with the trauma over the loss of her mother. Although Jevtic identified Jovanka's "ideas of annihilation," and speculated that they were indicative of the patient's self-destructive impulses, the exploration of possible origins of these did not go much further. Moreover, the fact that Jovanka never directly addressed her child's death nor discussed her feelings and attitudes about it was then interpreted as her lack of concern, her emotional insensitivity and inability to relate to external events; Jevtic even commented critically that she "sighed from time to time, but not in a depressed way, but as though she was bored." Therefore, Jovanka's detachment or unwillingness/inability to address her child's death directly was read as a sign of pathology, but this definition actually revealed much more of the psychiatrist's own failure to recognize alternative expressions of psychological traumatization in her patient's behavior.
Furthermore, Jovanka was repeatedly referred to as "empty," "intellectually blunted," "affectively obtuse," and even stupid. Jevtic even compared her to an "automaton." During her second stay at the hospital, Jovanka's personality was summarized as one of a "primitive, illiterate peasant woman."

In the case file of a refugee from the Independent State of Croatia, a narrated experience of a very severe war-related psychological distress caused similar confusion for the examiners trying to devise an appropriate therapy, and elicited telling commentary from the psychiatrists. The patient’s diagnosis, *dementia senilis*, left very little space for a discussion of non-organic sources of his mental condition and possible environmental and emotional factors affecting his deterioration. However, the patient’s life experiences and his subjection to wartime persecution and finally exile were noted in rather great detail. Yet there was never any explicit attempt in the psychiatrists’ remarks to relate this trauma to the patient’s psychological condition: “He arrived from Sr. Kamenica in June of this year, he ran away from the Ustasha. Until that time he had been fine, but when the Ustasha came, they attacked and beat him, they also killed others…. He hadn’t argued with anyone [in his village].” The psychiatrists, however, did comment upon the patient’s manner of re-telling his personal history, and especially his seeming inability to narrate the escape from the Independent State of Croatia with any coherence: “In the course of a longer conversation, the patient always gives consistent information on himself, sometimes in a desultory way. For instance, he cannot retell his escape to Serbia fluently and on his own, but tells only one segment at a time and only in response to very detailed questions.” This comment was meant as a criticism, a negative comment on the patient’s mental stability and lucidity, and was interpreted as a consequence of his advanced dementia. Interestingly enough, although they noted his incoherence only in relation to the subject of his persecution by the Ustasha and becoming a refugee, the psychiatrists never suggested that the patient’s inability to successfully verbalize his traumatic experience might have been an indication of the strength of the effect of these events on his

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119 Ibid., F-111, file 19738
mental condition. In other words, they never connected the verbal incoherence with the profundity of the trauma, and failed to use the patient’s difficulties with retelling it to re-evaluate the importance of psychological suffering and stress for the development of his mental illness. In a similar way, they commented critically and impatiently on the patient’s reported lightness when he talked of his difficult life after having escaped to Serbia: “When he moved to Serbia, he tells completely frivolously how he worked and lived, but when one gets into details of his life, it becomes clear that he was a vagrant and had no permanent occupation nor residence. He takes all that flippantly, and would like to leave the hospital and go to his sisters… about whom he hasn’t heard anything since the beginning of the war…. He doesn’t even know the name of the lady who brought him here.” Again, the patient’s reported “frivolity” when retelling his life as a homeless and moneyless refugee in Serbia was interpreted as a further sign of his progressive loss of touch with reality, a consequence of his organic dementia, and not as an indication of an exceptional psychological toll that such distressing experiences might have taken on him, which would make it very difficult for him to narrate them in any more coherent or realistic manner.

At the same time, however, already towards the end of 1941, a change in the structure of the patient file was beginning to take form, and it was particularly noticeable with regard to those patients who had experienced a novel, war-produced situation of distress prior to suffering psychiatric difficulties. Refugees from the Independent State of Croatia certainly belonged to this group, and their personal histories frequently elicited a fair degree of sympathy on the part of the psychiatrists. Even in the file discussed above, despite the insensitivity towards the patient's articulation of his traumatic experiences, the interest in his personal narrative and psychological trauma was very strong, and the central part of the interview consisted precisely of the interrogation of the exact nature and possible effect of the trauma, even though the patient was diagnosed with dementia and his state thus
considered a result of a neurological, organic deterioration. In the case of another inmate, Jovan\textsuperscript{120} - a Serbian refugee from the newly independent Croatian territory as well - the hospital file included a very lengthy and detailed inquiry into his immediate past and experiences under the Croatian regime. He was questioned on these topics on several occasions, and his wife was also asked to provide in-depth descriptions of Jovan's afflictions which immediately preceded his hospitalization. Jovan was admitted in November 1941, after having spent an indefinite period of time in various towns in Serbia. He was eventually arrested by the German Command in Pozarevac, in eastern Serbia, and brought to the Belgrade mental hospital. Jovan was reportedly in an exceptionally difficult condition: he was extremely confused, often aggressive and in fear; he begged the physicians to "treat him as a human being." According to his own testimony, he was maltreated, beaten and arrested by the Germans and the Ustasha at the beginning of the war: "I don't know what that might have been...' they wanted to make a fool out of me... tied me to a rod in the municipality building and did all kinds of things." He also mentioned that he did not know what happened to his family and material property. His wife did come to visit, and confirmed that he had been exposed to physical violence at the hands of the municipal authorities, for unknown reasons. The patient's narrative was rather disoriented and confused; he could not give a clear account of either his experiences back home or his whereabouts after the escape to Serbia. In Jovan's case, however, the psychiatrist who conducted the interviews appeared more understanding of the connections between the patient's "state of delirium" and his past traumas, especially with regard to the patient's frequently expressed fear that someone would kill him. The psychiatrist directly related Jovan's confusion with his traumatic imprisonment prior to hospitalization. Although diagnosed with schizophrenia, Jovan was eventually released as "recovered," as he was continuously described as aware of his state and critical of his illness.

Different treatments received by two different patients diagnosed with hysteria can further

\textsuperscript{120} Ibid., file 19908
testify to this process of psychiatric rethinking under the heavy impact of wartime realities. Early on in the course of the war, a very young male patient\textsuperscript{121} was brought to the hospital, who seemed to demonstrate a textbook case of hysterical symptoms: he claimed that he had not been able to walk for the last six months, and he complained of pains and “heaviness” in his head and chest, but no physiological cause was ever found for his difficulties. Not surprisingly, the setting of the Belgrade mental hospital proved superbly insensitive to the possibility that a psychological trauma could affect physical or neurological changes and problems; the psychiatrists in charge of this patient constantly hinted at his probable simulation and the inauthenticity of his difficulties. They remarked that, even though he “screamed and it seemed he was only thinking of himself,” he was actually paying close attention what the psychiatrists wrote and said of him. Furthermore, although he did not ask for food, the examiners noted sarcastically that, when given a meal, he ate very well. Finally, it seems that some violent practices were adopted toward the patient: when asked to move his left leg, the patient claimed he could not, after which he was “shaken” and prodded, and eventually made a small movement. Even more drastically, the psychiatrists’ relationship with him at times bordered on verbal abuse. When he would not answer a question, his interviewer reportedly “threatened to send him to the military,” which then prompted the patient to give “fast and thoughtful answers.” Similarly, “when asked a question, he failed to respond (pretended not to have heard), but when the doctor threatened to kill him, he smiled (therefore, understood that it was a joke).” Tellingly enough, there was no mention of any form of psychological or other distress that could have caused or triggered the patient’s “hysterical” reaction: the psychiatrists did not ask, and the patient or his family either did not share or their pronouncements in this respect remained unmentioned in the file. It would seem that the perceived unreliability of the patient prevented any deeper discussion on the possible psychological roots of his condition: as the patient's symptoms and complaints were never taken seriously, there was

\textsuperscript{121} Ibid., F-116, File 20499
never any interest shown on the part of the psychiatrists in investigating the background of the illness.

Generally speaking, both before and in the course of the war, there were very few patients who were recognized as suffering from hysteria, a diagnosis which would be likely to spearhead at least some discussion regarding circumstances surrounding the onset of the illness, and a reflection on the connection between the psychological and the organic. In one other case, however, a patient, fourteen-year-old boy diagnosed with hysteria, received a much more sympathetic treatment, and was inquired in depth about his own psychological trauma which, as neither the patient nor his psychiatrists ever contradicted, directly caused his condition. This case history, created in November 1943, revealed a significantly different psychiatric approach to the issue and importance of psychological trauma. The event immediately preceding this patient’s mental deterioration was a clear consequence of an extremely brutal occupation instituted in Serbia in 1941: as a part of the German army’s “Punitive Expedition” - reprisals raid - in Kragujevac (the patient’s home town in central Serbia) in the fall of 1941, the executions of over 2000 civilians of all ages and professions proceeded in retaliation for the Communist-led resistance attacks on German soldiers. As the patient and his parents reported, he witnessed the murder of his own younger sister by a passing German squad, while the two were playing in the courtyard of their parents’ house. The immensely tragic proportions of this event – and the clear qualitative difference from any imaginable peacetime traumas - and its likely effect on someone as young as the patient, certainly shaped the psychiatrists’ own evaluation, and the attention they paid to the patient’s pronouncements. The patient's description of the trauma was noted in detail, several times, and so was the patient's interpretation of the murder of his sister as the sole cause of his illness: "one [sister of his] died when she was eight in 1941, soon after the Germans' arrival, he says that the Germans shot her in the courtyard while he was playing with her and he got sick at that time. At first he lost consciousness, and then he was very upset, dragged some iron and hit it against the

122 Ibid., file 20058-XI-208
wall. Only after a month did he somewhat calm down. That year he could not concentrate in school..." The patient complained mainly of "seizures," physical pains and temporary problems with eyesight. In addition, "he frequently cries. 'I mourn my sister, I must mourn her.' He sees his sister all the time, and sees her suffering, the way she felt at that moment when she was killed, he would want to think about something else but he cannot, she is still in front of his eyes." The witnessing of the sister's violent death, therefore, served as the primary - and indeed only - interpretative framework for the patient's condition: he even explained his physical symptoms as a consequence of this "weakening of the nerves." Even more tellingly, the psychiatrists themselves offered no alternative opinions regarding the nature of the illness. Whenever they reported the symptoms or the patient's reactions and behavior, they refrained from commentary or any form of rhetorical distancing from the patient's own pronouncements and interpretations: as the passage quoted above demonstrated, the patient's statements were reported straightforwardly and in a matter-of-fact tone, with the assumption that they were coming from a reliable source; in the one instance of direct speech, the patient was granted his own "I" and it was clear from that as well as from the style of the surrounding text that this quotation did not serve to distance the interviewer from the interviewee's point of view but to report the patient's pronouncements as authentically as possible. This further indicated that these pronouncements were indeed taken seriously, as medically relevant, and that it appeared important to note them with the greatest accuracy. Furthermore, it is important that "hysteria" was the diagnosis of choice, although the patient's intelligence was reportedly "deficient," he was at times unable to maintain contact and communication with other people and his examiners, he showed profound confusion, his general knowledge of even the most basic concepts was rather weak - in other cases, such symptoms often led the physicians to conclude that they were dealing with schizophrenia or some other form of grave psychosis. In this case, however, a milder diagnosis also implied a much more optimistic prognosis for re-integration and a significantly less harsh indictment of the patient's "constitutional degeneracy."
In fact, after less than three weeks, the patient was released as "recovered," described as "not exhibiting any further signs of mental disturbance."

Unlike in the academic psychiatric circles and professional journals, in hospital settings the nature of psychiatric illness as such - and particularly the most frequently diagnosed one, schizophrenia - was open to discussion, especially from the lay perspective, and this emerged clearly in patients' case histories. Both before and during the war, patients as well as their relatives tended to enter into complex discussions with the psychiatrists regarding the nature and origins of mental distress, and regarding the most appropriate treatment and therapy. With the war's progress, questions of causality were increasingly frequent, and a growing number of hospital case files came to contain statements (not by psychiatrists) which tended to establish direct links between life experiences and psychiatric illness, which challenged the predominant psychiatric paradigm. These negative and traumatic experiences were frequently - but not always - related to wartime developments; most importantly, even when they were not, it was clear that environmental factors as such assumed a much greater importance, as a result of the omnipresence of human suffering under the occupation and the powerful effects that such suffering inevitably had on all those involved.

When Marija\textsuperscript{123}, an illiterate peasant from Serbia, was admitted, she offered a complex explanation of the background of her illness, which combined somatic with psychogenic elements, and the latter she saw as direct consequences of the war-time difficulties. Indeed, Marija went as far as identifying the original trauma: she claimed that she used to be “full-bodied, cheerful, now, however, ever since she got frightened and she hasn’t been eating and has suffered from constipation, she lost a lot of weight.” Furthermore, asked if she was sick at the moment, she replied negatively and clarified: “Now not at all… but I was, from all the shooting and burning down in Zabela [her home town]… so I was distressed… nothing other than that…” Finally, she also defined a set of psychological

\textsuperscript{123} Ibid., F-111, file 19694
difficulties, stemming from her war-related trauma, which went hand in hand with the somatic complaints expressed earlier on: “For almost a year, she has been depressed, lacking her previous interest in domestic chores. She has become forgetful.” Marija's telling of her lengthy story, however, came of her own initiative, while her psychiatrists never asked any questions regarding her perception of her life experiences, nor did they at any point get engaged with her narrative by posing follow-up inquiries. Instead, the tendency to pay very little attention to patients’ attempts to relate their mental difficulties and illness to environmental factors, harsh life experiences, psychological trauma etc. was exceptionally clear in this particular case: Marija was quickly diagnosed with progressive paralysis (general paresis), a condition caused by a syphilitic infection, and consequently the organic, biological basis of her illness became unquestionable. This then left very little room for inquiring into her experiences and possible psychological hardships prior to the hospitalization. In addition, no psychotherapy was practiced or even attempted.

On the other hand, patients such as Marija frequently offered an alternative interpretation, one that challenged the core of the psychiatric paradigm: in addition to somatization - and often parallel with it - they insisted on the psychological or environmental source, origins of their illness; they saw their mental problems and the consequent stay at a mental hospital as having resulted from a particular set of events and experiences, and this inclination on the part of the patients was understandably increased during wartime, when hardships, extreme events and encounters, and long-lasting traumas were much more likely than in other periods. In yet another case history, the importance of environmental, war-related circumstances for the onset of the patient’s mental illness was emphasized in the account of her brother: “Four days before [the illness appeared] she went to her husband’s house [got married]; after that, the husband went to the military exercise/practice. In the morning she bid farewell to her husband. She was indisposed the whole day, kept clenching her fists and remained

124 Ibid., F-110, file 19354
silent, around midnight she got up, went to another room and started doing certain things as if unconscious…” In this passage, the onset of the illness was thus directly connected to the husband’s joining the military: it immediately followed the husband’s departure. Furthermore, the patient’s fear for the lives of her closest family members also figures prominently in this account as a recurring theme and as a significant factor in explaining her mental state and behavior: “She prays to God for her salvation, thinks that her brothers were killed etc. She is asking for her brothers and uncles, calling for them to help her. At times she remembers her husband, starts calling him and calms down a little.” On the other hand, the patient also related her confusion and disorientation to the wartime circumstances and the precarious situation of her brothers and parents: “She admits that, at the beginning of her illness, she was confused, but she claims that she knew what she was doing. That she didn’t talk nonsense, but she was worried about her brothers because she hadn’t seen them in a long time. One of them went to the military, so she doesn’t know if he would come back. Again here she starts crying.”

In the case of Vesna125, a schizophrenic female patient, a close relative engaged in a peculiar and protracted dialogue with the physicians at the hospital in order to ascertain the source of the mental illness. In response to his letter inquiring about the origins of the patient’s mental problems, the psychiatrist wrote that “the real cause of this illness… is not yet known to the medical science, although this mental illness is among the most common of all. For now it is believed that heredity is its basis.” However, in another letter to the hospital’s management, the patient’s relative offered an interpretation of her illness and possibilities for improvement and cure which was based on a different set of assumptions. The purpose of this letter was to petition the hospital to move the patient back to Belgrade from an asylum in Croatia, where she had been sent over a month ago with a group of other patients. The reason for the petition was the need for the patient to be closer to her family in Serbia,

125 Ibid., F-110, file 19346
and for the family to be able to visit her on a more regular basis, because the relative believed that this would have a beneficial effect on the course of the patient’s illness: “During her stay in Belgrade, her sister, children and other relatives visited her from time to time, and these visits offered a moral and material support, and helped the illness subside, so that [the patient] was on her way to being cured. However, as a result of this transfer [to Croatia], [the patient] is away not only from her children and family but also from her home region, and (according to a report we got) an eternal farewell from everything comes to her subconscious, as well as the very worsening of her illness, which certainly is not the aim of the state and society.” Therefore, the “moral support” provided by the family and relatives was seen here as a form of psychotherapy of sorts, which may in the final instance lead to the complete recovery of the patient. Furthermore, the “moral consolation” furnished by the constant contact with the family as well as by the physical closeness to her home could “help her leave the hospital” sooner. On the other hand, what led to the deterioration of her illness and her mental state was again related to environmental factors, the psychological trauma coming as a consequence of her separation from all that was familiar to her. There were also references to the patient’s subconscious in this letter, which may further indicate the author’s (partial) familiarity with psychoanalytic terms and concepts, and his assumption that a form of psychotherapy (which was not practiced at the Belgrade mental hospital at this time) would be beneficial, or even crucial, for the patient’s recuperation. The idea that psychotherapy was the appropriate form of treatment also suggests, of course, that the mental illness in question may be psychogenic rather than purely hereditary or constitutional. In this case, then, a family member attempted to indirectly offer an alternative reading of his hospitalized relative’s psychological difficulties, perhaps also pointing the psychiatrists’ attention to the patient’s life hardships and experiences. In yet another letter, he directly asked if a blow in the head could have caused the patient’s illness, also mentioning that the culprit - the one who had hit the patient - admitted his deed. This may seem rather contradictory - yet another interpretation, now tracing the
illness to a physical rather than psychological injury. However, as becomes clear from the patient’s own pronouncements, the reality of violence and physical abuse did constitute a part of her very difficult life experiences, so that the particular physical injury referred to in the letter was just a part of a larger and long-lasting psychological trauma endured by the patient.

*Psychological trauma and its inaccessibility*

Even before the outbreak of the war, psychiatrists at the Belgrade Neuro-Psychiatric hospital used a very peculiar language to describe their schizophrenic patients. The concepts employed to try to interpret the nature of that most frequently diagnosed illness betrayed a long-lasting and profound frustration with the profession’s own inability to understand the psychological processes involved. In patient case histories one encounters again and again this complex and mystifying language of inaccessibility of patients’ inner lives and mental processes, which directly contradicted the above-described system of ideas attributing emptiness especially to lower-class patients. Furthermore, the hospital psychiatrists regularly established a clear distinction between schizophrenic patients’ interior and exterior, between their “superficial” and “deep” layers of personality, and frequently insisted on the existence of highly complex psychological processes at work in cases of schizophrenia; these thought processes were then arguably concealed behind the external shield of schizophrenic behavior and consequently unreachable. Dr Nadezda Jevtic, for instance, often complained of this supposed internal conflict, the stark division between her patients’ inner and outward personae, which always resulted in her own inability to get through to the patients’ “true” individuality, to their thoughts locked up inside. This frustration was indeed understandable, especially given that, at least at the outset of the war, the biological framework went virtually unchallenged in these hospital settings, where very little time and energy was devoted to discussing or theorizing the possibility of psychogenic disorders, and no psychotherapy was ever practiced. The existence of such psychiatric
discourse on schizophrenia, thus, in itself revealed some serious problems and deficiencies within the hereditary paradigm of mental illness, highlighting its unsatisfactory and reductive explanatory and therapeutic potentials.

Jevtic’s notes in the case file of a particularly unresponsive female patient - a maid, refugee from Slovenia – repeatedly suggested that an entire complex intellectual universe was hidden behind her “frozen” appearances: “She holds herself rather torpid, paralyzed, not that she doesn’t know what to do, but that she wouldn’t do anything due to fear.” Furthermore, “What she is thinking about is only known to herself, nobody can get through her negativism and ‘paralyzed anger.’” Jevtic recorded her own impression of the patient’s “dedication to and living through something autistic (whose contents are unknown to the external world).” At times, the language clearly indicated a confrontation: after eleven months of treatment, Jevtic reported, the patient was “much more collected and self-possessed, but she is still concealing something inside herself and won’t admit it.” She remained “Wistful, immersed in her own state,” paying no attention to events and persons outside of herself.

The idea of these inaccessible internal processes was then accompanied by the assumption that the problem was in the patient’s denial of her own individuality: “all her movements are as if she was running after something or somebody, compelled by some distinctive thoughts… gives the impression that, in her autistic state, she is persecuting her own personality as well.” Yet, at this point the language became extremely tangled and difficult to follow – another sign of the profound confusion regarding the nature of schizophrenia and mental processes in schizophrenic patients: “depersonalization expressed in ‘not wanting’ to know of herself (in direct contact one gets the impression that everything that causes the patient to negate her thoughts of herself and in relation to her environment, also in her negativism she expresses identification with the surroundings)...In the state of intellectual paralysis, partly incapable of thinking, as well as incapable of understanding due

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126Ibid., F-110, file 19030
to her autism, but partly also there is negativism for everything outside of herself that is being ‘forced’ upon her to grasp and work through.” The central trait of this patient’s grave and irreversible condition was thus “negativism directed against her own personality,” although – as was clear from the records above – it was very difficult to understand what exactly this “negativism” entailed and how it functioned in the context of the patient’s treatment.

At the same time, one regularly encountered the idea that patients were “empty,” especially in the cases of people diagnosed with schizophrenia. As was frequently the case with patients of her social background - peasants - Vesna’s face was depicted in the notes as “obtuse, with a torpid, empty smile;” she was, furthermore, “absolutely inaccessible,” and uncooperative, frequently aggressive and mostly disobedient. These were then interpreted as signs of her internal psychological barrenness, although there still were occasional references to her being preoccupied with herself and living in her own separate world – which clearly contradicted the statements regarding her supposed emptiness. Another female inmate\(^\text{127}\), a former clerk, was described in a strikingly similar way: as “completely inaccessible to the external world.” The psychiatrist recorded that the “expression of her face betray[ed] certain dejectedness in obtuseness” (which implied the existence of a certain emotional or intellectual content behind or underneath this external obtuseness). Furthermore, “her gaze [signified] spiritual peregrination and inability to concentrate thoughts.” The central aim established in this patient’s file was for the psychiatrist to venture behind the exterior and unravel the web of thoughts and ideas affected by the illness. However, throughout the examination and treatment process, the psychiatrist kept expressing her doubts regarding whether there was any interiority to look for in the first place: “…she ‘thinks’ and talks, but she herself doesn’t know what she thinks, what she talks about, why and for whom she reproduces all that.” Although the patient was described as “completely autistic, distraught, immersed in herself, wistful…,” the psychiatrist still concluded that “it [remained]

\(^{127}\text{Ibid., F-116, file 20507}\)
unknown if she [thought] anything (if she had any thoughts) in the course of days and hours, but when encouraged to have contact, she reproduced senseless thoughts, and the more she was ‘willing’ to talk, the more she proved to be distraught.” One note indicated the patient’s “paralysis/freezing of the intellect in emptiness, and the state of obtuseness,” even though the idea of emptiness - intellectual or emotional - was somewhat in contradiction to the opposition interior/exterior that the psychiatrist had been trying to establish throughout the file. Finally, the frustration reached its culmination point: the patient was referred to as an “automaton:” “An ‘automaton,’ which speaks out ‘thoughts’ which doesn’t do anything (doesn’t work), which walks but it is unknown where she wants to go and what she wants - she is absolutely inaccessible.” Finally, it was telling that the patient herself complained about her own treatment at the hands of the hospital’s staff, and the wording of her complaint echoed Jevtic's remarks regarding the patient’s similarity to automatons, machines: “She complains that they don’t protect her here, but the doctors use her, a living person, as ‘some object, material.’”

The conflict between these two interpretations of schizophrenia – the one based on the perception of emptiness and the other on the idea of the binary exteriority/interiority - was pronounced even more strongly in the case of Keti, a young housemaid, admitted in January 1941

128 The case of this patient raised a further very important issue regarding the way in which mental patients were treated and thought of outside the hospital, by society at large and their own closest environment and family. It was also indicative of the hospital psychiatrists' predominantly dismissive attitude towards the concept of mental patients' rights within the hospital's hierarchy. According to the psychiatric notes, there ensued a particularly striking conflict between the patient’s family and the psychiatrists; the patient’s mother reportedly exhibited certain ‘abnormal’ traits, but the core of the disagreement was in the family’s constant complaints about the patient’s treatment in the hospital: “the patient’s mother is full of ideas regarding what should be given to the patient and in what ways in order to cure her.” Furthermore, the mother apparently frequently caused disruptions with her complaints - “excesses:” The psychiatrist also opined that, during her visitations, the mother constantly kept the patient agitated. The problem was that the mother persistently questioned her daughter and the staff about the conditions at the hospital; as the psychiatrist acerbically noted, “[the family] is ready to complain left and right as soon as they would notice that some ‘injustice’ is being done to their daughter, thinking ‘rightfully’ that other are forced to do for their daughter whatever her own family was not able to do.” The last part of this sentence refers to another aspect of the doctors’ disagreement with the family. According to the patient file, the family consistently refused to take the patient back and keep her at home because they found her behavior unacceptable and could not tolerate it. What is striking about this particular case is that the psychiatrist in charge of devising the proper therapy for this woman seemed to be using the family’s rejection of home care as an excuse of sorts for the inadequate treatment of the patient. The psychiatrist also showed clear irritation at the mother’s invocation of the idea of the patients' and their families' right to a just treatment at the hospital, which was certainly indicative of the state and dominant ideology of Belgrade’s central mental hospital at the time.

129 Ibid., F-110, file 19352-XI-397
after having attempted suicide. In Keti's case, the psychiatrists' frustration with the inaccessibility of her psychological processes and motivation was expressed most clearly, as Dr. Jevtic was repeatedly unable to convince the patient to explain her suicide attempt in any detail. As she wrote at the end of the first meeting, "as the examination, i.e. penetration into her psychic state is impossible, it will be stopped for now and postponed until and if it is possible to discover her internal developments in any direct way." Jevtic commented that the patient was in a "state of suffusion of thoughts and freezing in everything." The patient's visual and acoustic hallucinations also reassured the psychiatrists in their belief that there was indeed a complex internal psychological process at work, but one that was not yet outwardly obvious due to Keti's "freezing in negativism." At the same time, almost all words and syntagms which referred to Keti's psychological activities were regularly placed in quotation marks: "She sits with her head down, 'thoughtful,' plucking with her fingers (senseless and stereotypical actions);" "At the end of the last month for a few days she was in a particularly 'good mood';" "For now, she 'explains' the 'motive' of her suicide attempt with a simple 'How do I know;'' "She touches her palm, scratches, 'ponders,' looks around, but remains inside herself." [emphases added] During one later conversation, after Keti reportedly "unfroze" to an extent, the psychiatrist described her behavior as shy, putting that word too in quotation marks. It remained unclear what these meant exactly, but they may have been used to suggest the inauthenticity, or at least a questionable nature, of the patient's thought processes or emotions; this then indicated a degree of doubt on the part of the psychiatrists (Dr Jevtic in this case) regarding whether the patient indeed thought or felt anything, whether she truly engaged in any intellectual or emotional activity, which was certainly in contradiction with the aim outlined at the outset, to "penetrate" her psychological interiority.

This frustration, which almost regularly resulted in a poor and insensitive treatment of patients, in fact stemmed from the inability on the part of the psychiatrists to realize any meaningful contact with them, especially in the heavily organic framework of Yugoslav psychiatry which provided no
conceptual or practical tools for facilitating such relationships between mental practitioners and their patients. A female schizophrenic peasant patient’s file reported that “only occasionally [did] she raise her head and look expressionlessly at the examiner. …asked if she is crazy, she remains absolutely indifferent, without any expression on her face….empty, obtuse, indifferent, wanders aimlessly around the ward.”

The change of paradigm

In October 1942 - rather early, therefore, in the course of the war - a group of prominent psychiatrists from the Belgrade psychiatric hospital completed an elaborate evaluation of the mental condition of Spaso Lakic, a merchant and restaurant owner from Sopot, Serbia, who had been accused of murdering one of his neighbors in the days immediately following the invasion of Yugoslavia by the Axis forces in 1941. In this evaluation, which confirmed that Lakic should not be held accountable for the crime he had committed due to the deleterious long-term effect of his diagnosed illness - schizophrenia, the three psychiatrists formulated a possible shift in the ongoing discussions regarding the nature and origins of schizophrenia most clearly. Although the belief in the necessary constitutional degeneracy as the basis for the development of schizophrenia was maintained and upheld, the authors added that the role of environmental and psychological factors may need to be reappraised in light of the wartime experiences. After stating that, according to the then prevalent paradigm, schizophrenia could not develop solely in relation to some detrimental external events and psychological distress - regardless of the intensity of their emotional effects - but by necessity implied the existence of latent "schizoid" characteristics, the psychiatrists added noncommittally that "it [was] still uncertain whether the numerous experiences from this war and the horrors related to it would change the medical outlook on the outbreak of mental disturbances of this kind." Throughout the inter-war and wartime years, the Yugoslav psychiatrists emphasized the uncertainty of medical

130 Ibid., F-111, file 19779
131 Ibid., file 19591
researchers regarding the processes - neurological, endocrinological or psychological - leading to the development of schizophrenia, but even the more psychoanalytically oriented among them always insisted on the primacy of the biological framework, viewing psychological and environmental factors as triggers and activators. Therefore, the statement from this evaluation - weak and undecided as it was - should be seen as rather revolutionary in its own context. For the first time, the psychiatric discussion of schizophrenia was explicitly opened to seriously take into consideration purely psychogenic explanations. The signaling of this new openness occurred in this particular file certainly not by accident, and analysis of the patient's profile can go some way towards understanding the circumstances of the possible shift in the paradigm.

Spaso reportedly committed his crime under what the psychiatrists as well as the justice system at the time defined as profoundly extenuating circumstances (he was initially sentenced to two, then three years of imprisonment, while the court took into account "the circumstances which had a heavy psychological effect on the indictee."). According to the evaluators and court documents, Spaso was mobilized in April 1941, after the German attack, and returned home on April 16, where he found out that his neighbor used the situation of lawlessness and breakdown of the Yugoslav army and state to "plunder state property" from the local train station. Spaso tried to prevent him and asked him to share some of the stolen goods with the local poor, after which the two engaged in a physical conflict and Spaso shot the neighbor dead with his revolver. In addition to the moral overtones - the psychiatrists clearly sided with Spaso's point of view, especially given the government-sponsored public campaign against profiteers and black marketeers of all sorts during the war - the patient's military background played a central role here.

The difficulties that he himself reported were all related to his traumatic experiences from the frontlines; furthermore, just like a number of other patients in the Belgrade hospital, Spaso saw his mental deterioration as a direct result of his wartime distress: "His head illness started ... after one
particular fight and heavy bombardments. Ever since he has been feeling a pressure in his head, clutter in his ears, he feels tightening in the head and frequently cannot express what he feels. In addition to that, he often sees before his eyes everything that he lived through [in the war], all very alive and colorful, so that it makes him shiver." Later on, the patient made references to the numerous wounded and dead soldiers whom he had seen on his way home from the front; as a result, even the familiar places and areas seemed to him "alien and distant," and he also felt some indefinite anxiety. The patient also demonstrated other symptoms that grew to be quite typical for the strained atmosphere of the German occupation: he feared that he had been accused of Communist sympathies and activities, and he occasionally claimed to have heard that his family and house were destroyed. Thus, Spaso's mental deterioration could be placed firmly within the context of the wartime brutalities - in whose midst he found himself already in April 1914 - and occupation-related dislocations.

Indeed, the psychiatrists made several rather extensive - and compassionate - references to the psychological difficulties experienced by Spaso, which had directly preceded his act of murder. The wartime psychological traumas, combined with the fact that the victim was characterized as a profiteer - the greatest, most despised sin at the time, thus, made a significant impact on the psychiatrists' interpretation of the nature of Spaso's condition. The final section of their report was rather confusing and muddled: they eventually subscribed to the theory of "constitutive degeneracy," claiming that Spaso's schizophrenia - clearly developed at the time of the examination - must have affected his reasoning and accountability at the time of the murder too because that condition could not have emerged and advanced without prior constitutional disturbances "in a latent, more concealed form." However, although the possibility of a psychogenic schizophrenia was thereby dismissed, it was made clear later on in the text that this dismissal could be only temporary, and that the psychiatric experiences with patients undergoing extreme war-related traumas - such as those reported by Spaso - could alter the prevalent medical belief in schizophrenia's organic roots. This was proclaimed in
Spaso's file and evaluation even though he himself admitted - and his examiners confirmed - that he had a long prior history of mental and "nervous" difficulties of a more transient nature. Interestingly enough, the patient demonstrated a consistent awareness of his illness throughout the period of examination and observation: he regularly distanced himself from all the symptoms and ideas that the psychiatrists related to his mental condition, describing them as products of his "nervous illness;" generally, his interpretations conformed with those given by the psychiatrists, and this may have also influenced them to take the patient's pronouncements and lived experiences more seriously, and factor them into their own explanation. In addition, Spaso's socio-economic background and his educational level might have had a similar effect on his relationship with the physicians.

The change of approach was particularly noticeable in the cases of patients most directly affected by the war realities, such as members of the armed formations of different sorts. Some of these files also demonstrated how the very definition of “paranoia” as a psychiatric category could be questioned under certain conditions. Its meaning as a pathological disorder may change - or become narrower - to a very significant extent in the circumstances of a brutal and violent regime, in which the possibility of being murdered at any point and with no apparent reason was very real, and the precariousness of one’s position offered more than enough rational ground for constant fear for one’s own life and for feeling terrified of, quite literally, everybody. Milan132, a diagnosed schizophrenic, belonged to the Chetniks, one of the local armed organizations which started as nationalist anti-fascist resistance but moved increasingly towards collaboration with the German forces and the local Serbian government as the occupation went on. In the course of his hospital examination and subsequent therapy, the psychiatrists initially diagnosed psychopathia - exogenous paranoid reaction, but as his state gradually worsened and it became increasingly difficult to communicate with him, the diagnosis was changed to schizophrenia catatonica. However, and fairly extraordinarily, the harshness of the

132Ibid., F-110, file 19511
German occupation was taken seriously, especially the toll it may have taken on those under arms, and environmental factors and psychological hardships of the wartime period did play a significant role in the process of establishing the diagnosis for this patient. The very fact that he was initially diagnosed with “exogenous reaction,” which was a disorder encountered rather rarely in the Belgrade hospital’s patient files, indicated that the external events and difficult experiences endured by the patient were central for understanding the nature and occurrence of his mental breakdown, even though in the final instance the illness was defined in terms of heredity and constitutional predilection. Milan himself reported that his health problems started as a result of his fear and preoccupation: “… with a large number of villagers, he accompanied the occupying army to Mionica, following the orders of his superior. Already then he felt some fear (that day German soldiers had been in his house). The feeling of fear started to close in upon him. He was afraid of both groups. Day after day fear was growing. He thought of suicide. He looked for ways to kill himself.” The patient’s reference to being afraid of both groups may have indicated the difficult position of lower-level members of the collaborationist organizations in Serbia under the German occupation: he was worried about reactions of the anti-German groups, most notably the Communist led resistance, as well as of the contempt and enmity of the local population, aggravated by the extreme harshness and brutality of the occupation policies. At the same time, it was very clear from his pronouncements that the patient was also terrified of the German army and its punitive measures, to the point that the presence of German soldiers in his house reportedly triggered his illness, while the punitive expedition of the summer and fall of 1941 figured as the original trauma of sorts in his own interpretation. In that sense, the tensions and precariousness of his position - as a member of a collaborationist formation in a country in which an exceptionally vicious occupation system was instituted - were easily comprehensible, and they bred a state of extreme fear, haggardness and anxiety.

Towards the end of the war, the very structure of the case history changed, and patient files
became shorter, more concise, with psychiatric remarks more widely interspersed and intervals between medical examinations grew longer. At the same time, however, especially in files of soldiers and others directly affected by wartime tumults, patients' pronouncements assumed the central place in the narrative, and they were increasingly treated as authentic, truthful representations of their authors' mental condition and experiences – instead of being bracketed off in quotation marks or followed up by psychiatrists' dismissive comments, these narrations of psychological traumas now often constituted the chief interpretive framework for the entire cases, and were considered to be an acceptable reference in the course of establishing a diagnosis. In October 1943, for instance, a male peasant\textsuperscript{133} came to Belgrade and checked himself in the hospital voluntarily. Vladimir complained of arrhythmia, insomnia, paranoia ("he had a sense that something terrible was going to happen") and frequent fits of crying for no apparent reason. The only explanation offered in the (rather short) file was the one proposed by the patient himself and heavily conditioned by the difficult and precarious circumstances of the occupation, violence and resistance. Vladimir told his interviewers that he started having difficulties after "people from the woods," i.e. members of one of the resistance movements, came to his house and threatened him. He claimed that at that time, he "got scared, felt some internal restlessness continuously. He could not sleep... every little thing upset him, he felt like crying without any deeper reason." After over a month spent at the hospital, Vladimir's state barely improved: the psychiatrists reported that he would spend entire days crying, continued having sleeping disorders, and maintained minimal relations with the external world. However, he was soon released as "recovered," and his final diagnosis was "reactive depression." In this case, therefore, the circumstances that seemed to initiate the patient's mental instabilities were fairly outstanding, straightforwardly war-related and most probably represented a rather new context for the appearance of psychiatric illness, a new situation that the physicians encountered as they received, examined and

\textsuperscript{133} Ibid., F-112, file 20077
diagnosed hospital patients. Consequently, although the patient was described as rather ineloquent and generally withdrawn, his pronouncements were taken seriously and formed the foundation for the main interpretative framework of his illness; his disorder was seen as entirely psychogenic, and there were no speculations as to his "genetic" precondition or otherwise.

After the liberation of Belgrade and especially in the course of 1945, the psychiatric hospital received an increasing number of patients, both male and female, in whose files the psychological war-related traumas assumed the central place, not only as the core of the patient’s explanations but also as the focus of the psychiatrists’ observations. These patients’ diagnoses were also frequently unclear, and constantly changing over the course of their treatment. In most cases, ‘schizophrenia’ constituted a starting point, but it was at times eventually converted into a less pessimistic one, such as “depression,” “mania” or “melancholy.” Even in those instances in which schizophrenia remained the primary diagnosis, it was clear that its nature and prognoses were now viewed in a significantly different manner, as an increasing number of the “schizophrenic” patients left the hospital after short periods of time as “recovered” or “fully recovered.” The centrality of psychological trauma in both the patients’ and psychiatrists’ narratives here suggests its increased importance in the mental professionals’ understanding of the etiology of mental illness, including schizophrenia.

The confusion regarding the diagnoses was also very telling: the moving back and forth in these patient files between schizophrenia and melancholia, or schizophrenia and “traumat. psychosis” indicated the discomfort with allowing for a larger role of psychological, environmental factors in the development of a disease traditionally viewed as genetically and organically conditioned. In the instances in which no other diagnosis replaced schizophrenia too, the increasing number of those released as cured and proclaimed able to fulfill their civic/legal duties showed that such a powerful presence of psychologically traumatizing effects and events may have changed the way the psychiatric professionals now evaluated the onset as well as possible outcomes of this most frequent of all the
diagnosed mental illnesses in the 1940s Belgrade.

The psychological traumas recounted in these files were all related to the wartime events and dislocations, most frequently deaths of family members, as well as expulsions and violence experienced by refugees. One patient\textsuperscript{134} reported that he had lost two of his brothers in the course of the war; the main reason for his hospitalization was the feeling of fear, panic and anxiety as a result of having been “questioned by the authorities” after a parachute landed near his home. Given the criminal nature of the local and occupation government in the previous four years, this peasant patient explained that, since he had never been summoned and interrogated by the police, he now started feeling “afraid that somebody would kill him, that he would make a mistake or do something wrong.” This remained the only interpretation of his condition, and it was unclear whether it was the patients’ or his examiners’, and he was released after less than two months, his mental stability apparently fully recovered. A refugee\textsuperscript{135} diagnosed with schizophrenia suffered from what was termed paranoid delusions and various hallucinations; he stated that he lived in conditions of abject poverty, after having been expelled from Croatia: “The Ustasha killed my father, my mother died, one brother POW in Germany, sisters ran away somewhere, their husbands killed by the Ustasha…” The patient reportedly recovered from such a massive trauma rather quickly; after less than a month, he was evaluated as “completely considerate [of his former illness], intellectually intact, without any anomalies in mood,” and released without escort as “fully recovered.” Another refugee\textsuperscript{136} from Croatia, a male peasant diagnosed with schizophrenia as well, fell ill “towards the end of the occupation,” after having escaped the Ustasha terror and lived for four years in “poor and difficult circumstances,” surviving aerial bombardments, constant gunfire and various other military actions. He too was deemed fully recovered at the end of his stay in the hospital. A partisan fighter\textsuperscript{137},

\textsuperscript{134} Ibid., F-117, file 20769
\textsuperscript{135} Ibid., file 20772
\textsuperscript{136} Ibid., file 20774
\textsuperscript{137} Ibid., file 20747
diagnosed with schizophrenia, described the almost unbearable living conditions that he endured ever since he had joined the resistance movement in 1941: asked if he was sad, he said that he used to be, because “there was no bread, we were completely run down, we were hungry and thirsty.” Furthermore, the patient’s family was obliterated in the course of the war, which he mentioned in the form of denial of his own pain over these losses: “who died, died, who survived - survived, I won’t go around mourning for my mother and sister.” Nevertheless, he reported hearing voices which spoke about those who had died. Although the psychiatrists noted down his difficult mental state and inability to maintain functional communication with those surrounding him, they did not discuss or mention any possible sources of his illness other than the psychological strains expressed in the patient’s responses.

Even in those cases in which the patient had a prior history of commitment to a mental hospital, the existence of a serious external, war-related traumatic event was at times deemed more significant for the development of the illness, especially towards the end of the war. This was a fairly far-reaching transformation, and one that took place throughout the occupation period; its subtle implications and development can be traced in patient files, especially given that in the pre-war years and the early stages of the war non-organic interpretations - regularly proposed by patients themselves - were largely dismissed by their examiners. Again, the continuities in the manner of treatment were as striking as differences: the more educated and eloquent patients received greater and more thorough attention, and their expositions were listened to rather carefully, their pronouncements taken into consideration to a much larger extent than was the case with illiterate and semi-literate peasants and workers. Nevertheless, the change was clear: even the lower-class patients’ accounts of external psychological strains and difficulties were now awarded a much more influential place, and the language of genetic and biological nature of schizophrenia and other forms of psychosis subsided significantly.
Furthermore, even when differences in treating more educated or well-off patients are taken into consideration, it was still rather extraordinary that, in the later years of the war and occupation, illnesses of white-collar employees or intellectuals with a history of pre-war hospitalizations, were interpreted almost solely in the light of their traumatic wartime experiences. In the case of a male patient\(^{138}\), a thirty-year-old engineer, who was hospitalized in 1943 and then again 1944 and diagnosed with *psychosis maniaco-depressiva*, with *depression* as a later addition, this was precisely what happened: although he had spent a considerable period of time in a mental sanatorium in 1938, his psychiatrists at the Belgrade hospital meticulously wrote down the train of traumas that he experienced in the course of and as a result of the occupation; in their narrative of the patient’s history in the case file, what used to be considered merely “triggers” of psychiatric breakdowns - his detention due to accusations of leftist activities, his wife’s indeterminate imprisonment - gradually got transformed into the central causes of his deteriorating mental condition, and his previous illnesses were only referred to very sketchily and not as a part of the explanation of the nature of his disease. Instead, the file was dominated by the patient’s personal history and the account of his difficulties as a political suspect. The psychiatrists, moreover, seemed to adopt the patient’s own interpretation of his illness as a direct response to the sadness and anxiety caused by his wife’s imprisonment, as well as by his own very difficult incarceration: “Five months ago, his wife was taken to prison, that upset him, and he felt sick about a month ago. All the old symptoms reappeared: ‘aimlessness, emptiness, I have no will to work, all my movements are slow, as if I were frozen.’” Moreover, the examiners later re-iterated that “his wife was arrested, supposedly as a leftist and is now in the concentration camp in Smederevska Palanka [a youth reform camp for young Communist Party members and sympathizers, in a town in central Serbia]. All that had such an effect on him that he ‘started losing his nerves…’”

\(^{138}\) Ibid., F-114, file 20199
In 1952, Dr. Nadezda Jevtic presented her schizophrenia-related research at a Novi Sad conference of Yugoslav neuropsychiatrists. The title of her address - “Prognostic indicators when treating schizophrenia with ECTs and insulin” - clearly suggested that her focus was now on somatic therapies and rested on the assumption that schizophrenia was a biologically induced disorder with straightforward organic indicators of both recovery and stagnation. Jevtic's wartime emphasis on psychological implications of the illness and her interest in the content of her patients' delusions seemed to wane; she was instead focused on administering medication-based therapies, measuring arterial pressure, spinal fluid pressure and glycemic levels, and observing her patients' sleeping regimens. Still, the tone of her writing changed considerably: although her core therapies were purely somatic, she concluded her talk on a rather optimistic note, saying that “based on these prognostic indicators, it will not be difficult to improve one group of schizophrenic patients and re-integrate them in the economy, and to look for new successful treatment methods for the rest of the patients that would result in their healing.” In the end, Jevtic expressed her hope that her research findings would help her colleagues “delve into the essential nature of schizophrenia, which would be a great success and very useful for our medical sciences.” In stark contrast with her pre-war and wartime notes in which she regularly referred in great detail to the impossibility of any meaningful communication with or significant improvement of the mental state of schizophrenic patients, Jevtic now spoke of cures, recovery and even complete healing; she also shared her belief that there could be other forms of therapy for schizophrenia besides the somatic treatments with which she experimented; finally, her remark regarding the need for understanding the “essence” of the illness was highly reminiscent of her previous professional projects, and it also implied that her biologically based experimentation could and should be complemented with other forms of research in order to get at the core of the disease.

At first glance, the source of Jevtic's sudden optimism was not entirely clear. None of the therapies she was describing was particularly novel – they all existed and were regularly practiced since the 1930s – nor were their results, reported in Jevtic's talk, revolutionary by any stretch of the imagination. Still, she read them in a different way, suggesting that they indicated a possibility of recovery and re-integration and that they were a first step – rather than schizophrenic patients' last chance - on a long road of further research and therapeutical experimentation. But a very different psychiatric discourse was now emerging in postwar socialist Yugoslavia – one in which new paradigms could help the profession resolve some of its long-time frustrations and re-assert its mission in more convincing terms. In the context of that discourse, new opportunities and perspectives were offering themselves, and psychiatrists could now avail themselves of a chance to re-found their discipline on more respectable, socially engaged and outwardly successful grounds.

Jevtic's colleague from the Vrapce psychiatric hospital and a participant at the same conference, Stanislav Zupic, discussed the complexity of the laws of biological heredity and emphasized that the exact role and workings of inherited, genetic predispositions for schizophrenia and other mental illnesses still remained heavily under-researched, a veritable mystery for the psychiatric profession. Zupic went on to assert that, although heredity was considered by some to be an “inevitable cause of all forms of schizophrenia,” that was not proven. This had immediate repercussions for the forms of psychiatric therapy Zupic suggested: if heredity was only one of several possible causal factors, then eugenics was certainly not sufficient as the only organized effort at mental hygiene and prophylaxis – in fact, Zupic advised that, although the potential success of upbringing (education) as a psychiatric therapy was often called in question, “if upbringing could create a psychopath, it could certainly transform and cure him.”

Zupic, furthermore, suggested that this sort of re-education (psychotherapy) of the mentally ill should be one of the foremost tasks of the new socialist society.

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140 Stojan Zupic, “Problemi psihopatije,” ibid., p. 62
Of course, it was to be exceptionally challenging for the new socialist psychiatrist to determine whether a particular disorder was psychogenic or largely hereditary in nature, and in which cases psychotherapy and social reintegration would be the optimal psychiatric strategies; just like the novel, increasingly anti-hereditarian professional paradigm, this decision too was apparently to be tightly related to a set of political circumstances. In 1949, Dr. Betlheim, who was now gradually re-affirming his psychoanalytic credentials and re-establishing connections with international psychoanalytic associations, argued that neurotic behavior might simply result from a “superficial psychogenic reaction, of an otherwise balanced person, to certain difficult conflicts.” Betlheim in fact summarized what Yugoslav psychiatry had learnt in the war: that a psychogenic reaction to a “sudden grave trauma” could be considered normal; he, furthermore, described his observation of a young woman who grew stuporous and then depressed after having witnessed her mother's murder, but concluded that this was hardly a proof of the patient's pathological constitution, whose reactions were indeed “understandable” (given the severity of the original trauma), as well as temporary.  

On the other hand, certain neurotics, continued Betlheim, were at the same time “grave neuropaths, who regularly found themselves in conflictual situations:” the case in point was a peasant woman, who worked herself into a “darkened state” and demonstrated a host of psychotic and hypochondriac symptoms after she realized how much of her farm's produce was to be requisitioned by the state in the immediate postwar period. It was quite telling that, even in the context of a new social psychiatry and in the office of a psychoanalyst, the patient who opposed the socialist state's new, highly divisive and coercive agricultural policies was determined to be constitutionally flawed; however shocking or sudden, certain episodes simply did not qualify as “truly horrifying experiences,” and anti-state reactions could not be “understandable.” Betlheim's formula for determining the role of heredity in neurotic reactions was as much political as it was medical or psychoanalytic.

142 Ibid., p. 103
This rejection of the view that heredity was the sole factor in the etiology of mental illness became one of the corner stones of Yugoslavia's new Marxist psychiatry.¹⁴³ In a 1949 programmatic article, the head of the Vrapce psychiatric hospital Dr. Dezider Julius outlined some fundamental characteristics and duties of the profession in the new circumstances, and emphasized the harmful effects of the earlier “biologizing tendencies,” which were both ideologically reactionary and also the reason for the pre-war psychiatry's general methodological and epistemological crisis: “We need to finally relinquish that bourgeois belief in definitively pre-constituted personalities, in an inevitable, fateful role of heredity. This perspective ignores completely important effects of societal factors, and leads in the final analysis to educational nihilism and desperation. This point of view also perfectly explains the deep crisis of Western pedagogy, psychology, psychopathology and the mental hygiene movement.”¹⁴⁴ For Julius, the ideological tenets of socialism required a radically reformed psychiatry, one in which the socio-economic conditions of human upbringing, education and personal growth were accorded their due significance instead of being sidelined in favor of purely organic considerations. As Julius noted, Marxist societies were in the business of developing a new socialist consciousness in all their citizens, and this educational task could not be accomplished without psychiatrists' careful attention to the multitude of ways in which social and historical – i.e. environmental – developments altered the human psyche and conditioned people's awareness. In other words, Julius recognized that in the postwar period as well, the fundamental character of the psychiatric profession's mission had not changed: the profession's role in molding the minds of the nation, helping the new revolutionary government to raise and nurture a new form of social consciousness and national mentality remained psychiatry's central arguments for its own social significance; the ideological content of the new nation-wide mental reform was now socialist, but the purpose of psychiatrists' engagement with the society at large stayed largely the same. However,

¹⁴³ The broader ideological implications of the Communist takeover for the status of psychiatry – and acceptance of psychoanalysis – in Yugoslavia will be discussed in greater detail in the final chapter.
¹⁴⁴ Dezider Julius, “Pitanja socijalne psihopatologije,” Narodno zdravlje, 6, 1949, p. 5
Julius's article was notable because it announced that socialist psychiatry would be much more successful in its educational role than its “bourgeois” predecessor was, precisely because it would now shed the burden of extreme biological psychiatry and come to rest on a broad set of psycho-dynamic, sociological and cultural assumptions.

In Julius's reading, the postwar transformation of the dominant psychiatric paradigm was a natural, self-explanatory development: it was conditioned by the requirements of the Marxist science as well as by the utter moral and professional failure of the Nazified somatic psychiatry. However, it soon became clear that Julius's central preoccupation was not to harmonize the new state ideology with the core assumptions of his science, but instead to come to terms with the legacy of the war. After spending the greater part of the occupation in the partisan movement in Croatia, in the immediate post-war period Julius was involved in psychiatric observation and evaluation of indicted war criminals and collaborationists; his most convincing arguments in favor of a social and dynamic psychiatry all stemmed from his deliberations regarding the sources of the mental pathology of fascist collaborators. The experience of the war and the “awful crimes of fascism,” wrote Julius, awoke the profession's interest in social aspects of psychiatry, and especially in the effects of large-scale tragic historical events on mental health. In the course of his psychiatric work with Yugoslav war criminals, Julius quickly concluded that the concepts of heredity and genetic predisposition could not go very far in explaining the pattern of mental pathology in collaborationist units in occupied Yugoslavia: “In the People's Liberation Struggle, it happened on innumerable occasions that a family fought on the partisan side but one of its members ended up in the opposite camp and became a traitor of his people and a murderous butcher.”145 It was clear, thus, that people of the same genetic background as well as cultural and educational level could develop radically different psychological (and psychopathological) traits depending on the nature of their immediate social environment.

145 Ibid., p. 4
Julius explained the emergence and development of mental pathology among pro-fascist soldiers in convincing psychodynamic terms, arguing that the Ustasha and Chetnik soldiers functioned in an atmosphere in which war crimes were glorified and encouraged, so that they were “prepared, brought up, schooled for war criminals and forced to become slaughterers.” At the same time, the Communist resistance enforced a stringent military ethic, which in turn produced laudable characters. In other words, the civil war in occupied Yugoslavia staged a massive (and deeply tragic) historical experiment which tested the comparative psychiatric relevance of heredity and socio-cultural context, and it clearly demonstrated that members of one and the same family (not to mention one and the same nation or “race,” as Julius wrote) could, in spite of their identical genetic foundation, turn out to be either heroes or murderous psychopaths, and this appeared to be solely conditioned by the radically different political circumstances in which they found themselves: “The subsequent course of development of the psyche of war criminals could not be interpreted in any other way but on the basis of the effects of social factors,” especially in circumstances as extreme as WWII, in which the social factors in question were so overpowering, long-lasting and intense.

At the same time, the actually indicted, tried and convicted collaborationists could not have been Julius's sole concern. In the aftermath of WWII in Yugoslavia, a great majority of middle- and lower-rank collaborating soldiers, policemen and functionaries did not face legal prosecution and after the initial wave of revolutionary justice and then trials and executions, the state made a conscious effort at re-integrating these former ideological opponents in the newly emerging socialist society (while some had joined the victorious partisan units even before the war was over), although it was certain that at least some of them had committed most gruesome crimes against civilians. In such circumstances, the traditional psychiatric paradigm, according to which “fascist psychopathology” would necessarily be constitutionally predisposed and thus not reformable by any means, would have

146Ibid., p. 5
147Ibid., p. 5
had very serious political implications for the future of the Yugoslav socialist society with so many former “fascist slaughters” in its midst. Instead, Julius and many of his most prominent colleagues came to embrace the psychodynamic theory of mental illness, and insisted on the enormous influence of society on constituting and reforming human minds. In an article of the future of the mental hygiene movement after WWII, Julius argued that a socialist society was a sort of a mental hygiene movement writ large. This new socio-political and cultural setting opened up enormous new possibilities for all psychiatric practitioners, and had highly beneficial, reformatory effects on the mentally ill even when it did not specifically intend to: through the eradication of some of the most harmful social phenomena and relationships from the pre-socialist era, education of the people in hygiene and other medical subjects, elimination of prostitution, social alienation and political repression, socialist societies “developed the noblest mental traits, and restrained the harmful, lowly, selfish, asocial ones.”148 Such societies consequently managed what was unimaginable for bourgeois psychiatry: they even reformed and reintegrated the most gravely ill psychotic (and schizophrenic) patients, through active and work therapy. By implication, they could “heal” and re-educate the former collaborators as well.

Chapter Three

Reading psychiatric case history: An introduction

From a methodological point of view, the psychiatric case file provides for an exceptionally unconventional historical document; its complex, mediated nature and often convoluted and inconsistent structure could raise doubts regarding its validity and functionality as a source for historical research. In other words, the psychiatric narrative of the case file contains a number of layers of meanings, and extracting any “authentic” voice from it may easily prove a misguided effort. In addition, although the case file's multiplicity of voices and narratives allows for viewpoints of patients to enter into an (unequal) competition with the dominant psychiatric tone, and although many patient files in fact contain a number of documents written by the patients themselves, the very relevance of the patients' pronouncements is often questioned: even if the content of psychiatric patients' discourses was accessible and identifiable in the file, would those pronouncements hold any relevance as legitimate objects of cultural, social and textual analysis, or were they merely “ravings of madmen,” bizarre, unintelligible and ultimately impertinent statements which expressed or represented nothing but pathological non-sense?

Historians of psychiatry have long struggled with these issues. In the introduction, I have already argued against dismissing patient discourses due to their pathology and incoherence: their very “abnormality” and their perceived subversiveness reveals important aspects of the dominant, mainstream culture and socio-political context. Jonathan Sadowsky offered a persuasive critique of biopsychiatry's rejection of the importance of mental patients' stories as meaningless, offering instead to approach the content of these pronouncements as crucial for understanding both the historical context and the nature of psychiatric knowledge and negotiations,149 while Fanon interrogated the role

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149 Sadowsky, The Imperial Bedlam, pp. 50-51
of the political context in the very process of producing madness and pathology. At the same time, however, Sadowsky recognized the limitations of his source base: the incompleteness of colonial hospitals' case files, poor record of interactions between patients and psychiatrists due to linguistic misunderstandings and incompetence, and he based his study of case records as “windows to hidden chambers of the colonial state” mainly on patients' own writings, letters and statements. In a similar vein, Roy Porter, wanting to present a history of mental affliction from the point of view of the afflicted and through their own published writings, relied mainly on his subjects' autobiographical records, and rarely probed the nature of psychiatric or physicians' notes when he had to rely on them for extracting their patients' voice. Other historians, such as Elizabeth Lunbeck, investigated psychiatric case histories which offered a much greater wealth of material, and were characterized by a fuller polyphony of perspectives and narratives of psychiatrists, patients, administrators, stenographers, nurses etc. Lunbeck's analysis of the case file as a genre, for instance, drew attention to clinicians and psychiatric patients' troubled interactions, and discussed the meaning of the case file as the central unit of psychiatric analysis. Psychiatric expectations fundamentally shaped the nature of the dialogue, but their need to extract information at the same time made them vulnerable, overly reliant on patients' willingness to cooperate; the style of interrogation and investigations thus affected the content and behavior of all sides involved in the process, and Lunbeck's subtle exploration of the dynamic of the file clearly showed that the very complexity of the document opened up rather than precluded avenues of research and interpretation.

However, it may be in literary studies rather than historical research that one could find a most apposite methodology for reading the psychiatric file and exploring its narrative structure. In the growing field of narrative medicine, a number of authors from the discipline of literary criticism

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150 Ibid., p. 52
152 Lunbeck, Psychiatric Persuasion, pp. 130-144
began applying theories of reading and models of literary analysis to the study of patient files, proposing to read a case file as a literary text and deconstruct and interpret its narrative components through close reading. Such thorough textual analysis could indeed be extremely fruitful, and its close attention to details of the psychiatric writing style, forms of reporting patients' speech, dynamic of the dialogue, use of pronouns, expressions and metaphors rather efficiently reveals the nature of the relationship between psychiatrists and hospital inmates, and points out strategies for identifying how these highly specific texts testified to the hostility, solidarity, conflicts, frustrations, empathy, institutional authoritarianism that marked psychiatric investigations of their patients. In the rest of the chapter, I will analyze the structure and dynamic of wartime case histories from the point of view of literary theory, trying to identify their authors' narrative strategies and ways in which they revealed psychiatrists' broader purposes and concerns. At the same time, this approach will allow me to explore moments at which those strategies broke down and backfired, and patients' voices temporarily emerged less subdued and more in control of the dialogue than narrators intended. As will be shown, changes in the structure and narrative style of patient files signaled broader transformations within hospital practices and the profession's ideology, and this close textual analysis will prove highly relevant for tracing and understanding the history of Yugoslavia's wartime psychiatry.

**Encounters**

As Lunbeck pointed out, “[the] regimen of interrogatory rituals signaled to patients from the moment they arrived that cooperation was necessary, normal and natural. What on the outside had been unspoken and private was on the inside, under the psychiatrists' gaze, to be attested to and made visible, to be spoken and divulged.”154 When patients entered a psychiatric hospital, they were immediately exposed to a string of tests and examinations. In fact, even within the framework of the

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pre-WWII bio-medical model, a handful of somatic tests were accompanied by rather extensive inquiries into patients’ adjustment to their socio-political environment, and it was precisely these latter, context-bound examinations that served as the primary tools to ascertain the degree of intellectual or moral deterioration. Although the psychiatric profession insisted on the exact scientific nature of their methods of exploration, psychiatric case histories in Yugoslav hospitals of the 1930s and 1940s showed that the core strategy for testing the patient’s “normality” mainly relied on questioning one’s understanding of the socially, culturally and historically specific terms and concepts. Marko Vranic\textsuperscript{155} certainly seemed puzzled when his Vrapce psychiatrist asked him to define the meaning of “jealousy,” “revenge” and the expression “heart of gold,” in order to assess his moral sanity. At other times, patients were asked to discuss various other ethical concepts such as faithfulness, mercy, honesty, to expound on the difference between truth and lies, to explain their stance on “why it [was] not allowed to steal/lie”, or “how one should punish dishonesty” (one Belgrade hospital patient was asked “Could you die for the truth?”). The psychiatrists in both Belgrade and Zagreb seemed to be primarily interested in assessing their patients’ internalization of the commonly accepted norms, rules and definitions; any deviations from those conventional truths may have signified a psychiatric lapse which the doctors then regularly interpreted in biological terms. Women were often asked about their thoughts on and attitude towards infidelity; in several cases where patients were women who complained of their husbands’ abuse or expressed a wish to get divorced, the psychiatrists tried to suggest that the husband might have been justified in beating his wife if the wife had been unfaithful and/or recalcitrant. In those cases, the woman’s desire for divorce was a certain sign of mental deterioration – psychosis climacterica, the quintessential female malady, was a frequent diagnosis in Vrapce for those female patients dissatisfied with their husbands and marriages.

\textsuperscript{155}Klinika za psihijatriju Vrapce, Archive, file 5043, 3/14/1938
In such a contextually determined questionnaire, the standards of normality and abnormality were exceptionally sensitive to broader societal and political transformations, and occasionally prone to fairly dramatic changes, especially in periods of great tumult and excessive violence. After the outbreak of the war, this segment of the initial questioning became particularly complicated and sensitive. On the one hand, and especially in the early years of the occupation, committed soldiers and policemen were often asked if it was admissible to kill or harm other human beings, while the examiners appeared oblivious to the fact that their patients had been ordered by the state to do precisely that in the very name of morality and patriotism championed in the psychiatric discourse. On the other hand, at times, in order to prove that they had a proper and satisfactory grasp of moral categories, patients needed to make the “correct” political choice and declare a particular political affiliation, while certain political statements – anti-state, anti-Ustasha or pro-Communist – could be read as indicators of ethical degeneration or even illness, and this psychiatric “disturbance” was then duly reflected in case histories. When Vjekoslav Joler\textsuperscript{156}, a German police employee in Zagreb, was committed, the inquiry into his moral sanity demonstrated how dramatically the war and occupation had altered the meaning of certain core ethical categories: when, in response to his psychiatrist’s questions about theft and slaughter, he confirmed that he would never harm another person, he was pushed to admit that the Communist partisans and the French were not deserving of such a humane treatment.

After insisting that Vjekoslav confirm that he would not help a dying partisan (which corroborated his ethical correctness), the examining psychiatrist asked him if he “loved” wartime Croat leader Ante Pavelic. This was a part of a set of questions which usually followed the moral sanity inquiries, aiming to assess the hospital patients’ general orientation in a broader – historical, political, professional – context. These conversations could seem neutral and harmless enough – in

\textsuperscript{156} Ibid., file 2727/43, 10/13/1943
Belgrade patients were asked when the King was assassinated, when WWI started or ended, the names of Yugoslavia’s banovinas, capitals of European countries or the names of the occupation-era most significant political personalities; in Zagreb, the focus was normally on Stjepan Radic, Vlatko Macek and later Ante Pavelic and his closest associates, as well as on identifying which European countries fought on which side in WWII. But, as Vjekoslav’s case history demonstrated, following 1941 these medical inquiries could start to closely resemble a much more menacing form of political questioning, in which patients were forced yet again to make political declarations and to defend their political choices. This was understandably a particularly sensitive line of examination in the volatile context of war, occupation, resistance and retributions, when both inside and outside the psychiatric hospitals the occupation regimes as well as the resistance movements threatened the population into making immediate, total and life-changing political choices. When psychiatric patients were asked to define the Ustasha, the Chetniks or the partisans, their responses did not only directly affect their psychiatrists’ evaluation of their moral sanity or intellectual deterioration; their answers could literally get them imprisoned or even executed if any one of their examiners chose to report a “pro-Communist” or “anti-state” or “anti-German” statement. But even more directly threatening than the potential reporting itself was the exceptional vulnerability of the psychiatric hospitals to unannounced inspections or violent raids by German as well as collaborationist armed units throughout the occupation years, so that mental hospital walls generally provided poor protection to the inmates. Furthermore, some of the more specific inquiries about the political context were truly puzzling to many uneducated, illiterate patients from peasant families, who were rather poorly informed about the subjects, ideologies or political personalities that they were no pressed to take a stance on. After 1945, the tone of these questions changed again – the patients were now asked to talk about Tito, “the leader of our country” or “the liberator,” and Stalin, Churchill and Truman, or to describe the successes and achievements of the partisan National-Liberation Army and the Red Army - but the pressure of
making the correct political statement persisted, and the psychiatric questioning of patients’ orientation in the political/historical context always examined more than mere knowledge of objective facts and relationships.

Another type of test that psychiatrists regularly assigned were mathematical tasks – a form which discriminated heavily against the illiterate and especially illiterate women, who were never taught mathematical operations, and who even thought of time in terms of religious holidays or agricultural schedules rather than standard dates and months.

Interviews would usually start with a rather open question, asking the patient to elaborate on why they thought they were brought to the hospital (this would occasionally get re-formulated as “Are you crazy?”), so that each conversation would begin with the patient’s own description of their difficulties (or denial of their insanity) – this was done in order for the psychiatrists to assess the level of the patients’ “awareness of their own illness.” In the course of the interview, after the standard orientation questions were asked, sometimes the psychiatrist would encourage the patient to describe their wishes, their hopes for their own future – usually whether they wanted to leave the hospital immediately or were willing to extend their stay, which was also relevant because it offered insight into how “realistic” the inmates were about the gravity of their illness and their chances of being released. In earlier case histories, psychiatrists rarely asked a lot of sub-questions to prompt the patients to further develop their narratives or elaborate on their delusions and hallucinations, nor did they frequently engage in detailed conversations regarding the patients’ life histories, even when those appeared very traumatic. However, occasionally they would ask the interviewees if they were afraid of something and if so why, or whether they thought they had any enemies. Towards the end of the war, such questions, though, became standardized and each male patient had to reply to a pre-set list of inquiries, which consisted of twenty-two questions, and, after the initial orientation tests in time, space and person, included the following: “are you sad?”, “are you ill?”, “is anyone persecuting you?”, “is
anyone mocking you?”, “do you hear voices?” and “do you have hallucinations?” Thus, a new set of obligatory questions was added in 1945 (see the illustration 1) which focused exclusively on the patients’ psychological state and on the inner logic of their thoughts and pronouncements. All these queries had at least occasionally been asked before 1945, but it was very telling that now they were considered important enough to get included in the standard sheet. The choice of particular questions is somewhat puzzling, and it remains unclear why the psychiatrists decided to insist on mocking and persecution rather than other forms of psychological unsettlement but one could surmise that the examination list was formulated at least partly in response to psychiatrists’ daily experiences with demobilized soldiers, who seemed to be the central target of the questionnaire. That these were only posed to male patients and mostly former frontline fighters was indicative of the effect of wartime on the psychiatric practice: those patients most directly exposed to the traumas and dislocations of the war and occupation were now approached differently, their mental pathology was examined with a compulsory focus on their psychological suffering; the war brought home the (crucial) significance of psychological trauma and the patients’ descriptions of it, and of their own life histories (the new standard sheet asked the patients to describe their recent whereabouts and experiences in great detail – what they did and saw and where they were eight days ago, one month ago, last Christmas).
As the psychiatric paradigm underwent serious transformations in the course of the war, the very structure of the file evolved and signaled many of the deeper changes. It was particularly notable that wartime files understandably grew shorter and less detailed, as the hospital faced almost paralyzing material and financial problems, and a patient influx that often surpassed its technical and human capacities. At the same time, however, these briefer and more incomplete case histories paradoxically gave much more space to the patients' voice, both through the newly introduced standard questionnaires as well as in reports of regular dialogues with psychiatrists, who gradually appeared more interested in their inmates' living circumstances, personal histories as well as subjective impressions and interpretations.

This chapter will thus use the very documentary trail of psychiatric hospital case files to
explore the textual techniques which psychiatrists used in order to attempt to claim control of the therapeutic process and of their conversations with patients. As narrators, psychiatrists crucially determined the shape and meanings of case files, they controlled the tone and content of their interviews with patients, and the very nature of case histories as both medical and historical documents depended on their decisions regarding the manner of presentation of the psychiatric material. It was psychiatrists who determined which statements and observations to include or exclude, and thus their voice reigned supreme throughout these documents.

    Indeed, their relationship with patients was reflected in the very narrative of the files; in the rest of this chapter I will investigate how particular narrative techniques and styles of reporting patients' speech served to reinforce the psychiatric authority and also portrayed patients in different lights. Narrators made critical choices on how to transmit, interpret and coach their interviewees' statements and opinions, and these choices carried important messages regarding psychiatrists' understanding and treatment of their patients' ailments as well as personalities. However, this chapter will also search for moments when the psychiatric control broke down, and when the very attempt to re-establish supremacy in the text signified that the rigidly hierarchical relationship between psychiatrists and their patients was at least marginally unsettled. I will, furthermore, argue that patient case histories showed how, towards the end of the war and into the early postwar, hospital psychiatrists made a conscious attempt to engage (some of) their patients on a more equal footing, and to adopt innovative forms of reporting their statements and contributions, which at times allowed a more authentic and somewhat less mediated portrayal of patients' viewpoints and significantly altered the structure of some patient files. Close reading of psychiatric case histories will demonstrate different ways in which patients' voices could be partially recovered from psychiatric dialogues, and used to elucidate a rather novel aspect of the historical context. This and the following chapters will thus also trace how the struggle for control between psychiatrists and hospital inmates developed textually, and explore how and under
what circumstances patients' voices succeeded in intruding into the tightly controlled psychiatric narrative and upsetting its inner logic permanently or temporarily.

*Hostility and solidarity*

Psychiatric case histories served a number of functions: they were a standard form of communication between different members of the hospital staff who were involved with the patient – nurses, technicians, different psychiatrists and social workers. The file was thus the main source of all the information necessary for following the patient’s progress, noting down different therapeutical approaches, familiarizing oneself with the patient’s history of hospitalization and past behavior etc. In addition to this internal use, the patient file was partly written for external audiences as well: it was meant to protect the patients from possible abuse and neglect by forcing the hospital staff to make all steps of the treatment transparent and justifiable in medical terms. Case histories could then be inspected by the appropriate authorities, and they could also be requested and obtained for inspection by the patient’s family. For those reasons, patient files tended to be detailed and complex documents, which were supposed to address a set of different concerns, both medical and lay, and their structure, content and style often needed to be adjusted and re-adjusted to both the external and internal readership.

Since case histories were mainly a result of a series of interviews with patients, followed by the psychiatrists’ commentary, the examiner, the psychiatrist in charge, regularly assumed the role of the narrator. His or her voice was absolutely dominant and it determined the way in which the story was told, its structure and tone, its core messages and – most importantly – its conclusions. However, patient files also claimed to faithfully present the voice of the patient: the examiners diligently noted down their conversations with their patients, the patients’ responses, questions, complaints and tales, and occasionally had stenographers write down as much as possible during these dialogues and interrogations. In order to communicate the patients’ voice, the psychiatrists applied several narrative
techniques: direct quotations of patients’ speech, pseudo-direct speech (in quotation marks but in third person singular), indirect speech, the narrator’s own representation of the patient’s utterances etc. All these techniques served a different narrative purpose and framed the patient’s voice in a unique manner, depending on the context. Direct speech implied the greatest degree of authenticity in reporting patients’ pronouncements and the absence of any interference and re-framing on the part of the narrator; however, depending on the narrative surrounding them, quotation marks could be used as a powerful weapon to delegitimize the patient’s voice as much as to give him or her more importance in the dialogue. The use of the pronoun “I” in direct speech was also an important – and somewhat problematic – point: psychiatrists tended to refrain from it and report patients’ speech in third person even when using quotation marks; the seemingly minor decision of when to use “I” and when “s/he” could in fact reveal important aspects of the psychiatrist’s relationship to patients, their individuality, and to the narration itself. On the other hand, when the narrator retold and summarized the patient’s statements as indirect speech, the question often arose of whose voice was more powerful at what time and to what extent the two voices – one “sane” and the other “insane” – were and could be separated. As Peter Aaslestad noted using Mikhail Bakhtin’s concept of linguistic zones, the patient’s voice frequently tended to spread into and over the psychiatrist’s linguistic zone so that, at least for a section of the time, the patient’s point of view would become dominant and take over shaping the narrative – even though reported as indirect speech, the story would be told from inside the patient’s perspective and follow the patient’s reasoning.157 This technique is often referred to as free indirect speech – there is no framing or reporting verb but most of the information communicated was obtained from the patient, and the very wording and structure of statements also mainly came from the patient. These instances of “double voice” occurred either imperceptibly or with the psychiatrist’s full knowledge and intention; the issue of control over the discourse was central here, and the way in

which the psychiatrist chose to re-establish his or her control over the patient’s narrative in these cases was of great significance for reading the file as a text.

The techniques used for presenting the patient’s voice revealed much about the relationship between narrators and their interviewees, and could signal the degree to which the psychiatrist was ready to truly engage with the patient’s narrative and to take it seriously. In the rest of this section, I will close read two case histories, the first of which contained some rather striking markers of the psychiatrist’s dismissal of and active distancing from the patient’s speech, while the second one could serve as an exemplary illustration of the opposite approach resulting in a more egalitarian relationship infused with psychiatric empathy and solidarity. In the file158 of a twenty-three-year-old housewife diagnosed with schizophrenia, for instance, the examiner’s choice of ways to report the patient’s speech provided crucial clues for understanding his attitude towards her problems and behavior. The case history began with the psychiatrist’s account of the patient’s reply to his inquiry about whether she was ill and why she came to the hospital. Most of the account was given in the form of an indirect speech, with a rather detailed report of the patient’s descriptions of her living circumstances – she was chased away by her husband while still pregnant and then moved back in with her mother, where she gave birth to her child. At first, her words were reported faithfully, and at times the patient’s linguistic zone spread over the narrator’s so that the two voices became indistinguishable; the so called free indirect speech was the narrative strategy of choice, especially when she spoke of the abuses suffered at the husband’s hands: “The husband visited her over there [at her mother’s], because he worked nearby, but he didn’t treat her well, he even beat her.” However, it soon became clear that the general tone of the note would be less than sympathetic to the patient’s point of view, and at this moment in the conversation the narrator felt the need to re-establish his control over the discourse. The reporting of the patient’s account was interrupted with the narrator’s question which implied that the patient was

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responsible for her own situation and signaled that the psychiatrist himself immediately chose sides. After she recounted her husband’s violence, the note continued: “Asked if she thought that the husband had been right to evict her from the house, she replies, ‘I don’t know, I guess he was.’” The psychiatrist’s question thus served to re-introduce the narrator’s perspective, and to interfere with the patient’s uninterrupted account of the husband’s negative behavior. The patient caved immediately, and, quite tellingly, her response was then reported as direct speech, in quotation marks, and with the use of the pronoun “I.” The only other times when the form of indirect speech reporting gave way to direct speech were when the husband’s words were given in quotation marks: “He told her ‘Go home,’” and “When she lived with her husband, he didn’t beat her, just told her ‘Go away I don’t need you.’”

Again at this point, another question interrupted the patient’s narrative – the psychiatrist insisted on establishing the patient’s own guilt for being returned to her parents’ home by her husband: “Asked if she worked at all while she lived with her husband, she says ‘I did not.’” The following several sentences summarized the patient’s description of her (apparently limited) work habits in her husband’s home, and the summary ended with “His mother and grandmother did work and they also told her to leave [the house].” The second question was therefore a clarification of sorts of the first one: indeed, the husband was right to get rid of a woman who herself confirmed that she had not completed her duties while at his house. The two questions strongly marked the narrative, cutting off the patient’s voice, challenging her interpretation and forcefully imposing the psychiatrist’s own viewpoint, with which the patient quickly agreed, accepting her own “fault” and radically changing the tone of her story-telling, the attitude towards the husband. The pattern of indirect speech was thus so far only broken when the narrator reported the husband’s words in quotation marks, and when the patient responded to the narrator’s questions regarding the husband’s right to send her back to her parents.
The narrator had the last word in this particular conversation, describing the patient as “completely disinterested, as if this were none of her business, indifferent.” In order to illustrate this observation, which clearly compromised the mental state of the patient and perhaps further devalued her voice, the narrator directly quoted her words: “Nothing bothers me.” Interestingly, the patient’s mood was not quite indifferent at the beginning of the conversation: she showed disappointment and irritation at her husband’s behavior and even complained of the violence inflicted upon her: the beatings as well as the brutal abandonment while she was still pregnant. In fact, the patient’s story about the husband’s behavior directly followed her answers to the initial questions regarding her illness and reasons for coming to the hospital; moreover, this section of the file began with the narrator’s “She relates…” which indicates that the patient opened the topic of the relationship with her husband spontaneously, without being prodded by the psychiatrist, and that she may have directly connected her personal problems to the onset and nature of her illness. Only after the psychiatrist effectively delegitimized her grievances and objections did she adopt the air of impassivity and apparent equanimity. It is also important that direct speech serves several different functions in this passage: with regard to the patient’s discourse, it is only used to emphasize the dominance of the narrator’s position – the patient’s agreement with the narrator’s evaluation of her family situation, her abandonment of her own initial line of reasoning; in the second instance, direct speech is hardly meant to demonstrate respect for and interest in the patient’s pronouncements, rather it serves to prove what the psychiatrist clearly saw as her pathological apathy.

As we saw, the very structure of the patient file’s narrative demonstrated that the patient’s own voice was at best secondary, and that the psychiatrist who interrogated her chose to prioritize the husband’s viewpoint as well as his interests. The situation was rather paradoxical yet quite common: in the conflict between the patient and her husband, the psychiatrist chose to side with the husband instead of considering the patient’s interests to be of supreme importance in the course of the
therapeutic process. A short note describing the husband’s visit continued in the same tone and demonstrated the same attitude towards the patient’s disposition: “During the husband’s visit today, she does not show any interest either, at first she didn’t even recognize him, afterwards she asks him ‘Why did you come?’ Didn’t ask about her child at all. The husband could not conduct any sort of conversation with her at all.” Again, the narrator sympathized with the husband’s position, describing in detail his attempts to realize meaningful communication with his wife, and the feeling of compassion with the visitor was to be further intensified by the description of the patient’s “unreasonable” behavior and pronouncements. The following day, the psychiatric commission from the hospital issued a certificate at the husband request, which stated that the patient “was incapable of fulfilling marital duties and could present danger for her spouse’s life.” The certificate of this sort was commonly used for obtaining divorce.

On the other hand, some case histories contained narratives which indicated a significantly different attitude on the part of the psychiatrist/narrator towards the patient in question. In the structure of such files, the patient’s voice received a notably dissimilar treatment, and the relationship between the two seemed much less burdened by the psychiatrist’ need to establish narrative control over the conversation. Such files tended to be extraordinary in that the voices of the patient and the narrator often merged, with the patient’s voice occasionally taking over the discourse, but without any significant resistance from the narrator, who then did not apply the usual strategies for delegitimizing the patient’s point of view or taking clear distance from the patient’s pronouncements. In the file\(^{159}\) of Milan, a 22-year-old Chetnik admitted as schizophrenic, there were two sets of diagnoses: one from the observation ward, and the other from the Belgrade hospital itself. The observation ward, where Milan was initially sent and kept for three weeks, produced a summary of his state and behavior, which on the whole was rather neutral and matter-of-factly, although it did end with the rather

\(^{159}\) Ibid., F-111, file 19789-XI-822
damning diagnosis of schizophrenia:

“Having been brought to the ward, [he is] upset, talks fast, profusely, touches and studies all the objects in the room. Taken to the examination room, sits where he is shown, unasked starts complaining that he cannot sleep ‘got terrified of the planes;’ feels no pain, only feels fear. Orientation in time fairly accurate (doesn’t know the date). Oriented to place and persons. Memory fully preserved. No visual or auditory hallucinations could be established. During the entire examination, keeps saying that he is healthy, nothing hurts him, just can’t sleep, so he asks to be given ‘nervous injections.’ Unasked starts bragging that he knows all the banovinas in the country, starts enumerating them.”

The narrator here omitted the pronoun “he” when talking about the patient, and used direct speech but in the third person singular, avoiding the pronoun “I” when reporting the patient’s words. This form of narrating the examination interview certainly indicated a degree of depersonalization of the patient, not allowing him to pronounce “I” in the note and denying him the (grammatical) subject. At the same time, the comments regarding his orientation, general awareness and absence of hallucinations constituted a rather positive evaluation of his mental state and the credibility of his pronouncements. However, at several points in the note, the narrator clearly distanced himself from the patient’s words, bracKeting them off in quotation marks and signaling that those should be kept separate from the narrator’s own voice and interpretations (the example of “nervous injections” is the case in point – the narrator’s reporting of the patient’s expression in direct speech served to emphasize the latter’s position as a layperson, and even as an uneducated individual who can hardly handle professional terms and medical language and concepts; therefore, the patient’s voice is here directly devalued, perhaps mocked). Finally, although the patient did not actively hallucinate nor was he lost in time and place, the narrator emphasized twice that he spoke unasked and at length, and started the note with a description of the patient’s abnormal behavior at the ward. The narrator also
had the last word, although rather indirectly: instead of giving a summary of his opinions regarding the patient’s state of mind, as was usual, he simply mentioned yet another instance of the patient’s bizarre behavior: his enumeration of Yugoslavia’s banovinas, which seems to have been entirely unrelated to any of the themes raised in the course of the interview. The decision to use the verb “bragging” added to the general tone of distrust and suspicion regarding the patient’s speech and conduct.

The case history from the hospital, however, was written in a notably different and more sympathetic tone. At the very beginning of the interview, the narrator indicated the tone of solidarity and respect by stating in his first sentence that the patient was “polite” and that he engaged in conversation “decisively,” adding that the patient corrected some of his personal information which the hospital administration apparently had had wrong. At first, the narrator in the hospital as well reported that the patient was “bragging” about his educational credentials and good physical health, and also gave the patient’s words in pseudo-direct speech – in quotation marks but also in third person singular, without allowing the patient his “I.” However, this was soon to change: the narrator soon started reporting some of the patient’s pronouncements in the first person singular, especially after the latter confirmed that he was a Chetnik. Instead of complaining of the patient’s verbal profuseness – as the narrator from the observation ward did, emphasizing that the patient tended to speak unasked – the hospital psychiatrist offered a significantly different formulation of the same problem, relating that “his thoughts appear in quick succession and he expresses them immediately, without waiting to be asked.” The patient was thus characterized by fast thinking, rather than potentially pathological verbosity.

Furthermore, in the following passage which dealt with the patient’s description of his difficulties, Milan’s narrative of his experiences was allowed to flow almost completely uninterrupted. Given that the entire section was in the form of indirect speech, the narrator’s voice quickly became
indistinguishable from the patient’s, but the extraordinary quality of this file was that the psychiatrist at no point seemed particularly concerned about regaining control or establishing his own voice as primary and more authoritative. The patient’s fear of military airplanes was described in great detail and the psychiatrist rarely resorted to summarizing Milan’s statements or rushing over anything that may have seemed of less interest to him. Quite to the contrary, even the patient’s vacillations while answering questions were usually fully reported: “First he felt that he could not sleep, he had auditory and visual hallucinations beforehand, it seems to him as if German military airplanes were buzzing over his head, that they fly low and aim to kill him he wakes up, can’t sleep not lie down anymore gets up, goes to a couple of villages, something constantly drove him to run around, takes his accordion, goes playing or dancing, or takes cart and horses and goes wherever. He never made any trouble nor attacked anyone, and during the day he fulfilled all his duties.” The narrative here is fast-paced and it seems to follow the manner of the patient’s story-telling quite faithfully: his reported quick succession of thoughts and pronouncements, the sense of emergency and excitement as he describes his fears and restlessness; the text consequently has no breaks nor full stops, even clauses at times collide when commas are omitted. Clearly the patient’s voice dominates this passage; at this point in the interview the narrator interrupted this flow, asking a question which, however, did not betray any hostility nor did it attempt to reverse or oppose the patient’s line of reasoning. Rather, it served to encourage the patient to give further, more detailed information about his mental disposition at the times of excitement, which he was already describing: “Asked if he then talked a little more than usually, he at first denied…” Milan’s replies were reported in detail, not summarized, and, even more importantly, not further commented upon by the psychiatrist, which indicated that patient’s words had some credibility in the narrator’s perception.

After the interruption, Milan was allowed to once again take over, and his explanation of his fear of Germans and partisans, of being killed by them, was given in the form of free indirect speech
as well. Importantly, all these meticulously recorded patient’s accounts referred to war-related traumatic events, which he experienced as a member of the Chetnik military organization, and his military position and engagement may have been some of the reasons that spurred the psychiatrist’s understanding and solidarity. At the end of the note, the narrator made no effort to offer his own resume or conclusion to the conversation, and although he formally did have the last word, he effectively surrendered it to the patient: the psychiatrist’s final statement only reinforced the patient’s authority – he confirmed his correct orientation to time, place and persons, and added that Milan was “bright, sharp, fast, intelligence above average relative to his upbringing. Calculates fast and accurately, well informed of daily political events. Interested in everything.” The patient’s only drawback, according to this resume, was his “diminished critique” regarding his health – “he believes that he will get well soon,” but this was compensated by his proper understanding of his state, and his active interest in the minutiae of his treatment and therapy at the hospital. After less than two months of insulin therapy, Milan was discharged as “corrected.” Tellingly, the diagnosis from the observation ward – schizophrenia – was not repeated anywhere in the hospital patient file. It reappeared in the medical certificate which stated that Milan was unfit for work and military service. However, even in this certificate, produced by the hospital at the time of Milan’s discharge, schizophrenia was referred to as a “hardly curable” disease (while the usual phrase was “incurable”), and the patient was determined only temporarily unfit – “for at least one year.”

*Describing a problematic patient*

Occasionally, psychiatric case histories could include rather detailed, thick descriptions of patients’ behavior, and thorough reports and summaries of particular events. This style could be reminiscent of anthropological writing, and was most commonly used to portray incidents, patients’ disobedience and their recalcitrant or violent behavior. On such occasions, the psychiatrists offered meticulous and often chronological observations of the patient’s actions, pronouncements, reactions to
the staff’s requests, and their explanation of their view of the roots of the problem. In such entries, the psychiatrists usually tried to make a particular point regarding the patient in question and the nature of the problem that he or she was causing; they used these detailed accounts to prove the correctness of their own or the hospital’s position, and to illustrate the degree (and preposterousness) of the patient’s recalcitrance and defiance. Such accounts almost regularly preceded reports of measures taken against wayward patients, and served as justifications of those (at times difficult) decisions.

In an extraordinary case file from the Belgrade hospital from 1945, the psychiatrist attending to three female partisans used this reporting style to describe her patients’ apparently highly disturbing conduct, and to illustrate the outrageousness of their demands and attitudes towards the rest of the hospital community. The patient file was formulated as a depiction of a series of escalating incidents, which ended when the three young women were taken away from the hospital by the military authorities. According to the psychiatrist, the extreme measure of invoking the military to deal with the recalcitrant patients was entirely justified as the hospital had no other way of dealing with the disruption that the three women presented; the patient file was there to prove this.

The case history\textsuperscript{160} began with an important note about the patient’s impossible behavior as soon as she was admitted: “Was defending herself, yelling, scolding, threatening, pointed out her merits in bringing about this political system... Against her utmost resistance and with great difficulties placed in the ward.” After such unusually detailed introduction, the reader would presumably know what to expect; the rest of the patient file was to demonstrate that her behavior did not improve over time, quite to the contrary.

The first entry described the three patients’ collective seizure, a form of “partisan hysteria,” in the course of which the women re-enacted an episode from a battle; according to the psychiatrist’s account, these seizures regularly wreaked havoc at the female ward, as they were combined with

\textsuperscript{160} F-129, file 20890
extreme aggressiveness and hostility towards the entire hospital community:

“In the afternoon, she started wriggling like a worm out of the blue, to crawl on the floor, to throw herself, and her two friends followed suit. At one time [they] fall over each other, then go in different directions: if in the course of this they run into an object, all that gets broken. Doing this, [she] moans and groans, as if going through some narrow object, then again suddenly screaming: ‘Go ahead! Fire!’ Then continue curses and scolding, a psychological assault on the surroundings, current and past. Scolding goes as far as Tito, complaints than one had fought but was now locked up in a hospital. All of a sudden she is possessed with such rage to break and destroy all around herself… and at any moment it threatens to turn into aggression towards people. Finally twisting, wiggling of the bodies, contorting… remaining in that position for a while and ‘stupor.’ Then: to the bathroom and as if nothing happened.’

This excerpt is remarkable for a number of reasons, but one of the most striking characteristics of the psychiatrist’s narrative style here is her consistent use of present tense after the first sentence: this choice was certainly meant to indicate the repetitive nature of the seizures and unmanageable behavior on the part of the patients – in this account, the women’s challenges to the hospital’s order and hierarchy were not bound in time, they seemed to be occurring without a beginning or an end, over an indefinite period of time in the past, present and future; the note communicated a clear sense of immutability and permanence of this catastrophe that befell the hospital, and this very repetitiveness was one of the psychiatrist’s central arguments. In addition, the psychiatrist rarely used pronouns to refer to the patients: they were very frequently simply omitted from sentences, but in several instances the author used a passive form to avoid explicitly mentioning the agent (“one had fought…,” “all that gets broken”). Even more interestingly – and unusually – instead of using the common structure subject + verb to describe the completion of an act, the author increasingly replaced verbs with gerunds, omitting the subject altogether and entirely erasing the reference to it, as if the actions that
constituted elements of the seizure somehow completed themselves, without the volition or participation of the patients. These choices are even more telling if one keeps in mind that the same entries with the same wording and structure were to be found in each of the three patients’ files: denying them individual files, the psychiatrist denied the patients their individuality on a structural level; moreover, the increasing avoidance of personal pronouns continued that denial and even negated the women’s humanity: the entry was written in such a way as to suggest that the author failed to see human beings behind the deeds, who chose to perform those disruptive acts, and instead merely perceived the disruption itself, the destruction of objects, the noise and loud curses and the disorder.

Subsequent entries described the seizures in much the same way, except that in each new note – and one was added every two to three days – a few novel details were described, so that every new seizure appeared worse and more forceful and disruptive than the previous ones. Three days after the first entry, the author gave a highly vivid picture of another very similar collective seizure, using the same wording and sentence structure, but now added a few more examples of the disorder which the patients caused at the ward: during the “wiggling” and “bending” and “twisting” over each other and then moving away from each other, the patients “start to move the beds, side boards on the beds first get broken off and then go into pieces… one falls under the beds, then the entire beds get thrown in the air, then one moves to other objects in the room…not even the oven is left alone, pipes fall off, finally windows break as well.” This entry communicated the message that the patients’ seizures were clearly gaining significant momentum over such a short period of time – the destruction inflicted was turning more vicious by the day.

In the following note, the psychiatrist paid much more attention to the patients’ pronouncements and complaints – they now became the core concern for the hospital staff as they apparently grew ever more aggressive and were often formulated as straightforward threats. These statements were not directly quoted except in a few instances, in which the patients’ speech merely
served to prove the psychiatrist’s point rather than being an attempt to engage with their discourse. In these passages, the division between “us” and “them” was extremely stark, and the psychiatrist placed full responsibility for this situation on the three patients, whose hostility and distrust were reportedly insurmountable (“[They] Stare at each one of us as if we belonged to a different race, and were both unfamiliar and strange to them”). Moreover, the author followed the account of the patients’ complaints with her own comments which contradicted everything that the three women had said; the inclusion of this negation in the file showed that, in this sort of document, the psychiatrist always had the last word, but the decision to use this technique, combined with the absence of direct speech, might have actually indicated the psychiatrist’s weakness: the need to establish her absolute control in the text might have betrayed the failure to maintain control and hierarchies on the ground. Moreover, this was a false dialogue – it only occurred in the text since there was no actual communication between the patients and their psychiatrists, and it effectively excluded the other side, because the patients were not given any voice of their own beyond the psychiatrist’s summary of their statements: “will criticize behind our backs, that they are terrorized, that all the doctors here should be killed… and all the time: that others think badly of them. That we think that they are saboteurs, that they will get pregnant from their comrades from the male ward, and during this litany of incriminations [they] will suddenly start falling and having their seizures. Then, screaming, they will attack, protest that they are locked, have no freedom, that they are terrorized /while the entire community and physically ill inmates and small children in the rooms in their barracks are in fact terrorized by them/, that “nobody wants” to talk with them, they are held to be saboteurs, then the threat that they will kill etc.”

The threats were particularly alarming and they escalated: the following day the psychiatrist reported that the patients “held a conference with their comrades from the male ward, and made a decision to execute the head of the female ward… Motive: terror on his part /they have never been assigned any punishment so far/” Again, the psychiatrist felt a need to argue with the patients in the
text. The situation, however, was becoming ever more dangerous, and the day after the author reported that one knife had gone missing from the kitchen.

The final incident occurred one day before the patients were taken away; the description of this last seizure provided the psychiatric narrative with a veritable climax, as the patients reportedly moved out of their room and into the courtyard, where “the rocks that had been lying around… started flying. Some flew directly into the windows of the apartments of some of the hospital staff.” The seizure finally stopped well after midnight, and it resulted in a “complete demolishing of the entire room /the other inmates looked for ‘safety’ far away in the yard. The noise reminiscent of machine guns.” After the military took the three women away from the ward and separated them, one patient was returned to the ward alone and caused no further problems: “has been completely peaceful ever since and says ok to everything.”

*Political disloyalty*

Patient files from the period of the occupation reflected a very important dilemma faced by psychiatrists: how to report politically controversial statements of their patients. The psychiatrists also needed to make important decisions regarding how to engage with the narratives in which patients saw their mental pathology as produced by the actions and ideologies of the local political regimes. Those patient narratives which contained potentially dangerous political criticisms or straightforward denigrations of the current regimes posed a particular problem, and they were often retold in a way deemed more acceptable in the occupation political climate. In these revised versions of the patients’ stories, there are usually gaps and inconsistencies, or long stretches of confusing narrative stripped out of the context, but the roles of friends and enemies were generally re-assigned so as to fit the official discourse. In the course of these re-tellings and re-writings, the psychiatrists inevitably re-arranged patients’ stories, intervened in their structure so that implicit causal relationships could be established that likely did not exist in the original narrative, and omitted or glossed over some particularly risky
sections. In this way, the narrative voice of the patient was almost completely neutralized. In some cases, it was probable that the changes in the original narratives were also meant to protect the patients as well as the hospital staff – records of problematical statements in patient files could easily be lethal if discovered by the police or military authorities, who frequently inspected the hospital grounds or requested to see individual case histories for a number of reasons.

The file of the Vrapce hospital patient Branko Kuzminovic offers an extraordinary opportunity to investigate the mechanism of this re-telling and re-structuring process: namely, Marko’s case history contains both the anamnesis written down by his psychiatrist and the patient’s own letter – a description of the events which immediately preceded and, in his own opinion, brought about his mental deterioration. Marko was conscripted in a Homeguard unit at the beginning of the war, and found himself committed to Vrapce after having suffered several breakdowns and various psychosomatic ailments while under arms. After he was admitted to the hospital in late 1941 and interviewed several times, a psychiatric narrative emerged of Marko’s life history and illness, one which employed political terms in appropriate and acceptable ways, and portrayed Marko’s political attitudes as absolutely loyal to the government and in opposition to all those considered enemies of the new Croatian state. There seemed to be nothing out of ordinary in this patient’s political universe.

When asked to identify the psychiatrist, Branko replied: “You are, I think, a priest, I consider you a priest and I believe in you, I speak form my heart, I worked on a church, built a wall, did not want to tear down churches, I respect the sacred, I won’t destroy crosses, but they put me there, who …, he went.” In the subsequent summary of Branko’s statements, it appeared that these repeated affirmations of his respect for churches, religion and priests were related to his indignation at Communism and the partisans’ reported godlessness and desecration of churches; according to the

161 Klinika za psihijatriju Vrapce, Archive, file 786/41, 10/29/1941
psychiatrist’s account, Branko was mainly unsettled by frequent partisan and Chetnik attacks (although the patient seemed to use these terms interchangeably, so that a Chetnik takeover of a town would mean the introduction of Communism): “he did not believe the news that life was good in Russia, because he has never been there, and he read that there were no churches there, and where there are no churches, it can’t be good. At the same time, he couldn’t accept the idea that all live equally as proposed by Communism, because the lazy should not enjoy the same things that the hardworking do.” The anxiety and disorientation which Branko reported and his family members confirmed were thus an understandable result of his exposure to the enemy assaults and to the rumors of the Chetnik and partisan cruelty: “Due to constant fightings, frequent Chetnik attacks and permanent state of emergency, he could not eat nor sleep.” He was, moreover, “tired and afraid that he might get killed while on guard duty.”

Branko’s appeared to be a typical story of a loyal Croatian soldier, plunged into bouts of paranoia and anxiety by the ruthlessness and inhumane conduct of the anti-Ustasha partisans or Chetniks. However, in his own letter, Branko offered a narrative which barely resembled this psychiatric account. He did report that rumors of partisan attacks on his home village and family made him feel “weak” and instigated seizures, but Branko’s story clarified that his concern over godlessness and general disrespect for religious objects and morality was not a reference to the evils of the Communists’ atheism; it was in fact a comment on the unethical and criminal behavior of the Croatian pro-Ustasha population in the villages in which he lived or was stationed. Just like the psychiatric narrative of his illness focused exclusively on the enemies of the state as the core instigators of Branko’s psychological difficulties, his own account repeatedly singled out the general breakdown of social and moral norms after 1941 as his most profound traumatic experience. The general “godlessness” – only partly related to the partisans’ presence and their intensified propaganda, but defined in Branko’s letter much more broadly, as a new Zeitgeist of sorts in which peacetime codes of
behavior and interpersonal respect lost all meaning – translated into the propensity of many to steal, lie, murder for material rewards: explaining why he was afraid for his own and his family’s safety, Branko wrote that “saw a great greediness among the people, because they were saying that there was no God, and that whatever one can get hold of, one can keep, … I saw that they killed each other for a suit, for a hundred kuna one could lose one’s life, all because someone is too lazy to work, he got a gun and wants to shoot those who teach him work and order.”

As became clear from this statement, Branko’s comment that it would be impossible for lazy people to be as well off as those willing to work could have also referred to the mindset of the Croat villagers following the Ustasha takeover, although the psychiatrists related it to Branko’s dislike of the Communist ideology. It is unclear, in fact, whether Branko mentioned Communism at all – the psychiatric account was given entirely in indirect speech, with very few direct quotations of the patient’s statements. But his letter described in great detail what emerged as his absolutely central concern: the criminal conduct of his neighbors and other common people, who, having been given weapons by the state, preferred to gain wealth through theft, destruction of other people’s property or even assassinations, than to work. When Branko asked a neighbor to join him on a construction job in the village, the latter replied that “I won’t work for fifty kuna per day, it’s easier for me to go to [the neighboring villages], steal a bag of corn and a pig, sell them, and I will have earned in one day more than I would have in a week” working with Branko. In a similar vein, the psychiatric account related Branko’s criticism of destruction and burnings of churches to the contemporary events in Russia and the Soviet Union; however, it would appear from Branko’s own writings that he was equally – if not solely – disturbed by the violence committed against Orthodox churches and their property; Branko was even afraid for his own life, because “there were more thieves now than honest people, so they were saying that those should be killed who did not want to plunder the Orthodox.” In his initial interview with his psychiatrist, Branko emphasized that he did not want to destroy churches, because
they were sacred to him.

Branko’s own narrative did refer to his fear of Chetnik and partisan attacks, especially the paranoia spread in his own native village through rumors of Chetnik cruelty and torture techniques. Describing the terror which such stories provoked in his own family and children, however, Branko assumed a significantly different point of view, de-emphasizing the Chetniks – whom he often confused with partisans and whose purposes were clearly perplexing to him – and bringing the discussion back to the original problem, the behavior of the Croat and pro-Ustasha villagers: “ill as I was, I was consoling my children, [telling them] don’t be afraid, they won’t [slaughter] us, we are not guilty of anything, they will go after those who plundered and stole, who hadn’t followed the law…” Again, Branko’s letter clarified that he was primarily frightened of his co-villagers and co-ethnics: he believed that they might harm him and his family either randomly, in the atmosphere of general chaos and lawlessness, or as a revenge for his refusal to take part in their criminal endeavors and for his open criticisms. The “enemies of the state” only played a secondary role in this narrative: Branko stated several times that he was anxious as he was expecting retributions against those villagers who had committed crimes after the outbreak of the war; those retaliations would then inevitably wreak havoc in the entire village community and harm its general well-being: “I often told them, people, this is no good, you are all doing whatever you want to, you know how it is in cities… and all you are doing is creating evil and agitation, this will all hurt you and us, our children, whatever you wish onto others will befall you in the end… they will kill you and your wife and children will become orphans, why don’t you obey the law, life is not about plunder but about honest work.”

The psychiatric account, on the other hand, did address Branko’s complaints and pronouncements regarding the inter-personal relationships and breakdown of moral codes of behavior in the Croat villages – those seemed to be such important and recurrent motifs in Branko’s original narrative that they had to be addressed in some way in the hospital file. However, in the brief
paragraph which summarized Branko’s concerns regarding his neighbors’ conduct, the patient’s reactions and descriptions of the all-pervasive danger and lawlessness were presented as indicators of his deteriorating mental state and of the traumas which he experienced while at the front. In that way, Branko’s critiques of the atmosphere in the Ustasha-led state were reduced to pathological outbursts, devoid of any credibility and unrelated to reality; Branko’s insights thus could not be taken as revealing of any aspect of the actual state of affairs on the ground, his fears and discontent had no grounding in reality and were figments of his imagination and his troubled mind, which saw murderers and thieves where there were none because it had been exposed to the extreme chaos and violence of the battlefield: “He harbored great fears, it seemed to him that everybody had weapons and that they wanted to kill each other there [in his native village] like people killed each other in Bosanski Novi [where he had been stationed with the Homeguards].” Here, the psychiatrist completely discarded any potential veracity of Branko’s perception of the tense situation in his village – it was a product of his difficult experiences in Bosanski Novi and the brutal partisan and Chetnik attacks over there. The wording of this account is very telling: although it was supposed to be as authentic as possible a retelling of Branko’s words, the author introduced the construction “it seemed to him,” creating an impression that Branko himself described these events as imaginary in his original account. As we could see from his letter, however, this was not the case, and Branko was adamant about the truthfulness of his take on the events – he certainly never presented them as possible delusions. This sort of rhetoric in the psychiatric account continued and escalated: the author wrote that Branko “began running away from home and fantasizing [my emphasis],” and that he “imagined that everyone was after everyone else to kill, harm, persecute each other.” In order to further undercut the reliability of Branko’s voice, at this time the psychiatrist introduced some further descriptions of Branko’s deteriorating sanity, such as: “he spoke to himself and saw at every step water and fire. Then his brother and niece brought him to our hospital…”
Interestingly, the psychiatric account omitted some details about the events immediately preceding Branko’s hospitalization. In the letter, Branko claimed that his last memory before finding himself in Vrapce was of a wounded person beaten up by the Ustashain an improvised military hospital. Branko wrote that the “Ustasha beat him like a dog,” and that everybody in the hospital “cried, both nurses and civilians.” The Ustasha solders, having beaten the wounded patient severely with their rifles, took him away. After that, Branko reported that he felt very weak, and had to be transported to Zagreb. This was the only point in his narrative where he directly criticized the Ustasha regime; in the rest of the letter, he expressed his great disappointment with the general atmosphere created after the establishment of the Ustasha state in April 1941 but emphasized several times that those who broke the law disobeyed Poglavnik’s own admonitions to all citizens to behave in a legal and civilized manner. The incident with the Ustasha soldiers is entirely missing from the psychiatric account, although, in Branko’s opinion, it was of crucial importance for understanding his own commitment to a psychiatric hospital.

In fact, the psychiatric account made no reference whatsoever to Branko’s original letter (which was unusual: case histories normally referred to and commented upon patients’ writings at least occasionally and often cynically, but there was very rarely the absolute silence of the kind encountered in Branko’s file). Almost entirely, it was written in what Carol Berkenkotter defined as “the narrator’s representation of the speech act,” (NRSA) in which the author of the text has full control of the narrative process when reporting someone else’s speech: “original utterance by the speaker is not recognizable but the meaning is kept.” Berkenkotter contrasts this form of reporting with more authentic ways of presenting other people’s pronouncements, such as framed or free

162Carol Berkenkotter, Patient Tales. Case Histories and the Uses of Narrative in Psychiatry, Columbia: University of South Carolina Press, 2008, p. 121
indirect speech, which better preserve the style and rhetoric of original utterances. Namely, the narrator’s representation re-frames the utterance, adjusting the original rhetoric and making it fit in a new narrative context in whatever way is necessary: “He could not reconcile himself with the idea that the town would be surrendered to the Chetniks.” Interestingly, the psychiatric account made no use whatsoever of framed indirect quotations – with explicitly stated verbs such as say, tell, mention, explain. On the other hand, at times the author’s absolutely confident voice gave way to some form of free indirect speech – where there were no framing verbs and the narrative is in third person singular, but the patient’s voice and reasoning were recognizable, the inner logic of the patient’s speech spread into the psychiatrist’s text: “They had some packages, and therefore he thought they might be partisans… However, because he felt very weak and had a strong headache, he felt that again he wouldn’t be able to sleep today, so he looked for a doctor.” In theory, free indirect speech would imply a lesser degree of the narrator’s interference than NRSA and a more authentic reporting, but in this case, the patient’s utterances were so frequently re-arranged and re-structured and Branko’s understanding of the events was changed to unrecognizable that these occasional resurgences of double voice hardly contributed to the account’s authenticity; in fact, they seem to indicate that the author attempted to give the impression of verisimilitude at certain points in the text, but those portions were highly restricted and stripped out of context – free indirect speech only appeared when Branko’s fear of the Chetniks or partisans was discussed.

In a similar vein, there are very few direct quotations of Branko in the psychiatric account. When the author did cite Branko’s pronouncements (from the interview, not the letter) in quotation marks, he regularly re-contextualized them, used them as snippets of information taken from the original speech and re-applied in a different framework to support the author’s perspective: “At home he spoke unrelatedly – ‘as if the Chetniks would kill us’ (which he doesn’t remember well now,” and “… he tried to reconcile everyone with words ‘Peace, brothers, peace.’” In neither of these cases did
the author give any more precise information regarding the broader context of Branko’s pronouncements; instead, he used them as proofs of Branko’s unbalanced mental state, and, as we know from the letter, this was certainly not how Branko himself perceived his own reactions at the time.

Hierarchies

Patients’ interest in the course of their own treatment and in details of their therapy did not always elicit psychiatrists’ approval and appreciation. The hospital staff and administration were particularly sensitive to any perceived attempts at undermining the authority of the psychiatrists or relativizing the hierarchical relationship between patients and their physicians. Consequently, on some occasions, patients’ concern with their well-being and their (overly) pronounced opinions on their mental health were clearly interpreted as meddling in psychiatrists’ affairs and attempting to gain the upper hand with regard to treatment and diagnosis. In those cases, the need for of warding off the challenge to the hospital hierarchy affected the structure of the file, the tone of the notes and the nature of the psychiatrist’s observations. Writing in such files often expressed irritation and impatience, and narrators were usually particularly suspicious of the notion of patients’ rights – championed by some inmates. The issue of control was central here, much more so than in an average case history: at times, all other patient-related concerns could be sidelined until the hierarchies were re-established in the narrative. In the file of Sima\(^{163}\), a 37-year old long-term inmate of several hospitals in Croatia and Serbia, the very first sentence signaled the narrator’s irritation with the patient’s behavior, and also expressed the constant, reiterative nature of the patient’s annoying conduct: “Peaceful at the ward, every second he has got a new request, writes little notes; eats and sleeps in order.” Although in several notes Sima was characterized as intelligent and able to answer questions “logically,” the passage ended with a rather damning resume: “Incomplete knowledge of

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\(^{163}\) Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-112, file 19413-XI-458
current events. In longer statements he gets confused, becomes disoriented, occasionally smiles, whispers…” Several months later, the psychiatrists concluded that “there was no sense to be had from him: “when spoken to, he responds raising his voice and tells nonsense, that his uncle is the ‘chief of the state’ and he wishes to work, etc.” The quotation marks inside this statement serve to highlight the nonsensical nature of Sima’s pronouncements. The key for understanding the extraordinarily dismissive tone of this passage was in the notes that Sima had reportedly been writing, and most certainly in his frequent requests and complaints; in fact, Sima wrote several letters and postcards, some of them addressed to the head of the hospital himself (which were never mailed out and were kept in Sima’s file), in which he voiced a number of objections to the general conditions and treatment of patients in the Belgrade hospital. Moreover, Sima openly denied his diagnosis of schizophrenia, challenging his psychiatrists: “He feels now completely healthy, he does not admit having been sick before either; they brought him here because his nerves got weaker and he had poor nutrition.”

Later on in the same note, the narrator reported that the patient admitted that “before and now he has to be careful about what he eats ‘for the sake of hygiene.’ If the food is not tasty, he objects.” This passage effectively delegitimized the patient’s viewpoints on two of his favorite themes: his supposed healthiness and his complaints about the food served in the Belgrade hospital. The use of direct speech to report the expression “for the sake of hygiene” served again to emphasize the narrator’s ironic distance from Sima’s reiterated belief that his problems merely stemmed from his “poor nutrition.” The second sentence then mocks and trivializes the way in which the patient’s mistaken conviction about the relationship between his “nervous” illness and food supposedly got translated into his complaints when the hospital food was not delicious. Hereby these complaints were also delegitimized, as the narrator suggested that they were based on the laughable idea that mental health depended on the food’s tastiness.

Finally, Sima posed the ultimate challenge to the hospital’s authority and escaped less than five
months after having been admitted. When he was captured and brought back by the Special Police about two months later, his egregious act of disobedience effectively eliminated any remnants of solidarity and sympathy from the narrator’s voice: in the months following the escape and return, Sima’s case history was almost exclusively focused on Sima’s complaints, and mostly served to communicate the narrator’s exasperation and astonishment at the flood of his requests, and at his insubordination and waywardness. While some of the earlier entries offered information on his mental state and changes in his psychological stability, now this aspect was almost completely missing: the entire file turned into a long and increasingly irritated complaint about the patient’s tendency to complain. The impatience was quite intense from the very beginning: at the beginning of the first encounter with Sima after the escape, the narrator stated that the patient “speaks even when not asked, disorderly.” The narrator structured the entire first passage – which is usually the longest and most comprehensive note in the file – around the patient’s motivation for escape. Although Sima immediately responded that he “was not doing well here, I worked for free and the food was bad,” the narrator concluded that the patient “does not respond directly, but with circumlocution.” The interview continued with questions about Sima’s whereabouts while at large, but the narrator’s chief aim seemed to be ascertaining Sima’s failure to handle his affairs outside the hospital and getting Sima himself to agree with that conclusion: “at first he went to Nis, later to Smederevo, then allegedly at work with [the Org. Todt] where his daily wage was 100 dinars?! In addition to that, he was arrested and imprisoned several times, finally he admits that most of his time out he spent in prisons. He brags that he did well while at large, he had enough to eat, but it was hard for him to find lodging, he couldn’t find a flat anywhere.” Thus, the narrator’s reporting of Sima’s speech progressed towards its natural culmination – Sima’s admittance that he spent his time outside the hospital in jail and not as a successful and well-integrated bread-winner, which he claimed at first, and that he was effectively

164Ibid., file 19809-XI-843 (III stay)
The narrator noted that the patient recounted his adventures “at length and in great detail,” which meant that the actual report in the file was heavily summarized – the narrator clearly did not find most of Sima’s insights and stories interesting and notable enough, and they were not considered credible at all: the comment “allegedly” and the suggestive punctuation at the end of the first sentence signaled the untrustworthiness of Sima’s statements in no uncertain terms. The dismissiveness and summarizing in the first part of the report indicates that the central importance was to be accorded to the admission which follower: interestingly, the narrator’s questions were not reported, his voice was seemingly silent but it led and shaped the conversation. When the patient “finally admitted” his failure, it was most probably a result of leading and repeated questioning, since the admittance was clearly contradicting his earlier statements. This note demonstrated a peculiar tendency of the Belgrade hospital psychiatrists of this period: the need to extract confession from their patients, to induce them to openly comply with the psychiatrist’s interpretation. The success in the interview with Sima proved short-term: he continued challenging his diagnosis and denying ever having suffered of any mental illness, which provoked some astonished annoyance on the narrator’s part: “Otherwise, for himself he claims that he is ‘in full physical health,’ he merely needs more bread and food, ‘and he did work for this hospital, so he likely deserved a few more pieces of bread!’” And again in the same passage: “Lacks in awareness of his disease; has never been mentally ill, just nervous, now he does not have the nervous disease anymore either?!” In the second example, Sima’s words were given in free indirect speech, with no quotation marks and no first-person singular, but the patient’s voice was still allowed to come through – significantly, in the form in which the narrator’s voice interfered the most with the patient’s – only to be commented upon with the choice of punctuation in the end. In the first sentence, the use of pseudo-direct speech emphasized the patient’s tendency to complain and demand rewards for himself in return for his work and/or favors, and served to illustrate the theme
which this file would be built around until the very end of Sima’s stay in the hospital.

Every subsequent entry took up the issue of Sima’s requests and objections, commented upon it with the same combination of irony, annoyance and astonishment. These short and frequent entries, in addition, contained very little in the way of other information on the patient’s progress, therapy and behavior; at times it seemed that they mainly served as a vehicle for expressing and relieving the staff’s exasperation with Sima’s unreasonable conduct: “Every day he irks us with his please and entreaties, demands a salary, improved nutrition and cigarettes. Writes cards to various personalities from whom he also requests food and other things.” Then, a few months passed without any comments but notes about his weight and the court decision to extend his hospitalization; the next entry repeated the sentiments from the last one: “He keeps imploring and petitioning for something, he always needs more food, he requests packages, cigarettes, or asks to be released from the hospital, and then he will earn for himself.” Two months later, the same psychiatrist reported that Sima’s behavior was: “always the same…, protests without end that he does not receive extra food and cigarettes.” The first substantial note on Sima’s after four months had nothing more to add: “Never satisfied, everything is too little to him, if he obeys anything, he demands a big reward, constantly bothersome.” All these entries convey the message of static, unchanging behavior: the patient “kept” doing something and he “always” resorted to the same kind of behavior; there is a sense of timelessness in them – there was no inkling that the patient had ever demonstrated any different attitudes, nor was there any hope that he would change. The issue of Sima’s written requests to higher authorities was particularly irksome; one of the last notes complained that “he always invokes some rights of his.” The theme of patients’ rights was clearly not yet to be broached. The file ended quite abruptly: although there was absolutely no change reported, Sima was released with a large group of others “due to the bombing and lack of food” – which, ironically, reinforced his complaints, as did his decreasing weight, meticulously noted by the nurses.
As the general psychiatric paradigm was undergoing change towards the end of the war, the structure of the patient file got transformed as well, and certain novelties were introduced. One of the most remarkable new practices was lab-interview, a one-on-one dialogue between the psychiatrist and patient, with open-ended questions and free-flowing conversations, in which patients’ voice was allowed to stand out. According to Petter Aaslestad, lab-investigations, which appeared in West European psychiatric hospitals in the course of the 1920s but petered out by the late 1930s, were “perhaps the most unique, single feature of the genre throughout the 100-year period [1890-1990].” Lab investigations were noteworthy because they presented the most systematic effort thus far to try to engage patients in a meaningful conversation and report their pronouncements as authentically and accurately as possible. In these stenographically recorded interviews, as Aaslestad confirms, the dialogue seemed to be the goal in itself: there usually was not a pre-set or pre-determined direction in which the psychiatrist wanted to steer the conversation, and the questions posed to the patient were open-ended. The most important feature of this genre – and one which makes is it crucial in the analysis of the patient file as a source – was that its purpose was to make the patient as visible as possible, and to temporarily surrender to him/her the control over the dialogue and its direction. In that sense, the psychiatrist’s questions were frequently not reported at all, or were put in parentheses, while the patient’s speech stood out and assumed the central place. By default then, the core of the lab-investigations consisted of direct speech, patients’ statements recorded as authentically as possible and usually in quotation marks, usually at length and in great detail, in keeping with the idea that the patient should be allowed free reign in the dialogue.

The lab investigations could be seen as a highly progressive genre experiment: they implied an unprecedented degree of equality – and solidarity – between the interviewer and the interviewee, an

165 Petter Aaslestad, *The Patient as Text*, p. 92
“intellectual concordance” in Aaslestad’s phrase, necessary for this kind of conversation to occur between two participants of such different statures and power levels. In other words, the usual hierarchical relationship needed by default to be sidelined if not entirely suspended for the duration of lab interviews. Such an exercise was indeed entirely novel in the psychiatric hospital practice, and would likely have more profound, long-term effects on the treatment of patients. This potentially signified an improved position of the patient within the hospital hierarchy. If the lab investigations had the purpose of allowing the patients to freely express their viewpoints, delusions and ideas, then they certainly expressed a new spirit in the relationship between the psychiatrists and their patients, a new type of connection in which the patients’ pronouncements and voices were important and relevant in themselves, and the hospital was clearly interested in listening to and recording them. Even more fascinating was the seemingly absolute dominance of the patient’s voice, and the psychiatrists’ willingness to allow the patient to dictate themes and take the conversation in various directions.

However, as we already saw, the very act on the part of the psychiatrists of relinquishing control suggested their absolute confidence in their ultimate authority. Aaslestad concluded that the labs were in fact a “hybrid form: absolute authority mixed with absolute equality between two parties.”166 The practice of not reporting the psychiatrists’ questions sometimes reinforced the impression that the invisible authority directed the entire exercise, and that very invisibility further mystified the physician’s role and choice of emphases. Moreover, the purpose of lab interviews remained obscure: were they primarily meant to investigate the content and structure of patients’ delusions and ideas and to deepen and solidify their relationship with the psychiatrist, or were they chiefly aimed at the audience outside the dialogue, the external leadership. Finally, psychiatrists’ patience could be exhausted at any moment during the interview, when they would summarize

166 Ibid., p. 98
patients’ words instead of reporting them accurately, or would include their own comments and observations which frequently changed the tone of the conversation and reflected rather negatively on the credibility of the patient’s statements or even on the worthwhileness of the entire exercise.

In the context of Yugoslav hospitals, lab interviews only appeared in the Belgrade hospital and significantly later than in Western Europe – in 1945. The only psychiatrist who practiced lab investigations with her patients was Nadezda Jevtic, although she too quickly gave up the technique. Therefore, the sample of lab investigations from Yugoslav hospitals is rather limited and restricted only to female patients diagnosed with schizophrenia, but it still holds enormous significance for understanding the psychiatric paradigm and the local psychiatrists’ relationship with their patients. That Jevtic decided after several months that this experiment failed to further her knowledge and resolve the confusions that she harbored with regard to the nature of schizophrenia was telling in itself, and it fit rather nicely in her general professional worldview expressed in her notes.

Jevtic’s comments in her schizophrenic patients’ files frequently reflected her growing frustration at the inability to establish meaningful communication with such inmates; she, furthermore, frequently played with the idea that schizophrenia merely paralyzed the patients mentally and made it difficult (or impossible) for them to express their brewing internal universe. In a way, Jevtic occasionally wrote of dementia praecox as a particularly ominous and impenetrable layer, underneath which there existed a variety of ideas, thoughts and personality traits. It was this hidden internal word that Jevtic kept trying to penetrate and regularly failed, which then made her doubt the therapeutical potential of hospital psychiatry as such, and the existence of any intellectual or emotional life worth uncovering in her patients. It was thus logical that Jevtic would be the one to take up the technique of lab interviews; her timing was also hardly accidental, as by 1944 and 1945 the concept of schizophrenia as a biologically predetermined, hereditary disease with a highly degenerative effect on one’s intellectual powers was already undermined by the profound effect of
war-related environmental factors and stresses on the mental health of patients. In their original application in the 1920s, lab investigations signified a rethinking of the nature of *dementia praecox*, and the emergence of the idea that schizophrenic patients were capable of engaging in complex thought processes and intellectual activity despite their illness. In that sense, the end of the war was the most appropriate time for such an experiment in psychiatrist-patient communication to enter the Belgrade hospital as a signal of yet another round of similar rethinking. However, in Jevtic’s case, the interviews did not seem to yield many notable results. Quite to the contrary, they apparently confirmed Jevtic’s doubts and further discouraged her from attempting a more humane form of communication with her patients.

The Belgrade hospital lab investigations were not quite as open-ended and freely structured as the ones described by Aaselstad in the psychiatric files of the Gaustad Psychiatric Hospital in Norway. Jevtic usually divided her interviews in several sections, such as “General data,” “Orientation to place, time and persons,” “General education” and “Illness.” The investigations always ended with Jevtic’s extensive commentary entitled “resume.” Therefore, Jevtic chose to organize these conversations much more tightly than the genre required, and thereby perhaps lost some of the most important features of the exercise: in some sense, her lab investigations did not differ much from the usual questioning of patients upon admission – the section on general data asked about personal and professional biographies, “general education” tested her patients’ school and experiential knowledge in a conventional way, and so did her questions regarding orientation. However, the tone of the conversation signaled that this was not an entirely conventional form of interviewing: although Jevtic most frequently relied on pre-set, schematic questions, her investigations were unique because of her willingness to follow the lead of the patients, to explore their answers in detail and at times to accept to discuss at length even those topics raised by the patients which had nothing to do with her original questions. To an extent then, in spite of their rigid structure, the interviews managed to fulfill their
original purpose of creating an environment of respect and even intimacy, which in itself was a remarkable achievement given the general context of the hospital. In some of the most instructive files, Jevtic undertook to explore her patients’ delusions and hallucinations, or their interpretations of their own illness, trying to get at the roots of these complexes of ideas. This was quite progressive indeed, and implied the psychiatrist’s interest in the minutiae and logical structure of the patients’ internal lives; it furthermore signaled Jevtic’s patience to seriously engage the “crazy ideas” proposed by her interlocutors in the investigations. At times, there were moments of solidarity between the two, when Jevtic took up the patient’s interests and argued from the patient’s viewpoint: “Then she talks about how she worked for some old woman for forty (?) per month (Well, that’s so little!) She admits that it is, but that was three or four years ago. That woman was alone and couldn’t pay her more.”\textsuperscript{167} In the same file, Jevtic made an effort to fully enter the world of the patient’s delusions, asking questions as if she accepted the truthfulness of the patient’s pronouncements: “Following her husband’s death, as soon as she would dose off, something would grab her hand, but when she wakes up, there is nobody there (Who could that be?) I guess my husband.” In this last example, although there are no quotation marks, the patient’s words were reported in first-person singular, allowing her a degree of subjectivity and agency.

Frequently, Jevtic’s inquiries were replaced with a question mark in parentheses, which indicated that she encouraged the patient to continue talking about the topic at hand, sometimes even when that topic did not relate to the original question asked or when the patient’s statements seemed to follow no logical order and were incoherent. In a conversation with a woman who claimed that she suffered from “weak nerves” and that people looked at her “strangely,” Jevtic insisted that the patient elaborate on her ideas regarding the core of her illness: “/What do you mean people looked at you strangely?/ It’s been two years already that they do. /?/ They come, I sit at home working, and they tell

\textsuperscript{167} Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-116, file 20104
me: that the partisans are advancing and then they don’t leave, but they stand there and stare at me. It looks strange to me. And so I go out of the house to the gate, but the gates are open, and people are passing by and staring at me. It really looks strange to me, like pictures, and I wonder how it was possible that all of it used to be quite common, ordinary to me before. Then I decide to stay at home.\textsuperscript{168} Here, the psychiatrist directly instigated the patient to share all the details of her experiences, feelings and impressions that were likely directly related to the onset of her illness, or were particularly illustrative expressions of the deterioration of her mental health. Furthermore, the patient’s lengthy explanation was reported in full, without any shortenings or summaries, and as authentically as possible, in first-person singular (although with no quotation marks). What made this section of the conversation truly remarkable – and different - was Jevtic’s interest in what the patient had to say, her choice to forgo editing a further proof that the patient’s voice was heeded here.

Some of the most remarkable passages from lab investigations were those in which Jevtic let her questions remain unanswered or barely noticed, and instead accepted to follow the patient in whichever direction she decided to take the conversation, even when the patient spoke incoherently. In those cases, it was clear that Jevtic listened carefully and was engaged in the patient’s often illogical or delusional train of thoughts, asking new questions to further the theme started by the patient and effectively surrendering control. In files like that, patients’ stories emerged most poignantly and convincingly, and Jevtic managed to obtain certain very relevant information, which patients sometimes found difficult to share. But the most important feature of such interviews was that Jevtic allowed her patients to convey and highlight those messages which they thought were central. In the case of a woman\textsuperscript{169} who had lost a son in the course of the war, Jevtic seemed to realize early on that her questions would not always get the replies she was hoping for, and she was willing to give up on some of them. After she asked her patient about her occupation, the latter replied “gardening” but then

\textsuperscript{168} Ibid., F-129, file 20897
\textsuperscript{169} Ibid., file 20871
continued talking on an unrelated subject: “he brought me over due to a nervous disease. But they gave me no medication. One night I slept at my sister’s. But Miroslav came, God forbid, and saw some saints.” Jevtic chose to cooperate: “/!?/ There, he says, are the saints. St. Nicholas and St. George.” Instead of concluding, as was the custom in the Belgrade hospital, that “no sense was to be had from her,” Jevtic noted these statements carefully. This patient was rather confused and disoriented when she was admitted, and she was reportedly not capable of giving almost any reliable information about herself and her history. Jevtic’s patience in the course of the lab investigations and her willingness to listen the patient’s constant digressions from questions asked finally bore fruit, and it became clear that the patient’s son Miroslav had died – a crucial piece of information for interpreting her state of mind, her mental paralysis and sorrowful disposition. Asked if she was in a hospital, the patient began talking about Miroslav, Jevtic allowed this change of subject, prompted her with appropriate questions and found out about the circumstances of his death: “Finally we find out that her son was 22 when he died. She describes where he had glands. Allegedly he was also a partisan.” More of the patient’s history was discovered in the same way. When testing her general education knowledge, Jevtic asked the patient about Tito: “I only saw him on pictures.” But then she continued in a different direction: “I was still working at the cemetery back then. We brought him on a cart. /Whom?/Miroslav, from the hospital. He died at home. Afterwards, one Saturday, one young girl tells me to come to their house to pray. I prefer the church. Then when there was no oil, what else was I supposed to do. Miroslav had been at the Juveniles’ Home for three years, he fell ill there, started vomiting blood.” At this point, Jevtic chose to interrupt the patient’s free stream of thoughts which seemed to lack any solid internal logic, and asked about Stalin and Churchill. However, the patient apparently preferred to continue her story of Miroslav’s death, her communication with him after his passing, the young girl who prayed in her own house on Saturdays, and Jevtic followed: “I didn’t go. I pray at home, I don’t need to do it under the skies. She says that one can see dead children. I saw once
in my dream. And then she retells a dream in which her son told her not to cry over not going to his grave because he knows that she is weak, and he also consoled her that he wasn’t hungry. I saw St George when he came with children.” At this point, the engaged Jevtic again prompted the patient to further elaborate despite the hallucinatory nature of the patient’s statements: “This way it was found out that her other to children passed away as well. The youngest one was seven months. Allegedly she tripped over and the child fell and then died. The second child: a girl of thirteen died of pneumonia. This was “many years ago,” she died during the Austrian war. She was born and died then. I don’t know if she was two or three years old at the time. I have my book.” In a hospital in which no psychotherapy was practiced until well after the war (and in which one psychiatrist defined psychotherapy simply as “consolation”), patients like this one could only be engaged in an exercise of this sort; labs were the only way to gain any information regarding the patient’s background, personal history and sources of illness. In that sense, Jevtic’s achievement is truly significant: she managed to start and maintain a rather fruitful and meaningful communication with a patient who had thus far been consistently unresponsive throughout her stay at the observation war and the Belgrade hospital. The lab interview had a deeply humanizing effect, and it created an intimate and supportive space in which the patient apparently overcame some of her barriers.

Lab interviews were thus important because they translated incoherent and disjointed statements into meaningful narratives, and could potentially increase the understanding and create feelings of human solidarity between patients and psychiatrists. However, in the final analysis the interviews conducted by Jevtic did not significantly affect her pessimistic theory of mental illness (and schizophrenia in particular) as highly degenerative and paralyzing. In fact, her lab investigations apparently had the effect of confirming to her that communication with schizophrenic patients could only be rudimentary and restricted, and that a true human bond was impossible to achieve through such a therapeutic experience. Even in the file discussed in the previous paragraph – in which there
was some palpable progress, Jevtic wrote the resume of the interview in highly pessimistic, gloomy terms, describing the patient’s problems and personality as static, hopeless, timeless and therefore highly unlikely ever to change; they were marked by irreversible degeneration: “Intellectually incoherent /in her incoherence, she talks guided by some sorrow for her own personality… A flood of thoughts, but thoughts guide her instead of vice versa. Her judgment is completely damaged… Certain notions are completely excluded from her intellectual life…” Jevtic added that the patient lived under the effects of “organic depression,” and experienced mental changes such as “moral depravation and destruction of the character” as a result of her illness, and concluded that the patient “leaves the impression of negativism for everything outside her personality. Damaged logical thinking, reduced to involuntary thoughts, she is an automaton affectively unattached to her children and home.” In a way, then, lab dialogues served to prove the impossibility and futility of dialogue (or psychotherapy) as such, and this is exactly how Jevtic sometimes used sections of her lab investigations: as illustrations of her doubtful and negative remarks. When describing the patient’s “damaged judgment,” Jevtic added in parentheses: “/Her dead son walks around the neighborhood./”, and when discussing the effects of the “organic depression,” Jevtic supported her diagnosis with yet another summary of the patient’s statements: “/dead son visits and walks in the neighborhood. son saw various saints etc./” When utilized in this way, lab investigations acquired something of the quality of public performances of mental illness (especially hysteria)by patients, practiced in Europe in the nineteenth and early twentieth centuries. In Jevtic’s resumes, patients’ statements served to demonstrate to the outside readership the nature, character and expressions of schizophrenia, rather than to enhance the psychiatrist’s understanding of mental illness. The entire interview was thus redefined in these concluding sentences, so that it was primarily directed towards the external audience, meant to win the readership over to the psychiatrist’s side, to prove her views right, and publicly show the impossibility of communication and the difficulty of situations with which she was dealing.
Other resumes were structured in a similar way, and none of Jevtic’s lab investigations ended on a positive note. In another similar instance, Jevtic described a woman\textsuperscript{170} as “completely autistic,” and supported her claim with one of the patient’s own utterances from the investigation: “/I felt I was sealed off from other people, but that was temporary.../”

Jevtic established control and made her voice predominant in a number of different ways throughout the investigations: through initial comments about the patient’s state of mind which inevitably set the tone for the entire conversation and usually foretold the nature of the subsequent dialogue; and through her own comments and notes injected in the middle of the text, which usually referred to the patient’s behavior and manner of speaking (these frequently discredited the patient’s statements and ability to communicate meaningfully, pointing out, for example, that the patient was “completely lost in relating details, a logical connection barely exists. Her deliberations are the expression of the autistic.”). On one occasion\textsuperscript{171}, Jevtic described the patient’s entrance in a way which suggested the probable uselessness of the entire communication attempt before the dialogue even started: “She sits on the chair offered to her and stops fixating on her environment, looks in the ‘distance,’ her eyes get a completely glassy look, and in addition to all that she whispers and as if completely forgets about herself and her environment.’ Predictably, then, the investigation ended with Jevtic’s remark that “her illness is of earlier date, no prospects for improvement, except for remissions which would only present stagnations in the course of the development of the illness.” In yet another case history, communication was proclaimed an almost unmanageable and purposeless venture at the very outset: “[The patient] barely understands where she is supposed to sit. She is willing to answer questions but is actually uninterested.”\textsuperscript{172}

\textsuperscript{170} Ibid., file 20897
\textsuperscript{171} Ibid., F-116, file 20104
\textsuperscript{172} Ibid., F-129, file 20838
In the reporting of the patients’ words, Jevtic resorted to multiple techniques, usually moving in one and the same file between summaries, indirect speech, pseudo-direct speech and direct speech (in first-person singular – but quite remarkably, without quotation marks). By combining these different forms, Jevtic again undermined one of the most salient features of lab investigations – the authenticity and accuracy of patients’ voice. Her choice not to use quotation marks even when giving her patients’ statements in direct speech proper, in first-person singular, created a unique situation in which it was absolutely impossible to visually distinguish between Jevtic’s and the patient’s voices, between her “I” and that of her patients. But quotation marks Jevtic reserved for citing those words which her patients pronounced incorrectly, thereby emphasizing their class background, linguistic incompetence and educational deficiencies, their status as laywomen in medicine. Moreover, Jevtic used quotation
marks in her own comments when she referred to her patients’ intellectual activities and emotional states: “At last she ‘thinks’ that she didn’t clean here. Also she ‘thinks’ that this is not a hospital. But she ‘thinks’ that she has been here for a week already.” In another patient’s case history, Jevtic remarked that the patient was “‘melting away’ in her sadness and tearless crying. She is all psychologically paralyzed in some sort of ‘sorrow.’” In both of these cases, quotation marks were used to express the psychiatrist’s doubt regarding the authenticity of the patients’ processes of thinking and feeling. Jevtic’s suspicions were an integral part of the contemporary psychiatric discussion, whose active participant she was, about whether schizophrenic patients engaged in any genuine intellectual and emotional activity, whether they concealed a potentially rich intellectual life and sphere of affection beneath seemingly impenetrable layers of mental paralysis and disease. By placing those verbs in quotation marks, Jevtic suggested that she did not believe in her patients’ capability to truly think or experience sadness (she even emphasized that the patient cried with no tears). Instead, she saw the patients’ reactions as a pose, a theatrical gesture devoid of deeper meaning and content - artificial, inauthentic behavior – caused by the illness’s degenerative effect on one’s intellectual and emotional capacities, and not to simulation. Jevtic’s attitude towards her patients’ thought processes and feelings thus again worked to partly invalidate the lab investigations, whose main purpose was precisely to attempt to explore schizophrenic patients’ internal worlds.

Ultimately, thus, in lab investigations the two voices were in theory equal, but they were at the same time distinguished from each other more clearly and rigidly than in any other form of psychiatric interaction with patients; there was no possibility for any mixing of the two linguistic zones, the very structure of this technique prevented it. For this reason, therefore, lab investigations could achieve ambiguous results, increasing the sense of understanding and solidarity in the course of interviews and medical interrogations, but also isolating the patients, making their speech stand out more starkly and

173 Ibid., file 20838
174 Ibid., file 20871
bizarrely, and making their viewpoints more difficult to engage with with any degree of sympathy and solidarity. In any case, Jevtic's experimentation with narrative and interrogation techniques perhaps indicated her and the hospital's need to attempt to approach their patients in a somewhat different way, and it was by no means accidental that lab interviews, which had already been practiced for several decades in West European hospitals, only appeared in Yugoslavia in 1945/1946, when the profession's paradigm was about to undergo a rather revolutionary change as a result of both the war experiences and the vast social transformations in the country. The halting success of Jevtic's lab investigations, on the other hand, proved that this was indeed a transitional stage, one in which the existing assumptions were under interrogation yet still dominant and new theories regarding the nature and prospects of various psychiatric treatments were slowly being developed. It was not until the late 1950s and early 1960s that psychotherapy and the “talking cure” became fully integrated into Yugoslavia's psychiatric practice, after a prolonged period of political as well as professional reforms, negotiations and reconsiderations.
Chapter Four

Politics in the Files

The occupation of Yugoslavia and the establishment of the collaborationist regimes on its territory had a particularly strong effect on the civilian population. The war-related violence and political infighting reached much farther than the interwar politics ever could, and affected both large cities and the countryside in profound and disturbing ways. In a heavily agricultural country, with high illiteracy levels and restricted access to education, large sections of the hitherto marginalized population found themselves suddenly drawn to the center of the country’s turbulent political life. Staying outside the politics was not an option after 1941, especially in Serbia and Croatia: from a number of different sides, the population was forced to take a political stand, to directly participate in political and military actions, to denounce and perpetrate violence, to join the ranks of the collaborationist units, and – most importantly – to remain unsuspicious, to constantly declare loyalty to the political option in power. As became clear from the psychiatric patient files examined, this was precisely the new feeling that the proverbial “common people” experienced after 1941: the impression that one was constantly under surveillance and constantly in danger to make a wrong move which could easily land one in a concentration camp or in front of a firing squad. The situation was further complicated by the utter unpreparedness of many in the occupied Yugoslavia to make informed political choices and to even understand the different political options and arguments now played out in front of them: psychiatric files testify perhaps better than any other source to the confusion ensuing from being forced to formulate political opinions in a situation in which one could barely pronounce Hitler’s name and had no understanding of the ideological and social conflicts at hand on both the global and local levels. Exposed to such pressure to prove their own political “correctness,” to be politically active and to “participate,” these people were hardly more empowered than they used to be
in the 1920s and 1930s: to the contrary, their helplessness and vulnerability were dramatically increased as different organs of the state and occupation apparatus now expected them to declare their support or offer their services. The patient files from the wartime years offer a glimpse into the workings of mass politics and what it meant on the ground at the very beginning of mass political participation in this region. This chapter will attempt to clarify what political ideology and participation meant for the numerous peasant and working-class population of occupied Serbia and Croatia, and how political allegiances were defined and negotiated in such context, what strategies patients used to overcome their disorientation and what sorts of psychological difficulties were triggered by this abrupt intrusion of the political into their lives. The sudden and urgent necessity to make a political choice and deliver political declarations based on very little – if any – prior knowledge and understanding of the basic political and ideological concepts shaped the content of mental illness to an enormous extent; politics frequently played a central role in and framed patients’ narratives, determining their (re-)interpretations of their entire lives so that now they saw their experiences and actions centered around ideological problems and dilemmas.

As Milena Rostikova, a Czech woman whose husband was accused of Communist activities and sentenced to death by a Nazi court, wrote in her petition to the German authorities, “[p]olitics is everything, every conversation every answer, every gesture. Extremely numerous are the possible ways one can fall upon bad luck.” But Chad Bryant’s book, which quoted Rostikova’s statement, focused less on political ideology than on the politics of nationality and ways in which it was transformed by the experience of Nazi occupation. In Bryant’s argument, the occupation redefined the meaning of nationalism and national belonging, and turned nationality into a fixed, state-determined category and severely limited legitimate forms of public expressions of national feelings. In the process, both Czechs and Germans forcibly moved away from the earlier, nineteenth-century and

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interwar understandings of nationality as primarily a matter of individual choice and mainly related to language, a fluid and flexible form of cultural identity which could be publicly exercised in a number of (not always mutually compatible) ways. In the course of the war and after 1945, Bryant argues, both groups adapted themselves to a political reality in which nationality became an unchangeable, biologically pre-determined category decided upon and assigned by the state authorities; at this time, furthermore, “nationality mattered more than ever before” and often shaped even the minutest details of life as well as determined whether one lived or died.  

But in the context of the Yugoslav psychiatric hospitals under occupation, the issues of nationality and national conflicts mattered surprisingly little; and while many patients could readily agree to Ms Rostakova’s statement regarding the ubiquity and dangerous pitfalls of wartime politics, they would most likely not have national (self-)identification on their mind. Even though in the 1940s Yugoslavs witnessed genocide and brutal nationalist violence, psychiatric patient case files demonstrated that there was indeed little concern with the importance and criteria of nationality among the mainly lower-class men and women confined to mental hospitals. When they spoke of politics – and they did so very frequently and extensively – they focused on ideological discussions and problems of ideologically driven violence. Bryand claimed that, following the establishment of the Protectorate of Bohemia and Moravia, “patriotism mattered more than political and ethical principles;” but for denizens of a country generally perceived as perennially torn apart by nationalist conflicts, Yugoslav psychiatric hospital patients quite surprisingly rarely perceived wartime and occupation politics in exclusively national or nationalist terms, and their overwhelming and confusing political preoccupations often lay elsewhere. The complexities and dynamics of the civil war and of collaboration, which pushed people to take part in extensive violence against their own co-nationals,

176 Ibid., p. 268

177 Ibid., p. 43
seemed to determine the tone, themes and meanings of political tropes in patient narratives to a much larger extent than the convoluted issues of nationalism could. Both male and female hospital inmates instead became increasingly preoccupied with meanings of and differences between collaborationism and the Communist resistance movement, and with the nature and construction of political power both domestically and internationally. Although in Yugoslavia too the official politics encouraged and aided national homogenization and radicalization, and violence was often administered on the national (or “racial”) basis so that survival or death (or imprisonment and torture) certainly depended on belonging (or being assigned) to the “right” national group, psychiatric narratives indicated that the political dilemmas, pressures and tribulations experienced by Yugoslav citizens at this time transcended or even bypassed nationality issues. They were often centered around broader political categories, and nationalism and national orientation did not necessarily fully determine or overwhelm one’s political thinking (or confusion).

Mental hospitals were often places where the insistence on political declarations was continued and even intensified: psychiatrists regularly asked questions to ascertain their patients’ knowledge of the socio-political and historical context, and these questions grew ever more argumentative and potentially accusatory after 1941, forcing patients to yet again situate themselves in the troubled circumstances of wartime Yugoslavia and to defend their choices – which they usually could not. Finally, this all-pervasive politicization ultimately had an important educational effect – and this chapter will trace different ways in which this heightened exposure to political and ideological arguments might have transformed the patients’ perception of themselves, their (immediate and broader) environment, as well as their own position within the social system.

Under such circumstances, it was not surprising at all that politics came to be seen as dangerous and life-threatening as such. For many patients admitted to the Zagreb and Belgrade psychiatric hospitals, the very “accusation” of political involvement or siding of any sort meant a potential peril
of unimaginable proportions, and usually provoked a powerful reaction of anxiety, defensiveness and
fear. The idea that any political activity, any political declaration would inevitably result in suffering
or death was one of the most widespread tropes in patients’ narratives, and it was indeed fitting given
the socio-political and military contexts of occupied Serbia and wartime Croatia, in which the
collaborationist Ustasha regime demanded total obedience and punished disloyalty severely, but was
increasingly weak and could offer little safety and protection to its supporters in the face of the
growing resistance movement. On the other hand, any suspicion of Communist sympathies, or even of
ambivalence towards the Communist movement, was lethal. However, those patients who refused to
admit any political affiliation in order to avoid making a mistake or being seen as disloyal, faced a
truly schizophrenic situation, because political neutrality or ignorance was not an option anymore:
precisely avoiding to make a political choice in order to prevent being suspicious made one suspicious
in the first place. It was not possible to stay outside of politics any longer, and pressures came from all
sides – psychiatrists included – to prove the correctness and soundness of one’s political loyalties.
Unsurprisingly, then, many patients came to trace their difficulties and paranoid ideas to the “lies” that
certain people in their immediate surrounding had supposedly been spreading about their political
activity. Zvonko Mikic\textsuperscript{178} of the Vrapce hospital told his examiners that, due to such rumors, there was
also talk about him “ruining his mother.” He never clarified what his rumored political affiliation
would have been, but it did not matter: as an alleged “politician,” Zvonko was reportedly further
punished, “electrocuted” and then even crucified by his enemies in the village – all these to show what
could happen nowadays if one got politically involved. Another Vrapce inmate, Josip Mikic\textsuperscript{179} –
accused of spreading Communist propaganda - certainly seemed rather paralyzed by his fear of
different political actors in wartime Croatia; he even stated that “as soon as politics are mentioned, I
start shaking.”

\textsuperscript{178} Klinika za psihijatriju Vrapce, file 2840/43, 11/29/1943
\textsuperscript{179} Ibid., file 1715/42, 11/30/1942
Making political choices and declarations was stressful enough because of the disproportionately grave consequences that could ensue, but also because of many patients’ profound confusion regarding the core political-ideological categories as well as personalities. At the same time, even civilians in the remotest areas – not in any sense in the service of the regime – started experiencing the increasing pressure to collaborate, and shared with their psychiatrists the difficulties stemming from this novel situation. Dangers came from all sides involved in the conflict, primarily because many had difficulties distinguishing between different political and military actors, and the disorientation which usually developed from having to make urgent political decisions without much preparation and prior knowledge was diagnosed as a form of mental pathology – frequently a neurotic paranoid disorder of some sort, but occasionally a graver category, psychosis or schizophrenia. When Adam, a young peasant, was brought to Vrapce because he had been going through bouts of anxiety and sadness, his brother testified that Adam had been feeling ill since the Ustasha authorities asked him to denounce the Communists in his town. Ever since, he was afraid that the Ustasha would murder him as well (in addition to the fear of a possible Communist vengeance). Adam’s central source of dread, in other words, was that his loyalty and commitment to the Ustasha government might be seen as compromised. His statements expressed a multitude of sentiments: he moved from depression, defeatism and talk of suicide, to anxiety, suspiciousness that the physicians were in fact plotting to kill him, to anger at the psychiatrists and the rest of the hospital personnel for allegedly trying to poison and get rid of him. Feelings of guilt and defensiveness were the most pronounced: Adam repeatedly stated that he was no Communist and had friends in Zagreb; furthermore, he once asked to talk to Poglavnik (Pavelic) himself, to try to persuade him of his innocence (which was striking in and of itself, given that Adam had committed no crime). He believed that some of the other patients were "Gestapo spies," sent after him. When Adam was directly and violently thrown in the

180 Ibid., file 1005/42, 01/21/1942
midst of Croatia’s wartime political and military infighting – by being required to denounce “political enemies” and thereby prove his own loyalty and obedience – he found himself at the micro-center of one of the deadliest civil conflicts in occupied Europe. Cast in the role of a collaborator and informer – the regime’s confidante, Adam felt threatened, the danger coming not only from the “Communists” but also from the regime itself. It was unclear why he thought he needed to boost his anti-Communist credentials and whether he did indeed have any connections with the partisan movement or simply succumbed to the general atmosphere of witch-hunt and paranoia. But it was unquestionable that the regime’s expectation was one of absolute allegiance and total support very much broadened the scope of acts or ideas which could now be interpreted as dissent or even resistance. Adam’s case also demonstrated the widespread idea that political involvement could bring no safety or peace of mind: for Adam and many others, it merely enveloped them in a swirl of threats, pitfalls and deadly traps.

The narrative of Zvonko, whose aversion to politics was already discussed above, was even more dizzying. Like Adam, Zvonko felt unwillingly thrown into a dangerous political arena by the village rumors of him as a “politician.” It was most telling that he remained unclear about his alleged political affiliation; even more importantly, he was rather vague when identifying the political side from which the perceived danger was coming from. Zvonko’s descriptions of his fears and sufferings were stark, and they resembled to an exceptional degree the stories of unimaginable tortures told on a regular basis about the alleged partisan atrocities against the Ustasha and Homeguards.: “he claims that various people stabbed him with knives and milk poured from him, that they skinned him, threw away his skin, etc.” Thus, one could conclude that Zvonko was afraid of what Communists might do to him. But his story about his own crucifixion by the village elders clearly identified the local – Ustasha – authorities as the perpetrators of torture. Finally, Zvonko blamed the voices he was hearing for his precarious mental state, although “these voices never said anything bad, just that people should repent in God’s mercy.” The religious imagery thus had a clear political context, and one can easily
imagine that, in the course of the violent years of the Independent State of Croatia, there was much reason for repentance and asking for forgiveness on the part of those involved, especially the collaborationist regime. The irony was that this was deemed the central symptom of his psychosis and paranoid-hallucinatory syndrome, although the message that the “voices” transmitted was an exceptionally sane one in the given socio-political context.

In their narratives, patients often demonstrated their awareness of how dangerous it suddenly became to be – and remain - politically clueless or gullible, and how paradoxical and lethal their situation grew to be. In fact, as they were assessing and re-defining its place in their lives, the very concept of politics occasionally lost any coherent and sensible content, and turned into a trick, a game or performance which did not at all employ the categories of true and false and had very little to do with the developments on the ground or one’s honest beliefs. Instead, political characters, options and notions were perceived as mere abstractions, whose meaning it was impossible to gauge and whose role was purely destructive. Antun Kazic¹⁸¹, a peasant identified by the Vrapce psychiatrists as a schizoid psychopath “in a depressive-hallucinatory state with paranoid elements,” presented the local political debates - into which he was reportedly drawn against his will - as a ploy to mock or trick him, rather than as true discussions in which different persons expectedly defended different interpretations and prognoses of war-related processes. He also went as far as defining his political ignorance as a form of mental pathology, admitting its harmful nature but at the same time renouncing any personal responsibility for his compromised loyalty to the Zagreb government. Antun had a reason to be afraid: according to his own testimony, his son had joined the Communists, and now he was terrified of possible retaliations. His anxiety that he might be seen as guilty by association was particularly clear from his comment that he had “gotten scared” of the Italian army’s retribution for once having taken some wine “distributed by the partisans.” As a consequence, he attempted suicide:

¹⁸¹ Ibid., file 1692/42, 09/20/1942
on his way to the hospital, he tried to jump through the window because his companions in the car reportedly agreed with each other to kill him and dispose of his body. At the hospital, Antun tried to convince his examiners that he was a “proper Croat,” he had voted for Radic and complained that his “incarceration by the Ustasha” was uncalled for (he considered his hospitalization to be an act of political imprisonment by the Ustasha government – it remained unclear whether this was a product of a delusion in which the patient thought the Vrapce hospital was an actual prison, or he thought that political rather than medical reasons dictated his subjection to psychiatric treatment).

Antun’s narrative further illustrated his (and probably more general) anxiety regarding the authoritarian atmosphere in the Independent State of Croatia: he was extremely concerned that his political comments (and possibly sympathies) might cause him problems with the authorities. In his interviews at Vrapce, Antun identified as his central psychological problem his gullibility, the tendency to believe whatever people told him, and his compulsion to spread the word, whatever it may be. For that reason, Antun claimed, people in his own village mocked him, telling him various sorts of political news, tricking him into believing that Russians, or the partisans, or Germans won or were about to win the war. He believed them all, and repeated them to other people. Here, therefore, Antun expressed his fear of being punished for having said politically inopportune things; typically, he added that he did not like to “politicize,” but that the “people would not leave him alone” – in other words, politics were inescapable. As a result, he devised a strategy to attempt to justify his own political and ideological “sins.” Interestingly enough, Antun described his political or ideological “deviations” as a form of compulsion, a psychological disorder or at least a trait of a psychopathological personality, thereby denying any personal responsibility for it. It was unclear whether this disavowal only referred to his (allegedly compulsive) political statements, or Antun actually claimed that the political talk in his village also affected his ideological affiliations. The latter could very well be the case, since Antun repeated several times that he believed whatever he was told,
and from his own testimony we know that in his village he had heard many positive things about both Russians and the partisans. In any case, in his own interpretation these political discussions directly caused his mental deterioration: “He thought that he got confused because of the village talk of the partisans, Russians, etc. … They filled his head with the partisans,” so now “there was something wrong in his head.” In other words, similar to what we have already seen above, the political itself was Antun’s original trauma, at the root of his illness. Antun even believed that those political discussions into which he was dragged were a sort of a conspiracy on the part of his enemies: “…they tell him a lot about the current political and war-related events so that he would talk about them more, in order for them to then report and destroy (kill) him.” Quite tellingly, Antun’s political unreliability (from the point of view of the leadership of the Independent State of Croatia) could also be read from his responses to the examiner’s questions about the current political situation: asked to give the name of the state, Antun said “Envious Croatia (Zavidna instead of Nezavisna, independent, which might have actually been zavisna, dependent),” adding that “we have an alliance with Pavelic.”

Similarly, Oleg182, a released prisoner of war and a Belgrade hospital patient, worried that “he wanted to think correctly but his thoughts simply turned in the opposite direction.” Furthermore, he felt that “someone else ruled over his thoughts so he couldn’t think what he really wanted to….as soon as he remained alone, unnecessary thoughts were implanted in his brain.” Oleg was afraid that other people could guess and find out his thoughts. This recurrent theme of forced thoughts was thus directly related to the patient’s fear that the unruly, “opposite,” potentially dangerous private ideas of his would be revealed to the public. Under the circumstances, of course, actual revelations of subversive affiliations and ideas may have had tremendous and brutal consequences. In the same vein, the patient was reportedly convinced that his family had been killed while he was away, and that their suffering was his responsibility: he claimed that “he was a great sinner because he killed his father and

182 Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-110, file 20013
mother, that is, he didn’t kill them directly but “they suffered through him [or due to him].”” In the conditions in which retaliations against one’s family were a common occurrence, the patient’s concern that he caused his parents’ and wife’s demise by breaching a regulation, having “incorrect” beliefs and opinions, or “betraying the fatherland” - as he himself stated rather vaguely - was certainly understandable as a product of a particular historical context. Dragutin Cavic from the Vrapce hospital said that he thought of himself as a spy, and that this was the motivation for those who allegedly desired his death. Dragutin was, namely, in constant fear of the people surrounding him: “his expression was one of despair and fear… in every minor thing he sees signs that someone wants to poison him, kill him etc.” Dragutin, who had previously been conscripted and then released from the army due to his injured leg, himself testified that “he was never the same” upon his return from the military – he began fearing everybody and thinking that there were people after him who planned his execution. It was unclear why Dragutin mentioned espionage, as there was certainly no evidence that any police, military or legal investigation was under way against him.

Therefore, although Antun often spoke of his fear of the partisans as well, his, Dragutin’s and Oleg’s anxiety seemed to stem from their political and ideological vacillations. As we have already seen, the problem of an ambivalent commitment to the regime’s causes provoked an intricate web of (often mutually contradictory) responses, in the context in which mass popular mobilization was the order of the day, and the government had an aspiration to a total control of its subjects, frequently demanding political participation even from those who were not formally in its service. Patients’ reactions to this perceived ambivalence or disloyalty ranged from subtle criticism of and disagreement with some of the official policies to rather defensive reiterations of loyalty, fear and/or rhetorical self-flagellation. The conflict here stemmed from this personally perceived disloyalty in the context of a tight, violent and criminal dictatorship.

183 Ibid., 1200/42, 04/15/1942
The establishment in the territories of Croatia and Bosnia-Herzegovina of an Axis satellite, Independent State of Croatia, in April 1941 finally brought to power leaders of the Ustasha movement, a pre-war separatist political group of fascistic provenance. Initially, the Ustasha instituted a true rule of terror, especially over the Jewish, Serbian Orthodox and Roma population, as well as over Croatian Communists and other political dissenters. The Ustasha also created collaborationist armed formations, police and military units, which engaged in a string of gruesome anti-civilian crimes and took part in the German- (and Italian-) led military operations to “pacify” the Communist resistance. While many of the Ustasha and their auxiliary groups' members became notorious for their enthusiastic participation in mass slaughter, torture and plundering, the issue of collaboration and its psychological toll affected the Vrapce hospital in several ways. The patients who participated in the collaborationist forces and engaged in violence described their wartime experiences and interpreted and defined their problems in numerous ways. Some attempted to articulate a critique of the very system established after the Ustasha takeover and problematized their own participation in it. In those cases, it was frequently difficult to negotiate the patient’s declarations of loyalty to the state and their understanding of the sources of their mental distress. The conflict emerged over their participation in highly traumatic events, such as killings, torture, beatings or rape, or over the expectation that they participate. At the same time, the hospital’s psychiatrists and examiners faced a complicated problem of reporting such potentially compromising criticisms of the Ustasha state and its agents in their files. The very atmosphere of occupation, widespread brutal violence and the state’s encouragement of deeply inhumane practices bred rather specific types of mental disorders, coloring their content and conditioning patients’ behavior to a very significant extent.

In his study of the effects of French colonialism and the colonial warfare on the state of psychiatric maladies on both the French and the Algerian sides, Frantz Fanon emphasized this
dehumanizing, apocalyptic aspect of colonialism and racist imperialism as the sole most important factor in the onset of “psychotic reactions” among both victims and perpetrators: “We believe that in the cases presented here the triggering factor is principally the bloody, pitiless atmosphere, the generalization of inhuman practices, of people’s lasting impressions that they are witnessing a veritable apocalypse.”

For Fanon, such devastating colonial violence had the most disruptive consequences for one’s sense of identity, as it tended to deny the humanity of the victims, but also involved the regime’s servants in the vicious circle of suspicion, retribution, paranoia and revenge. The nightmarish realities of the Independent State of Croatia elicited a broad range of “psychotic” responses; they radicalized and brutalized the participants on all sides, as violence, initiated by the Wehrmacht and the Pavelic government, trickled down to the smallest of villages, affecting ever wider sections of civilians; but it created particularly strong psychological conflicts in those – local soldiers [Homeguards, Domobrani] and policemen - whose task it was to perpetrate it. As Jonathan Sadowsky rightly noted in his discussion of Fanon, the latter’s inspiring commentary rests on a rather questionable assumption that the increased influx of patients in psychiatric hospitals in the Algerian colonial setting reflected an actual increase in the prevalence of mental illness (rather than the colonial regime's pathologization of attitudes and forms of behavior perceived as disruptive of the colonial order). Still, Sadowsky ultimately argued that the political context could not be separated from the analysis of psychiatric cases and practices; even more straightforwardly, extreme political situations “overdetermined” certain psychological reactions and outcomes, so that resentment, aggression or “persecutory disorders” were to be expected in systems such as colonialism: “particular social contexts foster particular inflections. 'Delusions of persecution' arose as an important category because colonialism is by its nature persecutory... a foreign power intrudes, demands taxes, sets up often unpopular local rulers, coerces labor, and rationalizes all this with a delusion of its own, namely,

184 Frantz Fanon, The Wretched of the Earth, New York: Grove Press, 1964, p. 183
the delusion of racial superiority.” In a similar vein, the Ustasha dictatorship in Croatia, especially its obsessive search for national enemies and traitors, could be expected to have produced a particular, socially and culturally determined psychopathology based largely on feelings of fear, guilt and persecution “mania.” While Sadowsky's analysis of psychiatric practices and perceptions in colonial Nigeria mainly focused on the oppressed population whose access to social and political power was barred, the Croatian psychiatric hospital cases demonstrated that many of the regime's collaborators as well grew strongly affected by the escalating violence, dysfunctionality and contradictions of the Pavelic government. Participation in the Ustasha system resulted in a set of recognizable psychological reactions, marked by a peculiar combination of opposition and compliance, of open critique, self-blame and collaboration.

However, there was a further dimension to the Croatian collaborationist violence: as this German satellite state continued to fail in its various tasks – economy, maintaining law and order, preserving what were perceived as the national territories – the population grew increasingly alienated, which further contributed to the rise and strengthening of the resistance movement. Under such circumstances, the Vrapce hospital admitted large numbers of the Ustasha and Homeguards members, as well as civil servants, whose narratives demonstrated the complexity of their relationship to their official political and military involvement. One of the central conflict-inducing issues was the clash between the state’s expectation of absolute obedience and the patients’ feeling of disloyalty or growing ambivalence toward the thoroughly corrupted collaborationist regime. The negotiation and communication of these doubts or alienation under the extreme circumstances of occupation and authoritarian government marked the single largest group of patient files of the Vrapce hospital in this period. The theme of disloyalty emerged as central, and it played a crucial role in spawning various forms of “pathological” reactions – anxiety, fear, aggression, paranoia. I will therefore primarily

analyze the cases of those most appropriately deemed “perpetrators” and inquire into the structure and implications of their understanding of various political relationships. This will be particularly useful as we try to read and interpret the socio-political context of wartime Yugoslavia from the dialogues, interviews and other written documentation compiled in psychiatric hospital files. None of these narratives constituted coherent articulations of resistance to the regime or the dominant ideology; yet, expressions of doubts, dilemmas, troubled and critical or dejected reactions to particularly brutal aspects of wartime Croatia, all presented discrete psychiatric “symptoms,” and marked patients' conflicts with the established social order, although those conflicts were of varying intensity and consistency. This also proved the conclusion by both Fanon and Sadowsky that the link between “madness” and opposition to socio-political order was a significant one and needed to be acknowledged and analyzed. Although none of the files analyzed contained anything similar to a straightforward and eloquent political protest, the patients' ambivalence and waverings offered perhaps the most cogent articulation of the political stresses and social pressures of wartime Croatia (and Yugoslavia).

The case of Branko Kuzminovic186, a member of the Homeguards (Domobrani) formation – the Independent State of Croatia's official army - admitted to the hospital in the fall of 1941, may be the most instructive and straightforward instance of the moral conflicts induced by the wartime lawlessness and brutality; this conflict and its psychological manifestations were then interpreted as a form of psychiatric pathology – an abnormality, but Branko's case still put the psychiatric examiners in a rather precarious position, especially since they were at a loss as to how to convey and address Branko’s extremely clear and lucid critique of the regime without provoking some sort of political or police retaliation. There were thus serious discrepancies between the patient’s statements as reported in his file and his own written narrative. While the psychiatrists and Branko’s interviewers defined his

186 Klinika za psihijatriju Vrapce, Archive, file 786/41, 10/29/1941
illness as an “abnormal psychogenic reaction” to a highly stressful wartime environment and constant clashes with Serbian Chetniks and Communist partisans, the patient himself insisted on a rather different interpretation: he described an ethical conflict which was at the root of his final breakdown, a conflict caused by the expectation that he should take part in the widespread murder and pillaging; and it was quite clear from his notes that the behavior and abuses of his colleagues and neighbors created more stress and anxiety for him than the Chetnik and partisan attacks. While the psychiatrists wrote of Branko’s fear of enemy attacks and clashes with the dangerous rebel groups, Branko himself focused much more on his concern that he could be harmed by those with whom he worked and lived, because he refused to comply to the general standards of behavior and engage in lawlessness and random violence.

After having joined the military (first as a volunteer, later a conscript), Branko reportedly spent about a month involved in the fightings in Bosnia, and then he started getting “confused:” “I wasn’t in control of my own actions, I did not know where and what I was.” Replying to the psychiatrist’s inquiry whether he was afraid, Branko confirmed that he certainly was, saying that fear was inevitable after all that he had seen and repeating several times “You know what war is.” From the very beginning, Branko’s statements betrayed an extreme concern over the lawlessness and violence in his area, as well as over the expectation that he should take part in it: “… I didn’t want to destroy the church, I won’t harm the holy, I won’t tear down a cross, but they put me there…’’ He goes silent and thinks ‘I know who told on me.’”

In a more detailed history\textsuperscript{187} attached to the original one, Branko narrated to his examiners that his problems started shortly after he was stationed in a Bosnian town of Bosanski Novi, which was under the political control of the newly established Independent State of Croatia since April 1941. In the Fall of 1941, he took part in a number of armed clashes against, as he stated, Chetniks and

\textsuperscript{187} Ibid., file 786/41, Anamnesis, 11/08/1941
Communist partisans. The difficulty and precariousness of his situation – constantly under attack and in danger of getting killed – had an extremely deleterious effect on his mental state, and his fears and insomnia began and could not be warded off by treatments and medication. However, Branko’s narrative – as reported by his psychiatrists – here becomes somewhat imprecise with regard to the actual roots of his fears and problems: while throughout the file it was suggested that it was his insecurity at the hands of the Chetnik and partisan groups surrounding Bosanski Novi that finally resulted in his hospitalization, there were several instances in the patient’s story where he seemed to put the blame not on the enemies of the Croatian state but on the state’s agents themselves, and not on Serbs or Communists but on Croats, both civilians and the armed. These references were all rather unclear and mostly unfinished and imprecise. Still, their importance for Branko’s narrative was quite obviously great: in the very beginning, he stated that he joined the army at first enthusiastically and willing “to defend the homeland,” but his mood changed when he heard of “carnage, meaningless slaughter of the people, looting etc.” from one of his colleagues in the military. As he retold his concerns over fighting with the Chetniks and partisans, he added that one of the central problems was the attitude of the local (Croatian) population in one of the villages, who reportedly possessed a large amount of weapons and kept demanding even more rifles from the army in order to attack, or defend themselves. Branko also mentioned that once, in a state of mental distress, he started thinking that a group of local men and women in a nearby house were indeed the partisans. In this telling confusion, thus, the local population – Croats who supported the Ustasha – became identical with the enemy, and Branko, in his delusion, saw them as a source of threat. Finally, he admitted that, immediately before being discharged and sent to the Vrapce hospital, he was afraid for his life from both the unrest/attacks and “all kinds of damage that others did but could blame him.” Therefore, the threat came from both the external enemies as well as his own “side” – the Croatian army and Croats loyal to the state, and both were at the roots of his psychological deterioration. In his own writings attached to the file, it
would become clear that, for Branko, the latter was even more important and alarming.

In the papers that he himself wrote while at the Vrapce hospital, Branko stated much more clearly and repeatedly that the lawlessness, abuse of power and uncontrolled violence on the part of the Ustasha and others representing the state were the main problem, and the sole cause of his distress. In fact, although the patient file –written by the psychiatrist - established a direct causal link between a fierce enemy attack and Branko’s breakdown, in his own notes the fights with the Chetniks and partisans did not figure at all. Throughout the six pages, Branko exclusively complained of various wrongdoings of those who had access to power and force: those who received weapons showed themselves very greedy - “they could kill one another for a suit, for a hundred kuna [Croat wartime currency] one could lose his life… because he is lazy, won’t work… he wants to kill those who would teach him some order and hard work.” Branko was afraid for his own life, but not from the Chetniks and partisans, but from those nominally on his own side, and even his co-villagers: “there are more thieves than the honest, and they are now saying that those should be killed who did not want to plunder the property of the Orthodox.” This was a far-reaching critique of a mentality: Branko was convinced that the source of all evil in his country was the widespread laziness and desire to abuse the newly acquired power to take over somebody else’s wealth without work. Branko also interpreted the attacks of the partisans as well as the generally precarious position of the Ustasha government as a consequence of the numerous injustices of this sort, because violence bred more violence, and “whatever you wish onto others will come to you.” Finally, the patient described a heavily traumatic incident from a military hospital where he shortly worked as a male nurse: the Ustasha soldiers came in and started severely beating a wounded patient (“they hit him like a dog”), whom they subsequently took away. Branko reported that all the doctors, staff and patients at the hospital cried, although he did not offer any further information on the identity of the patient. In Branko’s report, this incident – his witnessing of the Ustasha-inflicted violence - was what directly preceded his own hospitalization: he
had to receive a shot to calm down and was transported to a hospital in Zagreb.

Branko's was hardly a unique case, although it certainly contained some of the most articulate, comprehensive and perceptive critiques of the Ustasha-sponsored behavior. Patient files of other hospitalized Homeguards members frequently addressed the problem of deep alienation of this force’s membership from the regime, their rather weak commitment to fighting for the Ustasha regime, troubled cooperation with the other pro-government formations, and their reported tendency to aid the Communist resistance movement or turn a blind eye on its activities. The case of Aleksandar Herceg, a member of Domobrani and diagnosed with schizophrenia in April 1943, raised the question of Homeguard soldiers' loyalty to the new Croatian state and their commitment to their military duties and assignments in a very direct and immediate way. Aleksandar was sent to the Vrapce hospital while under military court investigation: when he and a group of thirteen other homeguards from the same unit faced an attack from the partisans, they allegedly failed to defend themselves, but surrendered their weapons and willingly gave up their position to the attackers. After having been released from the partisans’ captivity, Aleksandar was arrested by the authorities and was to stand trial before the Croatian military court in Pozega. In his statement regarding the incident of surrender, Aleksandar incriminated his colleagues and claimed that they had surrendered their weapons voluntarily, before the partisans (although he kept calling them “Chetniks,” and the Vrapce psychiatrists noted that he apparently did not know what the difference was between the two) even approached them. In Aleksandar's words, the homeguards did have enough time to shoot but they still failed to do it, because "the chetniks were many and well shielded behind the trees, while we were in the open and in the plain, so we had to surrender." Aleksandar's statement was doubted by the court, which requested the hospital to ascertain Aleksandar's mental accountability and reliability, and to adjudicate whether the statement could be accepted given the patient's psychiatric status at the time.

188 Ibid., file1238/42, 04/29/1942
189 Ibid., file 1238/42, Zapisnik [Minutes], 04/01/1942, Pozega
The statement itself was obviously self-serving: Aleksandar claimed that he surrendered the last, after all the other homeguards already had. He also testified that all the members of his unit had agreed to give false statements regarding the event and deny that the surrender had been voluntary, but he decided to change his mind because he was highly religious and had "guilty conscience." Although Aleksandar was never questioned about the strength of his allegiance to the government or of his anti-Communist feelings, nor did he show any intention of elaborating on the implication of this incident for the Homeguards’ morale, the issue of extreme disloyalty with grave consequences for the stability of the regime was clearly at hand here.

Interestingly enough, while they were rather reserved and cautious in Branko’s case, the Vrapce psychiatrists now seemed to understand the danger in which Aleksandar might find himself if they would declare him legally accountable, and they changed their diagnosis significantly to term his illness a result of a long-term schizophrenic process, which implied that his judgment had been seriously impaired even at the time of the surrender incident. Aleksandar was sent to Vrapce from the Central Homeguards' Hospital in Zagreb; in the latter, he was diagnosed with reactive psychosis: his mental disturbance was interpreted as caused by "the fear of punishment for having surrendered to the partisans." The Vrapce psychiatrists too noted Aleksandar's frequent references to capital punishment, commenting that he had probably been threatened with death sentence or even given one. At first, the psychiatrists at Vrapce agreed with the original diagnosis, but after an inquiry from the Court of Military Forces in Banja Luka, Bosnia, regarding Aleksandar's mental ability to stand trial, the diagnosis was changed to schizophrenia paranoides (old process), and the psychiatrists testified that Aleksandar's illness was long-term and that he was under its influence at the time of giving his initial statement to the military authorities in Pozega in March/April 1942. Therefore, the statement was to be dismissed, and even Aleksandar's behavior during the surrender incident was now to be seen in a radically different light, given the psychiatric certificate that he had already been seriously and
incurably mentally ill at the time.

Finally, the psychiatric file of Vlado Horvatincic\textsuperscript{190}, diagnosed with schizophrenia, demonstrated an instance in which the internal conflicts and dilemmas faced by those in service of the Ustasha regime, were taken to the extreme, and expounded clearly and succinctly in all their detailed implications in the course of the interviews with the patient. Vlado’s testimonies revealed the complexity of his problems with his own doubts and (dis)loyalties to the government and its orders and expectations. As the commander of the guards at the concentration camp Kerestinec – which had been in existence even before the creation of the Independent State of Croatia, and was used to imprison mainly political offenders, Croatian anti-fascists and Communists, both before and after 1941 – Vlado was a direct participant in the well-known escape attempt of eighty high-ranking Communist Party members in July of 1941\textsuperscript{191}. In the course of this prison rebellion, the inmates managed to disarm the guards and free themselves, but were then either shot down or recaptured by the Ustasha units in the following days. Vlado was severely wounded in the head at that time, and had physical and psychological problems ever since. When he was admitted to Vrapce in October 1943, he still suffered from paranoid delusions, suspecting that his mother was not who she claimed she was, and that she participated in persecuting him. When asked about the sources of his illness, Vlado traced his mental problems to the 1941 head trauma, but his statements revealed that his persecutory ideas all originated in the doubts, fears and guilt caused by his service at Kerestinec, and by the aforementioned escape.

First of all, Vlado clearly had very mixed feelings about the very purpose of Kerestinec and his role as a head guard there. At the same time, he expressed guilt over his failure to prevent the inmates’ rebellion – the feeling that was certainly reinforced by the official investigation started against him for alleged negligence and misconduct as a supervisor of the Kerestinec guard system during the escape.

\textsuperscript{190} Ibid., file 2735/43, 10/14/1943
\textsuperscript{191} On the Kerestinec incident, see Ivan Jelic, \textit{Tragedija u Kerestincu (Zagrebacko Ljeto 1941)}, Zagreb: Globus, 1986, pp. 102-122
incident. The indictment accused Horvatin of irresponsible behavior and failure to react efficiently and secure his position after he already heard several shots fired in the course of the conflict between the guards and the escapees. Finally, Vlado spoke of his fear of revenge by the former inmates and their comrades, all members of the illegal resistance movement in Croatia at the time.

In the official report written at the start of the investigation it was suggested that Vlado had failed to react as expected because “there was a female guest in his quarters.” However, Vlado’s own statements about the night of the incident would indicate a different – or an additional – motive. The patient told the examiners at the hospital that, as a Kerestinec guard, he tended to be helpful to the inmates: “He wanted to do good to them, because, even though Communists, those were all Croats and there should not be bloodshed.” Vlado added that he wanted to release the inmates “in agreement with his superiors.” He repeated on several occasions that he “let the prisoners free,” which may suggest his complicity in the escapees’ conspiracy, but his other statements in relation to this topic in fact revealed that his notions of his own responsibility for the incident were rather magnified due to the feeling of guilt that he was experiencing. The guilt was tightly related to his own ambivalence regarding the usefulness as well as morality of the Kerestinec camp and its brutal methods for treating political prisoners. This awareness was then combined with the idea that he fulfilled his service unconscientiously: “He holds himself responsible for the unrest in the country [the Communist uprising] because he released the Communists from the camp.” Vlado added that an “American electric machine” was applied to him and “ascertained his guilt.” Moreover, all the persecutory ideas were related to the incident and various characters involved in it: “His superiors are persecuting him about his service at the Kerestinec camp,” and he consequently expressed his belief that his death was imminent. When asked if he was blaming himself for anything, Vlado made yet another comment on his own failure to fulfill the professional expectations in the novel political context, and on his

192 Ibid., file 2735/43, Odluka [Resolution], Stegovno povjerenstvo redarstvene oblasti za grad Zagreb, 11/10/1943, Zagreb
incompetence in his guard service. He responded that he faulted himself with not being able to kill a man – again in relation to the July 1941 conflict – and that, as a result, when he was wounded in the head in the course of the escape attempt, “they could continue attacking me without me being able to defend myself.” Here, then, Vlado completely denied his own statement that he had actually been involved in the rebellion conspiracy. Instead, he claimed to feel incompetent for having failed to prevent it and behave in the way the Ustasha state had expected him to. His testimonies thus illustrated very well the confusion and internal conflict that he experienced regarding his professional duties in a political – and moral – setting whose purpose and benefits he most likely doubted.

The ambivalence was one aspect of his narrative; in Vlado’s testimonies, the profound feeling of insecurity from all sides of the political spectrum – so often encountered in the Vrapce case histories - became yet another important motive, and it was manifested in the patient’s description of his sense of not belonging to any political group, and his fears that both the regime and the Communists were after him. Vlado felt very threatened by the inmates: he told his psychiatrists that he might easily be attacked and executed by them. He even described a supposed incident in Zagreb, when he noticed that one gentleman was getting prepared to shoot him in the street, but Vlado, having seen the gun, prevented this by smiling at him. This idea was in line with his previous statements, that he tried to “curry favor” and help the inmates, and therefore believed that his friendly conduct at the camp might help protect him from the Communist insurgents. In Vlado’s statements, persecutors and threats came from all sides, and his own loyalties were divided, uncertain and ambivalent, which probably caused many psychological conflicts and difficulties in a political setting as polarized and authoritarian as that of the Independent State of Croatia.

Collaboration and its discontents

Thus, the disorientation and ignorance regarding the political context were particularly pronounced – and problematic – in cases of active employees of the collaborationist regimes,
especially conscripted soldiers and policemen. In addition to offering a wealth of information regarding the (political and psychological) problems caused by ideological vacillation, disloyalty or opposition, psychiatric patient files provided an opportunity to reveal yet another – and an entirely novel - aspect of collaboration and collaborationism – a host of people under arms who had very scarce knowledge of what the designations of “Ustasha” or “Nazi” or “Communist” even stood for, who could barely pronounce Hitler’s name, and who had at best an exceptionally limited notion of the ideological background of the civil war in Yugoslavia. When pressed, they mainly proved unable to define the values that the Ustasha, the Chetniks, Ljotic's and Nedic's formations or the Communist resisters defended when they clashed with each other. It became very clear from these narratives to what extent WWII in Yugoslavia directly involved even those who were far from any ideological or political devotion and belonging. For such people, the enormous complexity of their engagement with brutally violent armies and police units was further complicated by their profound sense of bewilderment, their failure to comprehend their own role and position in the larger conflict, and to resolve the dilemmas stemming from the anti-civilian violence and terror which surrounded them and which they at times directly created. While in the last forty years a growing historical literature explored the impact of the National Socialist ideological precepts on rank-and-file members of the German forces and the role of Hitler's vision of Vernichtungskrieg in maintaining the Wehrmacht's cohesion and efficacy in the East and South East of Europe, the nature and extent of that ideology's effect on the occupied societies remain seriously under-investigated.\(^{193}\) Research into the East European collaborationist organizations – armed and unarmed - and their political orientation has usually extended to their leaders' ideological trajectories and elaborations, but has not yet included

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much analysis of ideological profiles and commitments of ordinary, lower-level members, and has rarely addressed how the heavy ideological struggles impacted on the political universe of the occupied populations at large. Although a mass participatory political society in Yugoslavia was much longer in the making, the arrival of the German and Italian occupation regimes and their local loyalists' rise to power introduced tremendous changes which affected most citizens' personal and public lives in profound ways. Some of the Ustasha ideologues may have crafted quite sophisticated treatises on the merger of fascism and traditional Croat nationalism, and Ljotic may have produced hundreds of pages on Serbia's reformed path to a New Europe, but the image of their followers which emerged from psychiatric patient files proved to be rather bleak. It testified to the poor job that these promoters of revolutionary ideological re-education did even in their own ranks: instead of producing focused, dedicated, ideologically acute and loyal warriors, the Ustasha, the Homeguards, Ljotic's Volunteers seemed to have admitted or conscripted an alarming number of confused, terrified, perplexed and generally politically entirely illiterate persons. The ideological civil war in Yugoslavia thus sucked in masses of people from rural communities whose investment in the high political stakes of the conflict was necessarily minuscule. Psychiatric hospital files effectively demonstrated how the parallel ideological projects of collaboration(ism) broke down, smothered by their own internal contradictions and paradoxes, and paralyzed by the Nedic and Pavelic regimes' failure to affect in any meaningful way the level of ideological awareness of their respective populations. It was, on the other hand, the Communist resistance movement which consistently invested the greatest efforts in improving its members' political literacy and providing them with more or less robust conceptual machinery for understanding the ideological stakes at hand, and this project certainly reaped significant benefits.

In the cases of collaborationist organizations' employees in both Serbia and Croatia, the paradox of having to take a political stand without much or any prior knowledge was even heightened,
since these soldiers and policemen were literally thrown in the midst of the civil war, or integrated in the “pacification expeditions” of the German military, and then forced to act on the regime’s or the occupation force’s ideological convictions in the most extreme way. However, the psychiatric hospital became yet another site where these people were pushed to make political declarations and defend their ideological choices. Every time new patients were admitted, psychiatrists asked them a fairly standard set of questions in order to ascertain their “orientation” in the current socio-political context, as well as in time, place and personalities. In the cases of male patients, these lists almost regularly included questions about history and the national past. The questions meant to ascertain patients’ awareness of the current context changed over time - as the local and global political conditions got radically transformed - and so did those pertaining to historical events and figures of some importance. Under the circumstances of the Nazi occupation, such inquiries could not possibly have been neutral, and patients frequently opined that their answers could have very negative repercussions and could complicate their own position in the hospital and broader society. The fear of surveillance, the sense that one needed to demonstrate one’s loyalty at all times naturally crept into psychiatric hospitals, especially when hospital inmates were faced with such openly political questions, which only added to the already significant pressure – characteristic for authoritarian societies - to avoid making political “mistakes.” In addition, another set of questions which became extremely politically charged in the course of occupation years served to probe patients’ sense of ethical norms and values, their “moral sanity.” In a society whose (local and occupation) authorities sponsored and instigated most brutal forms of violence against civilians on a daily basis, in the context of general dehumanization of the enemy – inquiries about the meaning of right and wrong, evil, sin, charity, morality and honesty were bound to have direct political connotations, and to turn into yet another forum for eliciting political statements and ascertaining ideological suitability.
When he was brought to Vrapce for hospital observation, Mijo\textsuperscript{194}, a young Ustasha member accused of stabbing a soldier from his own unit over an argument while on guard duty, stated clearly on several occasions that he was reluctant to leave his family and join the Ustasha, and that – unlike some of his colleagues - he remained rather unenthusiastic and uncomfortable throughout his military training: “he doesn’t like military life. He didn’t really like being in the Ustasha.” Although Mijo may not have been typical when it came to his dislike for the Ustasha service, he was rather representative with regard to his level of awareness of the political and military situation, the nature of the conflict and the ideological character of the Independent State of Croatia and its leadership. Mijo’s understanding of the purposes and complexities of WWII and his own engagement were severely limited: of the global conflict he knew that Germany fought Russia “in order to conquer her,” he could barely identify Hitler’s name, and he had apparently never heard of Stjepan Radic. The impression was that he knew very little about the relationship between Germany and Croatia, and he himself admitted that, at the beginning of the war, he could not distinguish between the two armies – the Yugoslav army in withdrawal and the Ustasha. Finally, although he knew who Pavelic and Jure Francetic were and what their roles entailed, he showed a very limited understanding of the Ustasha oath that he had had to swear, and consequently of his own duties and loyalties as an Ustasha soldier: “At the barracks he had to swear an oath. He doesn’t know the details of the phrases. He knows it was related to loyalty to the Poglavnik, Croatia and obedience. He doesn’t remember if he committed himself to a term of service.” Mijo’s file thus demonstrated how the wartime brutalization in Croatia affected not only those who were eager to participate, but had much more pervasive consequences.

When he was describing his reluctance to join the Ustasha at the beginning of the war, Mijo also explained the circumstances around his forced conscription and forced participation in his first armed battle. Mijo’s narrative raised a number of questions regarding the onset of aggression in civilian

\textsuperscript{194} Ibid., file 1499/1942, 06/19/1942
settings, and conjured up in vivid detail the situation in which the spiraling political violence finally barged in Mijo’s rather remote village and certainly altered his own life for good, enveloping the villagers in a sequence of events in whose aftermath staying neutral or outside of political events was not an option anymore. Since the murdered Ustasha member was of Muslim faith, at the hospital Mijo was interrogated as to his feelings about other denominations, and, quite ironically, his file turned into a testimony on peaceful relations between different ethnic and religious communities in Bosnia before the outbreak of the war. Mijo confirmed that he had had Serb and Muslim school friends and never heard of a conflict between the children in his class over ethnic differences. Moreover, and more to the point, when Mijo described the outbreak of the war, he testified that the initial violence against the Serbian villagers was begun and perpetrated by outsiders, while “the villagers of Bozinac allegedly behaved peacefully.” While Serbian houses were looted and burnt, Mijo claimed that his father did not permit him to leave their home; Mijo reported having heard of a number of dead bodies of his Serbian neighbors lying around after this incident. Although this story was conveyed rather blandly in the file, the incident – and the subsequent Chetnik attack on the Croatian villagers following the carnage against Serbs – must have constituted a severe trauma in Mijo’s psychological development, and stood as a turning point of sorts in his life, given that he had previously never seen violence of any comparable scale. Importantly, shortly after the attacks, Mijo was called to report to the Ustasha military headquarters in Sarajevo.

The psychiatrists emphasized that, ten days before the murder, Mijo took part in an actual battle. This was the first and only time he had been involved in frontline events. Given his disorientation as to the purpose of his military service and the way in which his political involvement started, it came as no surprise that, in Mijo’s own description, this was a terrifying and chaotic experience, during which he found himself in the middle of a prolonged and “nasty” fighting, and had to use his rifle to shoot at people for the first time. The battle ended in the death and wounding of
some of his comrades. This emphasis – and the retelling of the course of this battle immediately before the description of the murder itself - may have indicated that Mijo’s psychiatrists found a connection between his participation in wartime violence and his brutal conduct against a comrade under peaceful conditions. Still, Mijo seemed quite shaken by the incident of assassination: “He cried in prison for twelve days. Couldn’t sleep from sorrow. Later he calmed down gradually.” According to the psychiatrists’ report, the examination had to be temporarily interrupted because the patient fell sick during the questioning about the crime he had committed and the appropriate punishment. Mijo had a physical reaction to this line of conversation; he also confirmed that he absolutely deserved to be punished for his deed.

Vjekoslav Joler195, a Croat member of the German police in Zagreb, diagnosed with an anxiety disorder and “paranoid-hallucinatory psychosis,” was equally confused about the political context in which he performed a rather active collaborationist role. Vjekoslav was particularly concerned about the possibility of being punished by his current employers, but his narrative also revolved around his fear of the partisans and the alleged torture that Vjekoslav had undergone while in their captivity: “The partisans stabbed him all over his body” when two Croat soldiers saved him. However, although very frequent, Vjekoslav’s file references to “partisans” or “Communists” were regularly fairly devoid of much meaning or content: when asked who the partisans really were, Vjekoslav said thieves and bandits (terms from the German and official Ustasha propaganda of the time). Although the theme recurred several times during the examinations, the patient never displayed any more substantial knowledge or opinion regarding the partisans’ actions or identity. The same limitations applied to Vjekoslav’s knowledge about the Ustasha: when asked to identify the Ustasha, all he could master was: “They are the friends of Germans. One German policeman or an Ustasha, it is one and the same.” Vjekoslav’s dossier also demonstrated the pressure which the Vrapce psychiatrists sometimes

195 Ibid., file 2727/43, 10/13/1943
exerted on their patients in order to get the “proper” answers out of them, and in order to have them reaffirm what the “correct” political stance was. When asked whom he loved, Vjekoslav named his family and co-workers, but this was clearly not enough, and his psychiatrist prompted him to declare his feelings for Hitler and Ante Pavelic. Quite tellingly, Vjekoslav used the passive form: while he said, “I love my wife…,” both Hitler and Pavelic “were loved.” In a similar vein, the segment of the interview meant to verify Vjekoslav’s moral sanity quickly changed into yet another testing of his political loyalties, pressuring the patient into rhetorically excluding the Communists - as the foremost enemies of the state - from the community of humans, although he clearly had very little idea about the differences between his supposed political friends and enemies. When asked about the meaning of theft and slaughter, and their connotations, Vjekoslav responded defensively, confirming that those were inadmissible, and adding: “I never so much as put my hand on anyone.” Still, the examiner continued, asking for Vjekoslav’s opinion regarding who deserved to be treated well (to receive good deeds). After Vjekoslav said ‘Everyone,’ the examiner pushed further: “Even the partisans, when they are wounded?” The patient then corrected himself: “They should be killed. He [a partisan] should not be cured, it is a waste of medicine.” When asked about the French, he replied in the same way.

The questions interrogating these patients’ ethical feelings constituted an important problem for the examiners, as they became rather complicated during the wartime years, especially when posed to members of various armed formations of the Independent State of Croatia or of the German Wehrmacht or the SS, who regularly engaged in a string of criminal and murderous activities, often against civilians. Under the circumstances, the psychiatrists themselves were frequently at a loss as to what constituted an answer that could be considered morally sane. Their formulations and opinions demonstrated this confusion, and values promoted through “moral sanity” interrogations remained inconsistent throughout this period. As we saw, in Vjekoslav’s case the new limits to moral universalism were clearly established, as the examiner adjusted his own definition of humanity, mercy
and compassion to the wartime demands of the Croatian Ustasha state. On the other hand, Mijo’s psychiatrists insisted on the inadmissibility of taking the life of another human being – perhaps because, in Mijo’s case, it was an Ustasha, a political friend, who was murdered. Mijo claimed to have committed the act in self-defense, and others confirmed this. The examiner still insisted on asking him whether it was moral and permissible to kill a human being, and whether such acts should be punished by law, indicating clearly that he expected an affirmative answer to the latter question. Moreover, he continued by questioning Mijo on how he would have reacted as a judge if someone would have killed his own father. These were asked immediately after the question about Jure Francetic, one of the new heroic political personalities with whose biography “well-oriented” patients were now supposed to be familiar, but whose collaborationist “Black Legion” units in Bosnia committed unspeakable crimes against civilians. Moreover, it was rather ironic – if not indeed schizophrenic – to pose these inquiries to a member of an Ustasha squad, who was likely to have been involved in constant shootings, violence and executions – which, in the context of wartime Croatia and Bosnia, and the Ustasha’s activities in them, primarily targeted the civilian population. This insistence on the unacceptability of murder of any human being was thus quite extraordinary, especially given that the psychiatrists were well aware of Mijo’s forced participation in the battle prior to the murder incident, but it remains uncertain whether Mijo’s examiners’ stance was indeed as categorical, or, despite the formulation, they too believed that only murders of political friends deserved to be condemned. In at least one another case, that of homeguard Niko Hercog, the psychiatrists only concluded that the patient’s “moral and ethical notions were fully preserved” when he confirmed his opposition to the Communist economic worldview.

The position of these patients, thus, was doubly difficult: outside the hospital they were pushed into the roles whose purpose they barely understood and in which they expectedly felt disoriented, but

196 Ibid., file 2749/43, 10/22/1943
in addition to this, hospital examinations further pressured them into proving and reconsidering their fragile political loyalties. As a result, files of active soldiers and policemen usually revealed narratives of conflicted and contradictory convictions and allegiances, a sense of not belonging to their workplace, and a set of anxious reactions to the actual complexity of their involvement in extremely violent armed formations. It was possible for these patients to define themselves as both victims of the German terror and loyal employees of the German occupation authorities: for Mladen, a nineteen-year-old member of Ljotic’s Serbian Volunteers’ Corps which functioned under the Wehrmacht’s auspices, who had spent fifteen months under arms when he was admitted to the Belgrade hospital, being a collaborationist soldier implied a number of mutually conflicted, counter-intuitive and inconsistent, highly volatile affiliations. Mladen appeared very worried about the fate of his family, about whom he said he knew nothing since he joined the Volunteers’ Corps. He added that Germans had killed one of his brothers, “so he [Mladen] now kills them in return.” However, this clear hostility to Germans was then offset by Mladen’s insistence on speaking German with the psychiatrists, as well as by his repeated demand to be released from the hospital so that he could rejoin his unit. Mladen emphasized that he had participated in over ten battles with the “Communist bandits.” Here again, he adopted the German rhetoric with regard to the partisan movement. Although Mladen saw the “Germans” as responsible for his family’s tragedy, he still partly identified with them by refusing to speak in his native Serbian language, or by espousing some of the occupiers’ assumptions. Similarly, he apparently longed to return to his unit, where he served under the German military command. Mladen thus declared his support for the Volunteers’ anti-Communist struggle, but he was quite aware that he also belonged on the side of the victims of the German military’s “punitive expeditions.” This “schizophrenic” position was never resolved, and was quite fittingly matched by Mladen’s psychiatric diagnosis – schizophrenia. Bojan Grgic, diagnosed with psychopathia, who worked with the

197 Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-115, file 20086/Dbr. 6156/43
198 Klinika za psihijatriju Vrapce, Archive, file 3751, 03/27/1944
German police in the Croatian town of Bjelovar, shared a number of ideas of persecution with his psychiatrist, which all centered around his workplace, his employers, and in particular the personality of his – German – commander. Bojan, who admitted that he could speak no German, claimed that he was put in the mental hospital because his commander hated him. His psychological problems – defined by his psychiatrists as a “reactive depression of a young primitive” – thus all appeared to be related to his profound sense of not belonging where he worked, his feeling of displacement and disorientation in the ranks of the German police, which were most certainly exacerbated by his inability to communicate in German and his very modest educational background (hence the psychiatrists’ reference to his “primitivism”). Bojan had enormous difficulties understanding his day-to-day duties and assignments in the Bjelovar police, let alone grasping the larger context and meanings of his involvement and of the German presence and activities in Croatia. Whether or not, therefore, his suspicions regarding his commander were true, they revealed a different problem, and one related to his perception of his own role in the new political and military milieu. Bojan opined that he was sent to the hospital because of his disobedience, which in turn stemmed from his dissatisfaction at not having received the same perks as his colleagues. He stated that, after he caught a cold, his commander “told one doctor in German to make him deaf, blind and crazy.” Later in the course of the interview, Bojan added that, at his workplace, everybody hated and mocked him, and that his commander “yelled at him several times,” because “he disliked the patient’s way of speaking,” and referred to him as “Scheissen.” In Bojan's own words, this made him sad. Before being released, he admitted that he wanted out of the German police system.

Finally, Vjekoslav Johler, who was terribly anxious throughout his stay at the Vrapce hospital, explained to his examiners that he had been sentenced to capital punishment in a German military court, and would inevitably be hanged. There was no documentation attached to verify his statements, but regardless of that, Vjekoslav’s narrative directly raised the question of the position of soldiers and
servicemen in the collaborationist and German-run organizations in Croatia, and indicated the complexity of their attitude towards those units – Vjekoslav’s anxiety was even more dramatic than Nikola’s, as Vjekoslav believed that, in addition to disrespecting him, his employers were getting prepared to execute him. The widespread and frequently mentioned fear of the partisans was here mirrored by Vjekoslav’s fear of the German occupiers – infamous for their draconian punishments and easy/arbitrary executions. Although, for external observers, Vjekoslav was an active participant in and facilitator of such violence and arbitrariness, his own understanding of his role and position turned out to be much more muddled and convoluted; even though he was a member of the German police and thus seemingly in a position of power of sorts, Vjekoslav’s greatest fear was of the German occupiers rather than the Communists or other Croat state “enemies.” Vjekoslav’s examiner immediately noted that “the entire tone of the conversation emanates some sort of fear.” Vjekoslav described a number of delusions, all related to what he referred to as his imminent execution. The patient claimed that he was sentenced to death because he had been reckless with his weapon, and left it in his landlady’s house. The landlady then must have reported him to the police. Vjekoslav added: “I’m guilty inasmuch as I left my rifle at that woman’s place, I admitted that.” This imagined or real infraction then aroused Vjekoslav’s fear of punishment and retaliation, which was most probably conditioned by his perception and observation of the German police’s harshness and disregard for due process. He also believed that his failure to admit some of his hallucinations – such as dogs, monkeys and devils running around his bed at night – led to his death sentence. Finally, he reported his dream, in which he saw his landlady and alleged evil-doer hanged and said “Thank God,” and related that too to his capital punishment – possibly an expression of the guilty conscience over his desire for the woman’s death. Interestingly, the German police note\textsuperscript{199} to the hospital never mentioned the landlady or the rifle, but only stated that his mental stability deteriorated, leading to drunkenness, anxiety and

\textsuperscript{199} Ibid., file 2727/43, \textit{Gericht der Dienstelle Feldposteinheit 58639 der Truppenartzt}, Zagreb, 10/12/1943
inability to perform his professional duties (as a driver).

*Partisans as an obsession, myth and fantasy*

Given that the Communist resistance movement was much stronger in the Croatian and Bosnian territories from the very beginning of the war, it is not at all surprising that the issue of Communists and partisans figured much more prominently in patient files in Vrapce than in the Belgrade hospital. The partisans were the single most powerful and recurrent image in patients’ narratives as well as the psychiatrists’ inquiries and questionnaires. As they discussed the meaning and implications of the partisan activity, both patients and psychiatrists indirectly addressed much broader issues, such as the nature of the war, the ideological identity of the Croatian state itself and one’s relationship to it; at times, the metaphor of “partisans” served to communicate various forms of criticism, and even anti-Ustasha feelings on the part of the patients. Finally, many patients’ expressed ambivalence or contradictory feelings toward the Communist resistance movement formed the core of a rather large subgroup of mental pathology at Vrapce, as will become clear below. When he was admitted from a military hospital in Karlovac, Hamdija Polovina200, a homeguard member, was said to have been extremely restless and sad over there, because he had heard from a colleague that the partisans had killed and then “skinned” his brother. In the course of the examinations at the Vrapce hospital, when asked about his depression and unusual behavior in Karlovac, Hamdija stated that his psychological problems started after a friend of his told him about supposed partisan crimes in his area: “One day a colleague of his came to the hospital and told him that, around his town, Communists were skinning people, and besides that he knew nothing about his family at home, so he felt weak.” There were no further comments on the part of the psychiatrists regarding the causes of Hamdija’s illness; therefore, the fear of the alleged Communist crimes was clearly taken to be at the root of Hamdija’s pathological reaction: “He claims that he was sad, his chest dried up of his sadness.

200 Ibid., file 1372/42, 04/12/1942
He had heard awful things, about destructions, burnings, skinnings of people. Then he thought God knows what happened with my mother, sister and brother if there was so much burning and slaughter over there. He had no news from home.”

Hamdija’s case clearly demonstrated the importance and traumatic potential of rumors about partisans’ behavior and movement, as well as the central role of “Communists” in the political content of patients’ statements and delusions at the Vrapce hospital. Finally, the Vrapce psychiatrists interpreted his illness as a psychogenic disorder, and therefore themselves accepted this centrality of the issue of Communism in patients’ mental universes. Miladin Galic, who was admitted to Vrapce in late 1943, in the aftermath of his incarceration by the Communists, almost exclusively talked about “battles, partisans, cannons.” The encounter with the partisans was certainly treated as Miladin's original trauma and the central event in his narrative. Miladin described his experiences while held by the Communists as horrifying: he testified that he had seen the Ustasha tortured, hanged and, like in Hamdija’s narrative, skinned. The partisans, thus, became an obsession; when asked about the meaning of the concept of courage, Miladin, quite unrelatedly, replied with references to the Communist movement’s superior strength and equipment: “In our army, we only have howitzers, whereas the partisans, they…” Therefore, in Miladin’s case, this obsessive feeling of threat and danger from the partisans was centered on their reported inhumane behavior and beastly hatred for the Ustasha, as well as on the belief in the Communists’ military preeminence and the perception of the imminence of their takeover.

However, as we already saw above, it was sometimes unclear what the word “partisans” meant to the patients who talked obsessively about the Communist resistance, nor were they necessarily familiar with the core values for which the movement stood. Moreover, the difference between the partisans and the Ustasha was rather blurred in the narratives of many patients, who could not define

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201 Ibid., file 2306/43, 10/29/1943
the foremost enemy of the new Croatian state in any precise terms and without resorting to the official anti-Communist rhetoric. At times, therefore, the heavily political content of the patients’ testimonies was to a large extent devoid of the conventional meanings of the political categories used. In that sense, the fear of the Communists did not automatically imply anti-Communist feelings or a wholesale support for the Ustasha project. When they talked of the “partisan danger,” patients mimicked the official state discourse and thereby placed themselves on the “right” side of the political conflict, ensuring their own safety. But their understanding of the actual ideological conflicts and agendas could be rather limited or skewed, or alternatively they could use their condemnation of the partisans to indirectly express other forms of dissatisfaction (political or otherwise). In the hospital file of Martin Galo\(^{202}\), a shop assistant diagnosed with acute psychosis with hallucinatory and paranoid elements, the “partisans” were again identified as the main agents of all his problems, his persecutors and tormentors, but his regular confusion of the Communists with the Ustasha authorities complicated his political message. Namely, throughout his examination, Martin was entirely focused on other people’s attempts to poison him – through food, drinks, cigarettes – and hurt him in numerous ways. He told his psychiatrists about his negative experiences at the hands of the police – he had reportedly been beaten (although it was unclear when and why), but he claimed that he “always recognized that the police were actually the partisans.” In fact, the partisans - the utmost enemies of the state in the summer of 1942, when Martin was admitted – became the sole source of all his long-time problems (dating from well before the war, according to the statements of his colleagues, noted in Martin's file). Indeed, all the negative forces in his life Martin now recognized as consequences of the partisans’ actions and plotting. In his story, the police who allegedly treated him badly were thus infested with Communists, despite the fact that the partisans and the Ustasha police were on the opposite sides of the political and military spectrum in wartime Croatia. Moreover, Martin added that he recognized the

\(^{202}\text{Ibid., file 1493/1942, 07/08/1942}\)
police as the partisans because he “saw the letter U (the official sign of the Ustasha) in the corner of the room.” Therefore, this conflation of the partisans and the Ustasha in his narrative may have suggested that the “partisans” or “Communists” became empty signifiers, which could denote anything that Martin perceived as a threat to his life and personality. In this way, the wartime state itself – with which Martin had obvious problems – became identical with a political group most proscribed and brutally fought by the very Ustasha regime until the end of the war. In Martin's case, thus, the partisans became somewhat of a vehicle for a safe criticism of a regime that aspired to eliminate dissent altogether.

As the war and the occupation went on, the widespread and ever growing unpopularity of the Ustasha regime became the central concern for both the local authorities and their German protectors. The loss of confidence in the Ustasha leadership among the ranks of the military and police members was understandably exceptionally problematic; while the Communist resistance movement grew in numbers and steadily increased its pressure, the Ustasha remained unable to prevent the alienation not only of the local Croatian population but also of the regime’s own armed employees, whose defections to or contacts with the resistance movement affected the strength of the collaborationist Croat state where it was the most vulnerable. The fear of the Communists and their infiltration was frequently linked to this disenchantment with the Ustasha, and the growing Communist sympathies were considered to undermine the combat readiness of the Croatian military. When Hrvoje Galic, a junior pilot and committed Ustasha, reported his two superiors to the Ustasha authorities and accused them of supposed anti-Croatian statements and Communist leanings, his fears were related to an alleged Communist conspiracy in the ranks of the Croatian army: he and a group of his colleagues started suspecting their two superiors of anti-state activities, and almost automatically interpreted the couple's reportedly suspicious behavior as signs of their pro-Communist orientation and sympathies for Russia.

203 Ibid., file 1402/42, 02/19/1942
In Hrvoje’s case as well, thus, Communism and the partisans were at the center of what the Vrapce psychiatrists defined as his “paranoid delusions.” Hrvoje repeatedly warned his examiners that he felt that many people were plotting his death: he was afraid for his life, and suspected that everyone with whom he came in contact was his enemy, conspired against him and threatened him with the military court and execution. His anxiety clearly began at his workplace – the military airport in Zagreb – where he noticed the enmity of the two officers, one of whom reportedly even made allusions to the patient’s imminent death. This personal threat Hrvoje connected to the issue of political differences: he identified himself as a devoted Ustasha, while the officers in question exhibited an array of anti-state and especially anti-Ustasha statements (insinuating that the Ustasha regime was dishonest and criminal, a mistake of the Croatian people and bound to lose power to the partisans, etc.). Finally, the superiors’ opposition to the Ustasha must have had Communist roots: in his official testimony regarding the reporting of the two officers, Hrvoje claimed that one of them said that he would rather fight on the Western than on the Eastern front, because “the Russians were our brothers.” Hrvoje’s paranoia thus advanced from personal to state-centered, and it was eventually focused on the possibility of Communist infiltration. Hrvoje’s and his colleagues’ testimonies offered a detailed picture of the infractions and anti-state pronouncements and propaganda that worried the more loyal. Those ranged from muffled statements about the regime’s disorganization and organized theft, its encouragement of lawlessness and open criminality, to the mockery of pro-Ustasha patriotism, reported anti-state conspiracy and sabotage of the military units, as well as possible contacts with the partisans. Hrvoje’s reports – to the police rather than military authorities – however, led to his own incarceration and accusations of unnecessary and unfounded maligning of the superior officers, while the psychiatrists diagnosed him with reactive depression. His rapidly deteriorating mental state eventually discredited him as a witness in the eyes of the police authorities, but not before

204 Ibid., file 1402/42, *Zapisnik preslusanja* [Minutes of the interrogation], Zagreb, 04/25/1942
a detailed investigation into the issue was conducted and statements taken from all those involved.

*Ambivalence towards the Communist resistance*

A significant number of patient narratives dealt with the partisan obsession on a different level – one where the fear of punishment and retribution, or rhetorical anti-Communism combined with subtle and complex expressions of ambivalence toward or even support for the Communist resistance movement. It was by no means surprising that Vrapce saw a significant number of patients with a complicated and mixed relationship with the resistance movement, or with a history of the Communist allegiance, association or at least sympathy – after all, the territory of the Independent State of Croatia was the stronghold of the partisan resistance throughout the war, attracting ever larger numbers of former Ustasha or liberal supporters and voters. Since the association with the Communist movement, or even a voiced suspicion of such association, could easily lead to one’s incarceration in one of the extremely brutal concentration camps for political prisoners, or even death, patients’ reactions to the possibility (proposed and perceived either by themselves or by their environment, or both) that they might have such pro-Communist feelings were extremely difficult and convoluted, and yet they provided a most fascinating insight into the social and political polarization of wartime Croatia, as well as a commentary on psychological effects of the occupation, collaborationism and authoritarianism in the Second World War.

When Josip Mikic205, whose anxiety regarding making any political statements was already referred to above, was admitted in the fall of 1942, one of his central themes was his fear of the partisans. However, it seemed that this patient had more reasons to fear the official authorities of the wartime state: the regime clearly perceived Josip as a potential enemy of the Ustahas - he was only sent for psychiatric observation after he had been accused of spreading Communist propaganda and imprisoned. He was arrested after someone reported that he was inquiring about the number and
names of sailors and officers in his town. He explained that he was asked to do that by a “former
sergeant” of his – possibly a Communist activist, whom Josip said he was afraid to report to the
authorities. However, Josip’s politics had been problematic since well before the outbreak of the war:
he explained that, before 1941, he had been very active in what he called ‘workers’ politics,’ which
certainly made his situation rather precarious after the establishment of the Independent State of
Croatia. Nevertheless, in spite of his pre-war leftist engagements (which at one occasion apparently
even cost him his job), Josip told his examiners that he fought as a volunteer against the partisans in
Bosnia, so now he was afraid that they recognized him and might hurt him or his family. Furthermore,
Josip served in the Yugoslav military immediately before the war, and was discharged in 1937.

Similar to a number of other patients discussed in this chapter, Josip certainly seemed rather
paralyzed by his fear of different actors in wartime Croatia. He declared the partisans to be his main
enemies and source of his psychological weakness, but he still talked in great detail and at times with
passion about his pre-war trade union activism at different workplaces. At the same time, he now
distanced himself from his earlier political engagements, claiming that he had no more interest in
politics because he started perusing the Bible. Again, this was a very clear expression of the notion
that politics as such were now deeply tainted; political affiliations were to be replaced with religious
commitments in order for one to redeem oneself or reclaim one’s peace. Still, Josip’s political leanings
were complicated even further when, asked about Hitler, he replied: “I haven’t got much interest, it’s
bloodletting for nothing…” His occasional passion for the “workers’ cause” made his position even
more risky and insecure.

In a similar vein, in the case of Niko Hercog, a homeguard, the fear of the partisans as enemies
was tightly related to the possibility of being seen as affiliated with them: “I don’t feel ill, I only have
some fear, I can’t eat. Ever since I ran away from the partisans, I am afraid that my neighbors in the
village think that I am a partisan too, that they will put me in a concentration camp, or kill me, or
something similar.” This was because, when he returned home following his imprisonment, the villagers “said he didn’t run away, he’s in agreement with them [the partisans].” Niko repeatedly mentioned his fear of being persecuted by the authorities, because now he was “like a partisan.” The psychiatrists remained suspicious until the very end of the interview, asking him if he was guilty of something, and if he was certain that he did not sympathize with the partisans.

In the files of the Belgrade neuropsychiatric hospital, the theme of the partisan danger was not as frequent, and neither were the feelings expressed in relation to the issue of the Communist resistance so intense and complex. This was, of course, understandable, given that, in the first years of the war, the strength of the partisan movement on the Serbian territory was significantly inferior to that in Croatia. Yet, in the occupied Serbia as well, the suspected association with the CPY was the single most damning political charge, while the retaliations for Communist sympathy or activity were even more brutal than in Croatia – the Belgrade concentration camp Banjica, run in part by the Gestapo, being one of the most vicious torture centers for political prisoners in the entire occupied Yugoslavia. Moreover, underground Communist cells functioned very well in large urban areas. Therefore, the issue of Communist allegiances found its way into Belgrade hospital case files as well, shaping and conditioning patients’ responses, and provoking a variety of “pathological” reactions. Even more interestingly, however, even before the outbreak of the war, in the mid- to late 1930s, the Belgrade hospital saw a number of patients whose anxieties centered around their suspected (or true) Communist allegiance. These files demonstrated the growing, pseudo-fascistic authoritarianism of the immediate pre-war years in Yugoslavia, as well as the degree to which the (banned) Communist Party of Yugoslavia – and any connection to it - was perceived as dangerous or disruptive under such circumstances.206 In a very telling instance, the ambivalence towards the Communist movement was

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206 At the same time, the proscribed Communist ideology served decidedly different purposes in patient narratives. In the writings and pronouncements of Ranko, who was repeatedly hospitalized in Vrapce in the course of the 1920s and 1930s, a very striking political content was combined with a pointed critique of the position of a patient in a psychiatric hospital in a rather effective way. In Ranko's case file, a socially unacceptable system of political ideas emerged as a vehicle to criticize an unjust, authoritarian and discriminatory mini-universe within a psychiatric institution. As an ethnic
very clearly expressed in the case of one male patient, a graduate from the Belgrade Trading Academy, who was diagnosed with schizophrenia. In his interview with the psychiatrists in 1937, this patient denied his association with the Communist Party and explained that the past accusations to the contrary had been renounced: “He further explains that the detectives had suspected him to be a Communist, so he spent a month at the technical police and then they released him because ‘the justice understood that he was not a Communist.’” However, his later statements made this denial rather doubtful and revealed his potential sympathy for the Communist movement: “He was accused of Communism because he used to say such things himself, ‘due to his poor material condition.’” The need to deny his association with the officially censured political movement was immediately followed in the patient’s narrative by a subdued expression of support for the Party’s politics based on his economic circumstances. In his very next statement, the patient used what could be construed as the Communist language to refer to the school whose graduate he himself was: “he claims that he hears a […] which tells him that the Trading Academy was burnt down and he is glad about that...”

Serb in Croatia, and a patient in a very hierarchical hospital setting, Ranko was likely doubly disempowered and his statements suggested that he was well aware of his dire position. He then used the rhetoric and ideas of Communism to define his struggle against what he perceived as injustice - both personally and at the societal/global level. He spoke of himself as “predestined” for a higher purpose. In fact, as a sign of his own weakness and inferiority in the existing system, Ranko too believed in his own grandeur – primarily intellectual - he claimed to have been under the influence of certain “higher powers” which dictated his life mission on a global level: “to uncover various bourgeois intrigues and implement Communism in this country and the rest of the world.” His struggle was therefore for the “flag of the Soviet Union” to arrive, and to eradicate the “immorality, injustice and bourgeois pressure,” and to give the people “after all the battles order, law and justice.” Details of the impending Communist revolution were rather unclear in Ranko’s explanation, but it was straightforward from his writings that his central preoccupation was with his own status at the hospital. After criticizing the unlearned nurses “who only [knew] how to beat us,” Ranko elaborated on the injustice suffered by those psychiatric patients who had participated in WWI and offered sacrifices to the state which subsequently sentenced them to the dreadful conditions in mental institutions. In Ranko's writing, these injustices had a clear socio-economic overtone: “while capitalism swims in abundance, people are here dying without fruits, hungry, with no cigarettes... This is how they are rewarded for what they did for the king, homeland...” Ranko's sense of injustice incorporated an ethnic and religious dimension as well: “because a man is a man whether he is sane or mad, regardless of his nationality or faith.” In fact, Ranko repeatedly emphasized his belonging to the “Eastern faith,” Serbian Orthodoxy. At times his pronouncements became unclear – he denied attachment to an ethnic or religious group, but then alternated between that and a reaffirmation of his Serbianness. He made muffled statements about various sorts and expressions of discrimination that he had to undergo as a minority in the Croatian state, and, although insisting on the ultimate irrelevance of one’s religion, he wrote that “it [was] necessary to make compromises for the Eastern peoples,” adding that the East – Byzantium or Turkey - would eventually prevail and it would be wise for Croats to unite with Serbs. His "ideas of persecution" were dismissed by the psychiatrists as a sign of mental disorder; but regardless of their delusional and possibly pathological nature, they also constituted an acute, telling expression of his inferior position and helplessness, powerlessness both within the hospital hierarchical system and in society in general. (file 3456) 207 Archive of Serbia, Fond “Neuropsychiatriska Bolnica Laza Lazarevic,” G-222, F-110, file 19595
because 'there are no more parasites.'” In this sentence, he also seemed to approve of a rather violent strategy for dispensing with “social parasites,” and one that was frequently used by the outlawed Communist Party in the inter-war years. According to the medical report made after his admittance to the hospital in April 1937, the patient seemed never to have actually been imprisoned but instead referred to the hospital as the “technical police,” while he apparently thought of the psychiatrist conducting the interview as the chief of the technical police. This patient, thus, tended to interpret his experiences and occurrences in different spheres of his life in terms of the alleged association with Communism and his suffering as a result of such accusations. In his own words, he had been brought to the hospital (“technical police”) “for the hearing regarding Communism.” Furthermore, what was diagnosed as the patient’s paranoid fears of persecution and imminent death was centered on the theme of Communism and the danger of being associated with it: “He adds that on the train he heard people saying that ‘he would be hanged.’ At the same time, he claims he is being poisoned because of Communism.” Therefore, in this patient’s narrative, his experiences of the general hostility of the environment were directly related to society’s rejection and elimination of those suspected to have links with the Communist movement. It is worth keeping in mind that this interview was conducted and filed in 1937, well before the outbreak of the Second World War in Yugoslavia, which indicated the degree of proscription and social censuring of the Communist Party throughout the inter-war years and before its engagement in an armed guerrilla resistance against the occupying forces and the Nedic government.

After the outbreak of the war, the situation was much more precarious. Zlatko208, a Belgrade hospital patient, attempted to commit suicide in 1943, in the aftermath of the persecution at the hands of the police due to his and his wife’s alleged Communist activities and/or sympathies. His narrative continuously revolved around his feelings of guilt, self-accusations and self-abnegation, ideas of

208 Ibid., F-111, file 20199
personal worthlessness and the belief that he may be responsible for the possible death and suffering of his family: “He keeps asking about his family, if they are alive, if they were killed and [thinks] that it is all his fault.” At the same time, when he talked about being arrested after a denunciation by a colleague, who had accused Zlatko of maintaining communication with the “leftists,” he “started crying and … repeating: ‘It’s not my fault, it’s not my fault…’” Therefore, as in the occupied Serbia a possible association with the Communist Party and resistance regularly had the most serious consequences not only for the person in question but also for their family and relatives, it was not all that extraordinary that the patient reacted to the political accusations against him and his wife with such strong and complex feelings of guilt and self-recrimination. The very concepts of normality and pathology were shifting and in dire need of redefinition in the context of the extreme circumstances of the Yugoslav occupation, resistance and civil war, and popular reactions to them. The psychiatric profession only reacted very slowly, reluctantly and inconsistently to these changing realities.

*The political universe of schizophrenia*

In the structure of political pronouncements and delusions of psychiatric patients from the occupied Yugoslavia, there appeared certain recognizable and recurrent patterns of associations and fantasies. Although political speech and involvement were, as we saw, frequently perceived as utterly dangerous and undesirable, only inviting further misfortune, punishment and revenge, most patients’ narratives still revolved around politics, and the political content shaped their discourse in very important ways. The politicization of their everyday lives resulted in many cases in their re-telling of their own life histories and plans in a straightforwardly political key. Ironically, patients’ political ignorance and disorientation tended to be resolved in their narratives of active and immediate political participation, and of direct access to and personal effect on political decision-making. Not so surprisingly, patients’ political universe was regularly one of severe conflicts, omnipresent danger,
violence and volatility. When hospital inmates discussed their political surroundings, events and processes, their understanding of their own position within the political context was affected by a number of extreme factors, but one of the most common and influential characteristics was their profound experience of their own helplessness – in the context of the occupation, retaliations, universal violence, as well as within the setting of the hospitals themselves. Their commentary on political and military personalities, and on the nature of power was conditioned by this sense of powerlessness and disorientation. In response to it, a large group of patients diagnosed with schizophrenia described at great length their supposed close connections with some of the leading political leaders of the period, frequently attributing them superhuman powers and ascribing them the role of saviors and protectors. These delusional associations then functioned as one expression of, or a response to, the position of utter helplessness and inferiority, which could be experienced on many different planes: as a subject in an occupied society, as a psychiatric patient in an intolerant society, as an inmate in a psychiatric hospital, as a woman in a deeply patriarchal setting, as a peasant or worker in a crisis-ridden, authoritarian state etc. Importantly, these narratives centered around political personalities and the imagined possibilities opened if one only had access to the leaders. Such delusional pronouncements, on the other hand, were rather inconsistent if seen as expressions of political or ideological support for the characters mentioned: in many instances patients had very little knowledge about the persons of whom they spoke with such devotion, the stories of associations being indicative more of narrators’ own status and self-awareness than of their actual relationship with any given ideological or political strand.

During his relatively short stay at Vrapce, Blaz Balic, admitted in the fall of 1941, narrated a complicated web of political delusions. He was hospitalized for having attacked a local veterinarian, because the latter had allegedly stolen the money "sent to him [Blaz] by Hitler and ten other states."

209 Klinika za psihijatriju Vrapce, Archive, Blazevic Blaz, file number illegible, admitted on 09/09/1941
Blaz talked at length about his alleged connections with political personalities, demonstrating quite striking ambivalence and confusion regarding his own political attitudes and affiliations. He was considered a "Hitlerite, and that I was even before he came to the throne. He liberated us, and now I am free and can sleep in my house." Therefore, Blaz established his pro-German and, by extension, pro-Ustasha leanings, and he also further emphasized his close relationship with Hitler stating that they had known each other since WWI, in which Blaz participated as well. Blaz's confrontation with the veterinarian was precisely about the latter's dismissal of the patient's claim that Hitler had sent him money as well as medals for his achievements and as a sign of gratitude. At this point, however, Blaz continued about his connections with many other political personalities and their states: with Stalin, Stalin's son, Woodrow Wilson, as well as Mussolini and the Japanese tzar. Just like he was honored by the Third Reich, he also received decorations from the League of Nations. In the narrower Yugoslav context as well, Blaz described the same multiplicity of political relationships and affiliations with mutually opposed sides and personalities: he established himself as an advisor of Prince Paul, who was reportedly a "good man;" he cooperated closely with Belgrade's Cubrilovic, but also used his close connections with Macek - under house arrest in Pavelic's state - to try to obtain a passport. The psychiatrists noted this confusion and ambivalence, which may well have illustrated the general political confusion and instability of wartime Croatia, and its atmosphere of uncertainty. In the course of his interviews and examinations, Blaz thus presented himself as strongly and closely related with virtually all sides and actors of a highly conflicted political scene, in other words he had safeguards and guarantees from all sides; he claimed to have communicated "through the radio" with his political collaborators, and received information regarding all the money and honors in that way. However, Blaz - quite contradictorily - also stated that, through the radio, a female voice notified him that he would be hanged - here Blaz verbalized his sense of his own weakness and helplessness, which may have been the source of his complex political hallucinations and delusions. Although he spoke of
Hitler as a savior and liberator - which, in the context of the wartime Croatian state, implied a certain domestic political affiliation and support for the Ustasha project - Blaz became imprecise and noncommittal when it came to questions about the current political situation: when asked about the state in which he lived, he said that he had heard it was a Croatian state, ruled by "Hitler and his deputy" – which indicated the possibility that he did not even know Pavelic’s name and function. He also denied any direct knowledge of the war, adding that he had heard about a war in Great Britain.

Nevenka\textsuperscript{210}, a patient from the Belgrade psychiatric hospital, bragged of her close relationship with Hitler himself; she related that she was on her way to Germany to "beg Hitler to release Serbian prisoners of war." Nevenka was convinced that Hitler would be willing to listen to her, because she had “treated the German soldiers well so they must have written about that to Germany and she is well known over there.” As she explained in further detail, she wanted to “fall on her knees in front of him and plead with him to let the Serbian children go.” She also claimed that she was about to receive her passport for the impending travel when she was brought to the hospital against her own wishes. The patient clearly portrayed herself as having a special bond with Hitler, and even a particular influence not only over him but also in Germany in general, where the word of her good deeds had spread and made her prominent. Interestingly enough, this delusion of being in a position of political power and of consorting with some of the most high-ranking political figures of the time also came from a clear situation of weakness: this patient was a widow – which automatically made her vulnerable and unprotected in a patriarchal setting - and reported arguments with her sister with whom she lived, even the sister’s threats to throw her out of the house. There was a reference, moreover, in the patient’s account to her daughter, who had apparently been to Germany as a worker, although the psychiatrists did not pursue this theme any further so it remained unclear whether the daughter had actually worked in Germany, under what circumstances, and whether she returned or was still alive. Typically, the

\textsuperscript{210} Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic, G-222, F-110, file 19780
possibility of the patient having undergone a psychological trauma - separation from or loss of the
daughter - was not explored in this case. Therefore, as a subject of an occupied and brutally run
country, as an unmarried female in a traditional society, as a psychiatric patient in a 1940s Serbian
hospital, Nevenka certainly experienced multiple forms of disempowerment and even victimization;
as her delusion developed, her narrated access to Hitler was to serve to resolve these otherwise
insoluble situations.

There was a clear fascination with Germany in the patient’s account: she repeatedly mentioned
a broche sent to her as a present from Germany, and also talked about a watch “with something
German written on it,” which she claimed had some inexplicable “astronomical” qualities. Finally, the
patient recalled that she got the idea to turn to Hitler after a dream, in which she saw “Christ lying on
the floor in a black shirt.” The relationship between Christ and Hitler was never explained in the
interview, but the fact that in the patient’s account there certainly was one was indicative of the role of
Germany in her understanding. Towards the end of her stay at the hospital, Hitler became a figure of
identification as well as salvation: according to the psychiatrist’s entries, she frequently attempted to
sneak out letters of complaints regarding her treatment at the hospital addressed to Hitler. When she
got upset, she “screamed, cursed from the top of her lungs and called Hitler to help her.” Therefore,
while in the beginning she stated that she intended to use her extraordinary influence with the German
leader for patriotic reasons - in order to expedite the release of Serbian prisoners in Germany -
Nevenka now assigned to Hitler the role of her own personal rescuer, and structured her
dissatisfaction with both the hospital treatment and her relationship with her family members around
her idea of the Fuhrer. Hitler also became an imaginary interlocutor, a vehicle for expressing her own
unfulfilled wishes and desires. The immense importance of the German political and military presence
and strength in Serbia was, therefore, clearly demonstrated in this case. Nevenka's complex narrative
revealed ways in which the brutal occupation and the more general ideal of Germany’s international
might shaped these patients’ understanding of power and influence.

The last section of Nevenka’s narrative revealed another aspect of wartime psychiatric patients’ political universe: their use of political symbols, tropes and references to comment not only upon the political context, but also upon their experience of the hospital settings and rigid hierarchies. Many patients’ powerlessness and inferiority within the hospital hierarchy matched their endangered position in society in general. In their interviews with psychiatrists and their occasional written statements, some patients made clear connections between the two planes of disempowerment, and used political vocabulary and symbolic to complain of, or demand changes in, their position and treatment as defined by the psychiatric establishment. This sometimes showed that, even though their precise awareness of the political context and the events and personalities involved was clearly restricted or even entirely missing, in the course of the occupation some mental hospital inmates were exposed to and underwent a particular form of political education, adopted certain concepts and styles of thinking, and became relatively versed in political discourses and vocabulary, which they then applied to make sense of – or perhaps improve – their own desperate situation.

**Female experiences of violence**

Quite differently from the male perspective, narratives of hospitalized women very frequently combined the themes of politics and sexuality, and female patients tended to discuss their private problems – such as marital difficulties, physical or psychological abuse – in political terms and in connection to political events, personalities or trends. In these narratives, the centrality of erotic symbols and sexual experiences (or, in some cases, family circumstances) was rather puzzling, and so was the connection regularly made between the private and political realms. In the testimonies of female patients – mostly peasants or the urban poor – sexual intercourse and family relationships were commonly portrayed as a form of violence, and this element was precisely what related the feminine private sphere to the political experience of the wartime (and even interwar) years. Speaking of the
abuse and violence in their private and family settings, many hospitalized women used references to
the political context and wartime brutalities to address their own personal concerns. For many female
patients (especially those of peasant background), the general political and social atmosphere of the
war began to resemble their private victimization, and the two were readily assimilated into complex
political-erotic narratives. Like in the cases of some male patients described in the previous chapter,
these women’s political ideological statements expressed their search for protection – in the private
realm, as opposed to the public (military and political) arena which mostly preoccupied male inmates.
The importance of politics in their personal narratives also further testified to the intrusion and
omnipresence of the political in this period of time, and the preponderance of the ideological debates
and concepts in these patients’ individual lives. In that sense, some female patients identified certain
political personalities as their erotic or romantic partners, and thereby established their own
unassailability in the face of the innumerable dangers facing them on a daily basis in wartime
Yugoslavia. In this, the core difference from the narratives in male patients’ case files was again the
centrality of the sexual – or intimate - nature of the relationship with the political leaders in question.

In a number of cases, sexuality itself and erotic intercourse were heavily pathologized in the
narratives of patients themselves, and frequently cited as the source of illness, breakdowns and
general social ostracism and public condemnation. Sex was thus tainted on several levels, and its
function within female patient narratives was highly complex: sexual intercourse resembled political
authoritarianism and was regularly compared to and coupled with it; but accounts of extra-marital,
prohibited sexual relationships became an important narrative strategy for many female inmates in
both hospitals for dealing with the complicated question of marital discontent and for challenging the
institute of marriage in a highly patriarchal society.

*Sexuality, politics, violence*

The connection between political authoritarianism – and the wartime occupation – on the one
side, and violence and abuse experienced in the private realm on the other thus formed the core of
female accounts of politics and war, and it constituted the fundamental difference between male and
female experiences of wartime as narrated in patient case files of both hospitals. The political
elements in these female narratives served to highlight these patients’ complaints, their fear or critique
of what was not to be criticized: their family circumstances, the husband, the marriage, their
relationship with the in-laws or with their own parents. As was already mentioned, the narrated
intimate alliances with political figures and ideologies typically expressed a search for protection, but
since these alliances were commonly related as private or sexual, in the female cases they often
indicated a need for protection in the private realm as well. It was quite fascinating that, even during
the occupation in which political ideologies and military and political violence produced such a
dangerous set of circumstances in the public political arena, the women housed in the psychiatric
hospitals were still primarily preoccupied with the necessity to find a political solution for their
private sphere.

Mina, a schizophrenic patient of peasant background, offered a series of intriguing statements
and systems of ideas, whose content was primarily political with clear erotic overtones.211 During her
second stay, one psychiatrist noted in passing that the patient “referred to herself in masculine
gender,” and, after her return from Croatia, her reported statements were in masculine form although
that did not elicit any further commentary or analysis on the part of the psychiatrists. At the same
time, Mina herself argued that her illness resulted from her “sleeping with young men.” Therefore, her
sexual function as a woman assumed the central position in her own narration of her medical
problems, while it got intertwined with a particular form of assuming a male identity at the linguistic
level. This may have signified a form of rebellion, in particular since it was accompanied by her
insistence on the abusive, non-consensual and manipulative nature of sexual intercourse. Namely,

211 Ibid., file 19359; The patient was first admitted in 1927, then re-admitted in 1937 (after she returned on her own, having
previously escaped the hospital in 1928). She was subsequently transferred to a mental asylum in Moslavina, Croatia
and finally returned to the Belgrade mental hospital in the fall of 1941, following the outbreak of the war.
Mina’s testimonies abounded with political delusions which all included maintaining sexual relations with members of Serbia’s “enemy nations” in the First World War: Germans, Bulgarians and Turks. In the patient’s account, her sexual liaisons with representatives of these states clearly meant her political betrayal of her own country, her (unwilling) political assistance to the nations in question: “She was married to a young man, but he was killed… so later on she lived with ‘German clerks, with the Bulgarian and Turkish tzars… they brought her to a German hospital - their entire army dug itself in the earth - and they want to get hold of my hard root - their army dug itself in the earth - they looked for me if I was healthy or not - and they came to look [for me] so that their country would survive.’” The patient’s “hard root” therefore held the secret to salvation of the foreign armies, and it was significant that it could only be reached through a sexual liaison. In a sense, then, the Turkish, German and Bulgarian lovers attempted to use the healthy “hard root” of a Serbian woman in order to infuse their own states and armies with renewed energy; they drained her, fed on her “root” (at the beginning of her statement she mentioned having been taken to a German hospital - her health was thus crucially important for this enterprise). This was then comparable to a particular form of sexual act in which one partner depletes the other’s energy, uses the other as a mere instrument for achieving his own selfish goals. This also might have been indicative of a specific way of imagining the Serbian state at this time - as a fresh, young, biologically healthy - and abused - nation, as opposed to the aging and ailing imperial powers (with their armies under the earth, as Mina narrated).

The absence of agency here was striking: the patient’s statements all implied that her entrance in these sexual relationships was not of her own will, which was curiously combined with her linguistic assumption of masculinity. The sex was thus an imposition, an abusive and violent experience in which Mina’s wishes, consent and individuality did not seem to figure at all. This belief in the essentially authoritarian and detrimental nature of sexual relationships was perhaps most clearly
expressed in Jelka’s case file\textsuperscript{212}. She reported that “for nine years already she [had] been suffering from assaults by the ‘evil people.’” Asked what that meant, she responded, ‘devils,’ but that she may not say that word out loud because they are upset when they hear it.” The patient continued to narrate that these people also talked to her, gave her orders about what she needed to do in the house, and she would follow their directions. Finally, she told her interviewers that, at night, one of them regularly had intercourse with her, after which “he becomes completely small and gets inside my belly, while the others follow him.” In the case of this patient, therefore, the onset of the illness was closely related to a sexual fantasy, whose actors exhibited a clearly authoritarian character, while she believed that this entire system was making her unwell and interfered with her ability to work and function normally. In addition to forcing sexual relations on her, the ‘people’ from the Jelka's delusion were also prone to physically hurt her if she would “anger them” by mentioning their names or openly talking about her ailment. She related that she was in constant fear of them. Jelka also reported that neither her husband nor the rest of the family believed or showed any understanding for her story (she was eventually released from the hospital not to her husband, as was the custom with married female patients, but to her brother-in-law; this was rather exceptional and almost certainly indicated a serious marital problem).

During her second hospital stay, in a twist on her previous pronouncement, Mina declared that she “ha[d] been living with Karadjordje [nineteenth-century Serbian national hero, leader of the uprising against the Ottoman predominance and founder of the Serbian dynasty], she [was] his wife and [had] lived with him since she was six years old.” Therefore, her re-established patriotism in 1937 was expressed through her narration of a marital (and sexual) relationship with a Serbian hero, in the same way in which her previous “treachery” was accomplished through sexual relations with nationals of the three “enemy states.”

\footnotetext{212}{Ibid., F-111, file 19893-XI-54}
In the file of another patient, Stanka, hospitalized after the onset of the occupation, this association of violence with sexual threats and vulnerability was immediate and straightforward, but was now related to Stanka's obsessive fear of the Communists, which was central to her narrative. Stanka told her interviewers that she had been afraid that the Communists would assassinate her: “She was scared of the Communists, ‘they want to kill me all the time.’ They were in her house. She felt fear: ‘they shoot at me, wanted to kill me.’” This was, of course, related to the widespread state propaganda which depicted the Communist Party-led resistance movement in the darkest, most inhumane terms possible, and identified them as the source of the enormous suffering inflicted upon the Serbian population by the German occupying forces. Moreover, an even more important source of anxiety was the fear of being associated with the Communist movement, as a participant, helper or merely a sympathizer, since even a false and unsubstantiated denunciation could easily lead one to one of the infamous concentration camps for political prisoners. The patient’s fear was thus clearly related to the Communist Party's activity in the area where she lived; furthermore, her trepidations were not only clearly politically determined, but they were also strongly sexualized: after she told the psychiatrists about the Communists’ attempt to murder her in her own house, she related that she would at times also see a bear in that same house, especially at night or when she was alone. It became clear from her account that the bear wanted to rape her: “The bear looked like a woman and was dressed in that way, but had a male body and said: ‘I am a bear.’ He didn’t look like a bear at all, but like a man.” The same bear reportedly appeared when she was at the observation ward and offered/threatened to have sexual intercourse with her. Her fear was thus also related to the presence of the bear in her house and at the hospital, and at the very same time she repeatedly identified the threat of the Communists as the main source of her apprehension. The political and sexual motifs merged in her narrative, and they both contained elements of violence: murder in the first case, rape in

213 Ibid., F-111, file 19588
the second. In addition, the connection between the political and the sexual occurred once more in Stanka's account, when she was re-telling her experiences of the previous, First World War occupation: “Without being asked, she says that during the past occupation she was frightened by a certain Kuzman, who kissed her in the field when she was asleep, immediately afterwards she starts talking about how her daughter-in-law and some stepchild of hers criticized her…that she lived in forbidden relations with [a priest] and took his cream without paying for it.” It should be noted that in this case as well, what connected the political occupation and the sexual experience was fear and the absence of the patient’s consent; both were acts of violence and imposition.

Finally, the theme of Communism and its threat was expanded into other areas of the Stanka's private life, as she interpreted her current condition as well as her conflicts and dissatisfaction with her family members in terms of the struggle with the Communists and the peril stemming from them: “Her husband and daughter and daughter-in-law were all in secret alliance with the Communists [again the patient].” Thus, the modified state propaganda centering on the dangerous Communist movement became here a general explanatory framework, which the Stanka used to account for her own personal experiences and circumstances unrelated to the political arena. Even more importantly – and this was typical of this sort of testimonies - Stanka’s narrative ended with a complaint about her own family, her husband in particular: she identified them as Communists, which in her system of beliefs marked them as violent, imposing, authoritarian and potentially dangerous to her own life. The political framework served very well to describe Stanka’s private affairs precisely because the wartime and the occupation had made politics so abusive and violent. Nina\(^{214}\), who was hospitalized on several occasions between 1931 and 1944, and who consistently reported physical abuse at the hands of her husband and his extended family while her psychiatrists confirmed the existence of numerous bruises on her extremities, also narrated her private history of violence in terms of political

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\(^{214}\) Ibid., F-115, file 20067
disagreements and political persecution at the hands of her own family members. When she was committed to the hospital in 1944, Nina compared herself to King Peter II: “He was expelled from his country, like I was from my house.” Initially, and up to 1938, Nina had claimed that she had been beaten and abused by various personalities because she was a “radical.” A man who was a “democrat” even threatened to kill her because of their political misunderstandings. Here again, the political content was tightly related to violence, cruelty, powerlessness and abuse; her account of politically motivated beatings was directly followed by her complaints of domestic abuse. In fact, the patient opined that she was brought to the hospital “because she had said that she was a radical, and that’s why they hate her.” She then immediately related how, in her own house, her husband and in-laws too beat and hated her. Nina's self-identification as a political radical served to account for her subjection to abuse and violence, just like her later identification with such an important political personality as the dethroned king clearly stemmed from her position of powerlessness and vulnerability. Nina's psychiatrists, on the other hand, showed remarkably little understanding for the psychological trauma that she attempted to relate, and largely dismissed her statements that her greatest enemies were the husband and the in-laws, who beat, hated her and tried to expel her from the house, reportedly because she was “barren” and had no children. The dismissiveness was not purely rhetorical: despite the bruises, she was released to the husband, at his request; at the same time, however, the psychiatrists signed a certificate testifying that the patient was no more able to fulfill her marital duties, and that, due to her condition, she could even pose danger to her husband’s life. The husband requested the certificate, as he stated, in order to ask for the church annulment of the marriage. It is unknown from the psychiatric file what then happened with the patient and whether the marriage was ever divorced.

These narrative motives were, however, indicative of a larger problem – they could be read as strategies for expressing what was socially unacceptable and exceptionally difficult to convey straightforwardly, namely a woman’s discontent with her marriage and her wish to be allowed to
leave. The political metaphors and allegories in these patients’ delusions thus constituted an indirect way for them to speak of their daily experiences of violence, abuse and disrespect in their private lives. In addition, the themes of sexuality and sexual intercourse were regularly raised in relation to violence and authoritarianism, and sex was clearly portrayed and understood by these patients as an imposition, a vicious and demeaning experience comparable to political authoritarianism and perhaps even to the occupation (especially in the case of Nina, the patient who compared herself to the exiled and deposed King Peter II). Moreover, sex was not only violent, but also pathological – a number of patients cited the socially “inadmissible” or “prohibited” erotic experiences (or desires) as sources of their mental deterioration. The relationship towards one’s sexual drives and behavior was thus deeply troubling and ambivalent, so that sexuality itself and sexual intercourse sometimes served to automatically taint the person or the concept that they were related to.

Hitler as a romantic or erotic interest

Nina’s complex case file pointed to another characteristic pattern – that of patients’ identification or insistence on close personal connections with certain important political personalities. And while Nina’s narrative was somewhat exceptional in its focus on a disempowered and weak political figure, in most other testimonies of this type Hitler was the one who emerged as the political connection of choice. Being related to Hitler thus functioned as a safety net for those women who felt particularly powerless and endangered in the current socio-political context; he was most frequently cited as a sexual or romantic partner. The case file of Keti Braun215, admitted in September 1941 and diagnosed with Paralysis progressiva (as a result of a long-term syphilitic process), contained an unusually articulate and straightforward narrative of precisely such combination of the political and erotic/romantic content. Keti, an Austrian, was a widow of a Yugoslav German merchant. Having moved to Belgrade in the aftermath of WWI, she continued to live in Yugoslavia after her husband's

215 Ibid., file 20079/5296/43
death in the 1920s, and there she saw the outbreak of WWII and the onset of the German occupation. The central theme of this patient’s narrative was her wedding with Hitler, which allegedly took place in a church in the village of Jabuka in the vicinity of Belgrade, three months prior to her hospitalization. Furthermore, Keti claimed that, in 1915 - thus, before she was married - she gave birth to Hitler's child, a girl who was now with the father himself. Keti's statements identified Hitler rather straightforwardly as the protector: very tellingly, she claimed that he appeared in front of her house shortly after the start of the German occupation of Serbia, and married her; ever since, "the voices from the airplanes" had been giving her instructions and advice as to what to do and how to behave. In addition, "one voice told [her] that Pavelic [the head of the pro-German Ustasha government in the Independent State of Croatia] would come for [her]." It was also clear from Keti's statements that she felt extremely vulnerable and under constant attack: she had many complaints about her (reportedly abusive) treatment at the hospital as well as during her earlier stay at the Observation ward, and particularly emphasized that a Jewish patient there hated her. In spite of such problems, Keti added that all the patients in the hospital were dead three months ago, but she revived them.

Quite remarkably, thus, she dated her acquisition of such supernatural skills to her alleged marriage with Hitler; therefore, she saw herself as literally and tangibly empowered by her association with the German leader. As mentioned above, her other potential savior was Ante Pavelic; in Keti's narrative, her political affiliations were straightforward enough, and they were further intensified by her identification of a *Jewish* woman as her arch-enemy. In the same vein, Keti also bragged of her supposed special connection with the German embassy in Belgrade, which she claimed supplied her with essential war-related information. Keti's understanding of her own position as one of weakness and necessitating protection or salvation could have been related to her nationality; although it might be assumed that her Austrian citizenship would have secured her a rather privileged status in Nazi-occupied Serbia, it did not seem that she enjoyed any perks while at the hospital, nor did she receive
special treatment as a result of anybody's intervention, which was understandable in light of the Third Reich's attitude towards its own psychiatric patients. Keti's statements even implied discrimination based on political or national/ethnic grounds, and it was quite possible that her association with the Germans - through her marriage to a *Volksdeutscher* as well as through her Austrian origins - worked against her in her immediate environment in the context of such a brutal occupation. In any case, whatever treatment she received outside the hospital, Keti felt herself clearly aligned with Germany, supported by Germany's allies and embattled with its enemies. Her choice of the village of Jabuka as the site for the wedding could suggest yet another layer of conflict with regard to her origins: in Jabuka there was one of several burial places of the victims of the Holocaust in Serbia, the Jewish women, children and the elderly killed in the Semlin concentration camp, as well as of many civilian victims of the German punitive expedition in the fall of 1941. It was, however, impossible to ascertain whether Keti had any knowledge of these killings and interment, or if she could relate them to Jabuka (where she said she often traveled for business-related reasons); if she did, the role of Jabuka in her narrative would be extremely important, and could indicate a degree of internal conflict caused by her awareness of the occupation brutalities and her simultaneous identification (political, ethnic, cultural) with the perpetrators. After all, in the midst of everyday executions, summary arrests and terror in Belgrade, Keti claimed that precisely Hitler had endowed her with life-awakening powers, so that she could bring the dead back to life. Finally, Keti's delusions of marriage to and sexual relations with a powerful political figure were typical of widowed or unmarried women, and they indicated an aspect of powerlessness quite independent of the immediate occupation context: Keti's weakness was most certainly also a function of her status as an unmarried female foreigner in the inter-war/wartime Serbian society.

In the psychiatric testimony of another single - unmarried - woman, Mira, Hitler - because he

216 Ibid., file 20024
clearly represented a novel order of things - held hope and potential for novel, more efficient solutions, while she related all her problems, sufferings and difficulties to those political figures and personalities who were perceived as pillars of the old, inter-war order of inequality and injustice. Mira claimed that she was persecuted, followed and poisoned, but she defined her tormentors through political references: she explained her problems and personal tragedies as well as the outbreak of the war itself as consequences of detrimental activities of the “Godless Society,” which reportedly functioned in her neighborhood. This Society was particularly intent on harassing her: “at night they tell her invective words through the wall, become aggressive, barge into her apartment throw powder on the floor in order to poison her. Wherever she goes, agents follow her.” Interestingly enough, in the patient’s narrative this Society gathered some of the most prominent political figures of the period, such as the Yugoslav Prince Paul, the English and Bulgarian kings, some of the inter-war Yugoslav politicians as well as members of the patient’s family. Although at one point in the hospital she stated that “Prince Hitler” was also a member of the association, her other references to Hitler were of a rather different kind: she threatened to “appeal to Hitler” both to take revenge on the problematic society and to protest having been brought to the hospital. As in the cases of Nina, Keti and many other female patients, therefore, Hitler functioned as the ultimate source of power, a figure that could ameliorate personal suffering as well as regulate inadmissible or deleterious political activities. Mira then re-defined her fears in terms of unusual political delusions and hallucinations, centering them around the figures of some of the most prominent politicians of the inter-war years. It was therefore telling that she referred to Hitler - a symbol of an entirely new era and order - as the one who could solve her problems. Even more interestingly, it was now the Society that got blamed for the outbreak of the war and the bombardments (as well as the Mira's sister’s apparent death), and not the German leader. Mira's case also raised the question of the meaning of paranoia in the circumstances of such a tight and brutal occupation in Serbia: although the patient’s belief that she was being followed by the
agents of the Godless Society was highly unlikely, the sense of being observed and followed by police agents must have been widespread, and the possibility of being arrested and murdered due to an unfounded denunciation certainly increased the general feeling of insecurity, fear and doubt.

*Frontline violence spilling over to the civilian life: Unruly soldiers*

The effects of such a brutal occupation and civil war in both Croatia and Serbia were pervasive and multifaceted. The line between the military and civilian spheres was long crossed, but psychiatric hospitals recorded some of the earliest expressions of the spiraling violence and its impact on those involved, especially on the collaborationist side. The Belgrade and Zagreb hospitals admitted and treated a number of policemen and soldiers who had been returned from their posts for reasons of mental instability and problems. Their files demonstrated a variety of profound psychological changes provoked by participation in anti-civilian violence, and emphasized the difficulties of relinquishing brutal frontline and military mores and manners of behavior and readjusting to a civilian setting. These were the issues which the Yugoslav postwar society needed to confront: the reintegration of former low-level collaborationist soldiers and activists had to be conducted on a large scale, but some of the difficulties in that process were truly daunting, and soldiers’ wartime files could shed light on both ideological and pragmatic aspects of such a complex problem. Furthermore, these case files also indicated that the social revolutionary potential of the war was immense: the dislocation, breakdown of discipline, the sense of enormous empowerment and of deserving a reward in return for military service, relativization of authority, unclear chains of command, and incompetent leadership in the units had an enormous impact on these soldiers’ behavior in the hospital setting. Their disobedience was frequently very disruptive and potentially dangerous, but it was primarily the very inconceivability of such disrespect for military and civilian authorities that provoked the strongest outrage on the part of psychiatrists and the hospital establishments. The problem of disobedience and widespread questioning of authority figures was to become even more pronounced among members of
the victorious Liberation Movement, but wartime psychiatric files proved that it was already very much present in the Ustasha, Homeguards and other collaborationist units.

In the context of the Vrapce hospital, it quickly became clear that the lawlessness and criminality induced and practiced by the Croatian armed formations affected the non-military sphere and the homefront to an enormous extent. This spilling over of the frontline military behavior and its extreme norms into the civilian affairs, and the inability of former soldiers to easily adapt to civilian modes of conduct, leaving behind the wartime violence, created serious tensions, especially in psychiatric wards. Petar\textsuperscript{217}, a soldier who had recently returned from the Eastern front, was clearly one of the most extreme cases: he was notorious for what was described as excessive disobedience and disrespect for the authority of all sorts – military as well as medical, violent behavior, use of weapons on the hospital premises, etc. He clearly expressed his lack of understanding of – and refusal to accept – the essential difference between the frontline and homefront rules of behavior. In response to his examiner’s question why he was shooting at the hospital, Petar said: “There was shooting on the front. God knows that everything is done on the front, people throw bombs, kill, slaughter, burn, and nothing happens. I don’t understand that.” Therefore, what Petar did not understand was that he had once been allowed – encouraged, incited even – to behave in an extremely aggressive way, and given license to solve his problems or achieve his goals by reckless and murderous means, while now that license was suddenly revoked. Petar then threatened to continue what he learnt while under arms: “If I go out of here, that one should not count on staying alive. The one who drank my blood, either I will disappear or he will. He who put me in this prison.” Petar thus insisted heavily on relating his experiences of wartime brutalization and participation in violence, but he also told the examiners about his personal tragedy, one that undoubtedly shaped some of his responses: “Further, he says that he has problems sleeping, because of the ‘dark thoughts about his parents getting slaughtered by the

\textsuperscript{217} Klinika za psihijatriju Vrapce, Archive, file 3189/44, 05/26/1944
partisans, and that he has nobody else but an aunt. If my mother were alive, I would know how to live.”

Similar to those patients diagnosed with “partisan hysteria” toward and after the war’s end, Petar expressed his utter dissatisfaction with his current position, his disappointment with what he perceived as the society’s ingratitude for his military service and achievements on the front: “He feels desperate when he thinks ‘that he left everything, and his life, at the altar of the fatherland. Then it’s hard when I remember that I am locked in like a slave after I gave everything I had for Poglavnik and the homeland.’” Petar was upset about the treatment he received after having been heavily wounded near Stalingrad – he claimed he was forgotten, unrewarded and “thrown back to Zagreb;” in his narrative, this was the source of his violent and disobedient behavior. Anton, a member of the Croatian Homeguards, made similar statements, adamantly claiming that he had been placed in a mental hospital for no reason, and – just like Petar - constantly complaining of what he saw as a disappointing treatment at the hands of civilians. Anton explained that his violent reactions were caused by his frustration with the administrative and medical procedures which he had had to undergo after being sent on leave from his unit. He left for Zagreb for a medical check-up, but then became annoyed at his treatment at the hands of the police and hospital staff. In fact, following his arrival in Zagreb on the second day of his leave, Anton apparently started consuming alcohol and was then taken to the military hospital, where he behaved violently and disobediently, which finally resulted in his hospitalization at Vrapce. In Anton’s own interpretation, he caused trouble at the Central Homeguards’ hospital because “there was disorder there,” and they teased him. The Vrapce report stated that the patient “spoke against officials,” and cited that as the immediate cause of his incarceration. The Vrapce psychiatrists defined him as an “explosive, stubborn, lightly schizoid psychopath.” When he arrived, in the summer of 1942, Anton immediately created a lot of problems

218 Ibid., file 1394/42, 06/16/1942
for the hospital’s disciplinarians: his violent reactions challenged the hospital’s routine and rules of behavior; as many other patients who were sent from the frontlines, Anton seemed to apply wartime military modes of behavior to a civilian setting, and could not or did not want to break those lines of continuity. On his very first night in the hospital, he resisted the staff’s requests to change, take a bath and stay in his room, and threatened to “slaughter like a pig” anyone who would approach him. He had several pocket knives, which were only taken away by force after a prolonged struggle with the patient. Quite interestingly, the patient directly addressed his own brutalization, but interpreted it as an inborn personality trait: “Asked again about his yesterday’s behavior, he says that it’s his temper: when he gets fired up, he can kill anybody, it’s all the same to him. ‘I have a very bad temper.’ He gets upset easily, but that feeling leaves him as easily, ‘within two to three minutes regret comes.’” His psychiatrists were surprised when Anton denied that “recently he was any more excitable than before;” the patient claimed that this characteristic had always brought him into problematic situations.

The case of Pero Bartulovic\textsuperscript{219} emphasized the specific Croatian context of brutalization, and raised the issue of the effect of direct mass murder of civilians on mental stability of the participants. According to his psychiatrist's written testimony from 1961, Pero averred in the course of one of his interviews, in a highly agitated psycho-motoric state, that he had slaughtered over five thousand people in Bosanska Krajina, when he was a member of the Ustasha military squad. This recognition could not be found anywhere in the patient's regular hospital file - although there were several notes indicating that a court investigation was opened against him, there was no indictment enclosed either, nor any details of a possible court investigation mentioned. In the 1961 statement, the psychiatrist (who did not sign his name) suggested that the "occupation authorities had started a court procedure against him for crimes committed in Bosanska Krajina," but that could not be confirmed. Finally,

\textsuperscript{219} Ibid., file 746/41, 10/16/1941
according to the psychiatrist's claim, Pero was arrested, tried and executed in 1945 for his conduct in the war.

*New challenges under the occupation*

A highly brutal occupation regime in some parts of Yugoslavia, followed by a period of instability and retaliation immediately after the departure of the German forces, had an enormous effect on the development and shaping of particular forms of psychological difficulties. The intricate and volatile political system provided a rather peculiar content to the concept of mental illness, and bred its own forms of psychiatric disorders. These were deeply conditioned by the all-pervasive political authoritarianism, the random nature of punishments and executions, and the absence of any guarantees for one’s safety and right to defense. The harshness and randomness of the occupation policies tended to breed a specific type of disorder - self-accusations and feelings of guilt, mixed with (and probably partially caused by) the terror of being arrested, punished and/or executed, as a result of a supposed breach of a rule or a convention. This was, of course, understandable, given how easily civilians could be - and were - captured and put to death, how harshly even the most trivial forms of disobedience were punished, and finally, how one could be picked up from the street or home with no reason whatsoever, as a hostage or due to a false denunciation. In addition, after 1944 the period of “revolutionary justice” of the liberating partisan army further contributed to the atmosphere of harsh reprisals and rash decision-making regarding arrests, sentences and executions. Under such circumstances, some patients’ discourses showed that the awareness of this external danger could result in a disproportionate feeling of guilt and moral self-flagellation over minor or non-existent infringements. The ideas of self-effacement and personal worthlessness could also stem from patients’ perception of their own failure to comply with the regimes’ demands for absolute obedience. In a political climate in which one’s misconduct and violation of state-imposed regulations and requirements was severely punished and easily “proven,” patients’ narratives combined clear
expressions of the fear of retribution with the general concern over their failure to adopt the promoted value system. In most cases (although there certainly were exceptions), such patients’ sense of breaking the law was internal, personal, and they usually were not suspected of any form of straying.

Belgrade hospital patient Oleg, whose concern regarding his “forced” subversive thoughts was discussed above, begged his psychiatrists to “pass sentence upon him” because he had “sinned a lot” and should be killed. In relation to his German captivity and return, the patient stated that he “did wrong to everybody, that he betrayed the fatherland.” Branko, another Belgrade hospital patient, a military medical doctor with the rank of a colonel, shared a long and detailed narrative filled with numerous self-incriminations and self-deprecations, references to his own personal worthlessness, guilt, responsibility and wish for suicide (which he actually attempted while at the hospital). Branko frequently stated that he belonged to a prison and not a hospital, and kept asking for a police clerk to execute him, or to take him to a prison ward. This patient’s self-accusations referred to the supposed flaws of his personality; he felt “something ugly in his life… I think that this is in the character… that I am a thief…. I know everything subconsciously, but I cannot be trusted that everything is the way I say it is.” Moreover, he thought of himself as a coward. Quite typically, his references to his own criminality - theft, lying, cowardice - had a very specific, concrete origin in a past violation of a legal regulation, which could be severely punished under the wartime/occupation circumstances: “I was most bothered by the fact that, during the retreat [of the Yugoslav military in April 1941] I received ten thousand [dinars] and did not report it.” Hence the insistence on being taken to the police. In his further explanations, it became clear that his central preoccupation was the possible discovery of his misdemeanor and subsequent retribution: “Now they can say that I took one hundred thousand, I would have to admit it. Whatever anyone says, I would have to admit.” This last sentence testified to the patient’s feeling of a dispersed, universal danger – the anxiety that anybody could inform on and

220 Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-110, file 19500
accuse him, which may be closely related to the atmosphere in occupied Serbia of lawlessness, fear of
denunciations and brutal retaliations. This specific apprehension over the unreported money
transformed in the patient’s discourse into a general and recurrent idea of failure, incapability,
accountability and guilt: “I realize that I need to be held accountable, and that I cannot deny whatever
is asked from me, I wasn’t able to get my act together in my life.” Furthermore, the personal
transgression evolved into a feeling of guilt and responsibility for the general failure and devastation -
of his own personality as well as beyond it: “I see that all this is done because of me…. They can see
for themselves that I’m good for nothing, that I can take it.” In a statement that the patient had given
to the psychiatrist at the clinic, he had claimed that “because of his alleged professional mistakes, and
his mistakes in life in general, everything was ruined.” Quite typically, he also declared that he felt
guilty and responsible for the “ruination” of his own family.

In a similar case, Bosko221, a member of the Croatian Domobrani (Homeguards) formation,
shared his belief in his own guilt and imminent doom, which was entirely founded on a non-existent
crime, while his descriptions of his fear of a possible retribution were all related to the state of
emergency, suspension of rights to defense and military courts. Namely, shortly after the conscription
and joining his military unit, Bosko found out that he was assigned the post of the supply officer,
which required him to occasionally be in charge of and handle the unit’s finances. According to
Bosko's own testimony, this caused him a tremendous degree of anxiety, as he was afraid of possibly
mismanaging his job as a treasurer, and frequently imagined himself having a deficit in his register.
When he was first admitted to the hospital, Bosko appeared to be terrified and stated that he was
“scared for his life, because he was accused of embezzling millions of kuna [Croat wartime currency].
He was the only one with access to the money, he received the missing money, put them in the
register, but they disappeared from there later on.” He at first kept referring to the psychiatrist as his

221 Klinika za psihijatriju Vrapce, Archive, file 2657/43, 09/14/1943
lawyer, and seemed to think that the psychiatric examination was a court procedure against him. Once Bosko’s condition and mood stabilized, it became clear from his explanations that there was no accusation nor indictment in that respect, but that his fear of being suspected of embezzlement in the army and consequently executed caused his delusions (although there did not appear to be any financial deficit in his unit). His anxiety over a possible military retribution for a potential financial crime was therefore the sole basis for what his psychiatrists defined as a reactive and psychogenic disorder.

In the case of Mila, the expressions of feelings of guilt and self-accusations were related directly to state institutions and breaches of the occupied state’s regulations, but they also clearly referred to the atmosphere of the immediate postwar period and the multiple social confusions which they brought up. Hospitalized after the liberation of Belgrade in October 1944, Mila continuously spoke of her fear of being pursued by the police, her imminent (and, in her opinion, justifiable) arrest and her conviction that she should be in a police station rather than the hospital. The fear of being incarcerated and punished intertwined in her discourse with the belief that this was what she deserved and needed to be put through. Mila stated that she was a deserter in “the government’s eyes,” and that the police “was looking for her under a male name.” She continued in the same vein, emphasizing that “there were many things she needed to be held accountable for,” that she had used to be “confused, but now she was healthy, only guilty and needed to be taken to the police, not stay at the hospital.”

Finally, immediately before her release from the hospital, the psychiatrist described her as “dejected, kneels frequently and begs for forgiveness. She repeats that she had sinned and that she needs to suffer the punishment….accuses herself.” Here the idea of a violation of the state’s law - and the consequent persecution by the police - got intertwined with the religious concepts of sin and redemption/punishment.

222 Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-113, file 20388
Mila’s core infraction, according to her own testimony, was her failure to report for the “work
duty” (this presumably referred to the regulation obliging able-bodied civilians to present themselves for physical labor in the reconstruction of the city and clearing the rubble following the liberation in the fall of 1944). To this she referred as her avoidance of the military duty, or her sin of military desertion. This was then a “male sin” – Mila’s assumption of a male crime may be related to the presence in Belgrade of the partisan military formations as well as the Red Army, both of which included unusually large numbers of female soldiers, not infrequently at rather high positions. This may have produced some ideas regarding the interchangeability of males and females, and it is also important that this interchangeability was linked in the patient’s statements to criminality and transgressiveness, which may be indicative of the revolutionary effect of the partisan army’s gender policies. Later on, however, her statements became “re-gendered” and she redefined her transgression, her “sins” became more “feminine:” “Her neighbors reproach her for her arrogance and disrespectfulness towards them, while her cousin dislikes her because she didn’t clean up the apartment and can’t prepare anything.” It is crucial to note the significance of the neighbors and her immediate surroundings in Mila’s pronouncements: these were the people who could easily denounce her to the authorities, and therefore their possible aversion became the center of her concerns. In addition, some of the more private characteristics perceived as flaws - such as the inability to cook or the failure to maintain certain standards of cleanliness at home - became transformed into public transgressions, punishable by the police and possible reasons for the neighbors’ denunciation. Finally, the sentence concocted in the patient’s own mind was most strongly gendered and included a scene of public disgrace – the form of punishment reserved for women who had had sexual relations with the occupying soldiers: “She says that people have been talking in her neighborhood that they were displeased with her and decided that they would publicly degrade and walk her through the streets… Some days ago, she had these thoughts coming to her, whether through the radio, or from the air, that she had been convicted to go
through the streets on all fours and collect rocks, as a punishment for not having worked.” Mila’s self-definition underwent a transition: from a military deserter and a woman known to the police under a male name, to a disgraced, powerless, weak woman whose politics were defined by her sexual relationships.

These patients’ forceful and at times fatal reactions to the abnormal circumstances of the war and the postwar were all defined as pathological forms of behavior; their observations of the harshness and randomness of the occupation violence were frequently extremely sharp and accurate, and as such sometimes received a rather empathetic treatment from the psychiatrists in both hospitals. Yet, their feelings of insecurity, of the likeliness of random or disproportionately brutal punishments for sins and infractions of which they were not even aware were seen as signs of mental illness and degeneration, their irrationality or psychological weaknesses. However, for a group of patients at the Vrapce hospital, the events of the fall of 1944 proved that the realities of the collaborationist Independent State of Croatia could be identical to the most nightmarish delusions of the gravely disturbed, and that the hospital itself was by no means a safe environment where those committed could at least be shielded from the wartime cruelty. In September 1944, at the very end of the war, in the midst of administrative chaos, military defeats and preparations for withdrawal, a group of the Ustasha led by Ljubo Milos, a high-ranking police functionary in Pavelic’s administration, entered the Vrapce hospital in Zagreb, arrested a group of a hundred and six Jewish and Serbian patients and initially confined them to one of the hospital wards. On October 1, about two weeks later, these patients were taken away in a police truck and no further information was revealed about their fate in their hospital files. For some of these patients, the “cause of death” rubric read: “murdered” or “murdered by the Ustasha,” and in the file of one patient, David Levi, his psychiatrist noted that he died in the Jasenovac concentration camp in 1945, although this was not further discussed in the rest

223 Klinika za psihijatriju Vrapce, Archive, file 2021/43, 02/13/1943
of the file and it was not clear where that piece of information was obtained. Ljubo Milos was arrested, tried and executed by the post-war Yugoslav authorities in 1947/1948, and a representative of the hospital interrogated him regarding the kidnapped patients, but, as postwar head of Vrapce Dr. Jozo Tadic confirmed in an official certificate attached to the dossier of David Levi\textsuperscript{224}, no further information about their fate was communicated to the hospital, short of the fact that they were executed. At the time of the incident, the psychiatrists’ notes were extremely reticent about the circumstances of the patients’ arrest and abduction: they usually briefly mentioned their transferring and confinement to the ward I-D “per the Ustasha unit’s order,” and the last line of these patients’ files explained that they were taken away in an unknown direction.

In between, the presence and behavior of Milos’s unit on the hospital grounds were never commented, while the psychiatric remarks gave an impression that the hospital staff was conducting the “business as usual” even in their treatment of the confined patients. In that regard, the case of Alexander Hirsch\textsuperscript{225}, one of Milos’s victims, was rather unique: in the final passages of his file – entered one day before the group was taken away - Alexander's psychiatrists wrote poignant, caring and deferential words about his character, willingness to work and overcome his illness, his gracious treatment of the others and his concerns about his future: “Worried about the fate of his wife…, daughter…, and his own. Melancholy and nostalgic…In the second half of his stay at the hospital, he was employed as a librarian of the patients’ and staff’s library, which he managed conscientiously, accurately and with much love. …he tried to prove himself to be a valuable and useful member of the human community. For the narrower community of the hospital, he was a useful member and was thus highly respected by all the employees.” This summary of the patient’s achievements, activities and personality traits certainly departed from the standard form of the psychiatric file notes, and it was also marked by an extraordinary writing style, referring to the patient in the past tense although his

\textsuperscript{224} Ibid., file 2012/43, Report to the District people's court of Zagreb, 12/11/1945
\textsuperscript{225} Ibid., file 1447/1942, 07/02/1942
mental and physical state was reportedly improving and employing unusually gentle and compassionate terms to describe him. These passages in fact constituted the psychiatrists’ indirect, rueful and compassionate comment on the imminent tragedy which they most likely were unable to prevent, an eulogy of sorts while the patient was still alive and in the hospital, and a tribute to the victim even before he was taken away and killed.
Chapter Five

Fascism and psychoanalysis: “Re-educating” the Communists

While Yugoslav psychiatrists struggled to find a way to discover and comprehend their patients’ inner lives and strove to fit their novel experiences in the long-time predominant biomedical model, the collaborationist authorities faced their own grave dilemmas regarding the possibility of affecting and molding the national psyche in an appropriate direction. The problem that the local collaborationists had with the public opinion (and what they termed the ‘national character’) was indeed dramatic: in addition to their own unpopularity, they faced the rise of the Communist-led resistance movement, and the feared spread of the Communist ideology, especially among the young, alarmed the right-wing and proto-fascist forces in both Serbia and Croatia to an enormous extent. Under such circumstances, their rigid, organicist conceptions of societal and individual development provided few strategies to deal with the recalcitrant population and attempt to “correct” its political blunders. In their wartime discussions regarding the nature and popular appeal of the newly formed and initially quite successful Communist resistance movement, the collaborationist authorities and intellectuals in Yugoslavia defined Communist leanings and sympathies as a form of psychiatric pathology - a mental flaw, but, given the therapeutic pessimism of traditional Central European psychiatry of the time, the Nedic regime and the Ustasha were at a loss as to how to approach the problem. If indeed psychopaths or sociopaths - whose pathology manifested itself as an attraction to the Communist ideas and rejection of the “healthy” national path – were biologically and hereditarily (for Ljotic: racially) predetermined for their illness, and this psychological degeneration dictated their flawed political and intellectual choices, then there certainly was not much hope for a society whose youth was increasingly recruited for the cause of the resistance.
Nedic and his associates – most prominently Dimitije Ljotic and the intellectuals associated with his fascistic, pro-German organization Zbor – thus searched for a more flexible ideological framework, and they did it outside the existing psychiatric institutional framework. By 1942 they had conjured up their own theory of mental pathology, trauma and psychological growth, and one that directly contradicted the dominant psychiatric school of thought (as well as the Nazi concepts of society and individual). In their attempt to combat the partisans’ popularity and enhance their own credibility as a patriotic force, Ljotic and his associates proposed to open and run a unique institution – an institute for the compulsory re-education of high-school and university students affiliated with the Communist resistance movement. In this institute, which the post-war Yugoslav authorities referred to as a concentration camp, a comprehensive educational, political and psychological machinery would be developed and operated in order to try to convince the Communist youth of its fatal mistakes and cure them of their ideological – and character – flaws.

Ljotic's and Nedic's wartime experiment in re-education then continued and radicalized the interwar debate regarding the association between political projects and the psychiatric profession. While interwar psychiatrists in Yugoslavia were well aware of the potential significance of their broader socio-political mission, and were often co-opted to participate in various national political projects aimed at improving public health and evaluating mental stability of the Yugoslav society, their political role was still largely indirect and often ambiguous. The exact form of their participation in the political arena was indeterminate; their discussions attempted to specify psychiatry's part in the process of modernizing and Europeanizing what was perceived as the Yugoslavs' often “primitive” and “backward” set of national characteristics. But the political functioning of the psychiatric profession was at best diffuse, and its effects scattered and difficult to measure; the situation was further complicated by the rigid organicism of interwar psychiatry, whose therapeutic pessimism tended to harm its broader social reformatory impulses. It was only after 1941, in the context of an
extreme national crisis and mass violence, that a political regime forged a straightforward alliance with a decidedly psychiatric viewpoint, spelling out psychiatry's aims in exclusively political terms, and that a psychiatrically oriented institution grew so tightly related with the government's political aims. The Ljotic and Nedic regime thus offered a fairly effective resolution to the long-time conundrum of interwar psychiatry; by overstepping the limitations of the profession's hereditary framework, it promoted a concept of psychotherapy that could conceivably alter the national tragedy and expurgate the baneful psychological effects of the national trauma and Communist propaganda from the national body. It was the clearest definition of the broader societal goals of psychiatry and psychotherapy to date, and the most optimistic understanding of its potential for effecting a political-national regeneration.

One of the most striking features of this governmental experiment was its alternative nature: instead of relying on the country's existing mental health institutional structure or directly co-opting those members of the psychiatric profession who may have been sympathetic to Nedic's and Ljotic's political goals, the collaborationist regime chose to fund and develop from scratch its own separate project, and organize it on principles that must have appeared outrageous to mainstream psychiatrists of the time. The national emergency obviously dictated radical measures; Serbia's wartime government decided to reject whatever the baffled psychiatric profession could have to offer in terms of healing the national soul, and mounted a risky and innovative initiative. This was at least partly understandable in light of the nearly catastrophic physical state of Yugoslav mental hospitals during the war. Although Yugoslavia's hospitals were faced with financial and logistical problems and constant shortages of staff and material throughout their existence, WWII delivered a devastating blow. By the end of 1942, general hunger and rapid deterioration of working and living conditions significantly increased patient death rates in both Serbian and Croatian hospitals, while the number of incoming patients surpassed the available number of beds several times, a situation that was only
exacerbated by the mass influx of troubled resistance fighters in 1945.\textsuperscript{226} Finally, in the fall of 1944, the Allied bombing of Belgrade hit the II male ward of the hospital, so that the hospital's premises were temporarily shut down and most of the patients and personnel transferred to a subsidiary hospital in southern Serbia.\textsuperscript{227} In such circumstances, sending a large group of political prisoners to the existing psychiatric hospitals, which were quickly reaching their breaking point, would seem purposeless and counter-productive for purely logistical reasons. However, given the Institute's program, goals and methods, additional ideological concerns certainly loomed large in its founders' minds.

The idea of re-education hardly fit in the organicist framework; furthermore, the mission of the institute was defined in decidedly behaviorist terms: although Communism was a straightforward manifestation of mental illness and pathology, it was not necessarily degenerative and was deemed fully curable under the favorable circumstances of proper education and psychological therapy. Thus, the Serbian fascists started to define the human psyche as entirely formed by environmental factors and influences; psychological trauma was central to the formation of the basic traits of character and, at least in the period of adolescence, mental illness could be successfully treated solely through a combination of proper political enlightenment, psychological manipulation and psychotherapy. In fact, when the Institute was opened in a former camp for political prisoners in Smederevska Palanka in May 1942, this was an event whose revolutionary and extraordinary character could not be overstated: the collaborationist state, led by its most extreme fascistic elements, officially embraced psychotherapy, the “talking cure” and (its own version of) Freudianism in order to deal with the problem of a disaffected population and the spread of Communism. In the process, it disregarded the biological and organicist concepts of mental illness, and also reformed the very meaning of ethnopsychiatry, de-ethnicizing the core traits of the nation’s imagined psychological character and relating them instead to ideological choices and political affiliation. Their resulting theory was

\textsuperscript{226} Dr. Branko Gostl, “Proslava 75-godisnjice Bolnice Vrapce,” Neuropsihijatrija, 2:4, 1954
\textsuperscript{227} Marko Munjiza, \textit{Istorijski Razvoj Psihijatrije}, Belgrade: Sluzbeni Glasnik, 2011, pp. 97-103
twofold: being a Communist implied a set of psychological and ethical characteristics, a full-blown mental pathology and not merely a political decision (conversely, getting ‘cured’ of the Communist malady meant overcoming certain psychological flaws and building a new character free of pathological influences). In addition, and even more importantly, Communist affiliation was not inherently damning: while virtually any psychiatric diagnosis in the late 1930s and early 1940s Yugoslavia implied a constitutional predilection and biological degeneration, the Institute for the compulsory re-education of the Communist youth in Smederevska Palanka was the first state-sponsored institution in the entire country to speak of mental illness in exclusively psychogenic and psychotherapeutic terms.

The Yugoslav socialist historiography’s treatment of this project remained true to the terms set by the characterization of the Institute in 1945 in the state indictment of its principal and chief ideologue Milovan Popovic. The post-war Yugoslav Commission for Ascertaining the Crimes of the Occupiers and Their Helpers (Komisija za utvrđivanje zlocina okupatora i njegovih pomagaca) described the Institute as a mere instrument of the Gestapo and the collaborationist Belgrade Special Police, a concentration camp whose chief aim was to eliminate, de-moralize and intimidate the “freedom-loving youth” of Yugoslavia. The indictment further ascertained that Popovic and his entourage systematically implemented a “terrorist regime” and devised and applied the most abusive police techniques of psychological terror, physical cruelty and torture by hunger and physical exhaustion.228 Yugoslav historians did not subsequently deviate from this assessment. When they addressed the issue of the Institute in Smederevska Palanka at all, they emphasized the harsh measures, beatings and punishments there, as well as the Institute’s collaboration with the Special Police and Gestapo – who sent to Smederevska Palanka those young Communist-affiliated inmates of the Gestapo prisons and the Banjica concentration camp who were considered to be “lighter”

228 Archive of Yugoslavia, Fond 110, f-810, Indictment against Milovan Popovic, p. 1
offenders and consequently “corrigible” in ideological terms. The Institute’s re-educational mission and its claim to be saving the Serbian youth’s lives by snatching them away from the claws of the German occupying authorities and giving them a new chance was, unsurprisingly, never taken seriously in the socialist historiography: the emphasis was on the police terror, threats and imprisonment, while the Institute’s educational efforts were regularly termed malevolent fascist propaganda and were thus never thoroughly analyzed.229

These authors assumed a close and unproblematic connection between the Institute and the German agencies, as well as between the Institute and the Nedic government, neglecting to consider the difficulties and fraught relationships that Popovic and Ljotic at times had with both the German representatives, and Nedic’s State Guard and local police commanders. In fact, the occupying and collaborationist authorities quickly grew suspicious of the Institute’s bizarre project of re-educating former Communist “bandits,” a project that involved releasing the Communists from prisons and sparing them the death sentences, and, most disturbingly of all, trusting them enough to re-arm and send them to join the Guard or Volunteers’ units. One of Yugoslavia’s foremost researchers of WWII collaboration, Milan Borkovic, himself noted the deficiencies of his analytical framework, and its limited ability to account for the behavior and reactions of certain inmates and their families. At the end of his article dedicated to the Institute’s character and functioning, Borkovic expressed his indignation at, and was clearly at a loss to explain, some of his archival findings: several parents’ voluntary requests to have their children admitted to the Institute, or a petition by a group of forty-four inmates whose sentences expired to have their stay in Palanka extended until “better times” arrived. For Borkovic, this was incomprehensible: given that the Institute was yet another fascist concentration camp, a ploy of the collaborationists to further the physical and mental torture of the leftist youth in occupied Serbia, it was indeed unbelievable that anyone would want, of their own free

will, to send their child to such a place, in which “the youth could encounter death so to speak at every step.” Borkovic concluded that such petitions indeed “invited further thought,” but he never made a move to try to re-define his rather one-dimensional interpretation of the Institute and its aims.

In this chapter, I will argue that the circumstances around the Institute’s foundation and the system of ideas on which it rested were significantly more complex than previously acknowledged. Although they quickly resorted to brutal punishments and a regime based on threats and fear, the Institute’s leadership and ideologues developed a complicated and quite revolutionary theory of mental illness and therapy, and attempted to implement a comprehensive and challenging program of ideological and political re-education (along pro-fascistic lines). This program and the entire re-educational mission were not a mere rhetorical trick, a propagandistic ploy meant to conceal Ljotic’s followers’ psychological warfare - manipulation, psychological terror and brain-washing - against the Communist youth. Rather, the Institute’s program, theoretical framework and ideological postulates should be analyzed in their own right, as they could be very telling of the nature and evolution of the collaborationist regime in Serbia as well as of a host of new, revolutionary ideas regarding the nature and sources of mental health and illness and forms of therapy.

_Ideological and institutional background_

Dimitrije Ljotic, Serbian lawyer, pre-war politician and founder of the inter-war pro-fascistic organization Yugoslav Nationalist Movement (Union), was the chief driving force behind establishing the Institute at Smederevska Palanka and devising its program and aims. From the very beginning of the occupation, Ljotic served as one of the most important men in the collaborationist setting in Serbia: he immediately founded the Serbian Volunteers’ Corps (SDK) which were integrated in the Wehrmacht and involved in pacification missions throughout the war years; members of Zbor joined the collaborationist cabinet of Milan Nedic in August 1941, while Ljotic himself became a Commissar.

for the Rebuilding of the City of Smederevo, his hometown. Ljotic’s actual political influence extended well beyond what his official title suggested. Extremely well connected in the German circles, Ljotic had a privileged access to the German military and occupation authorities in Serbia: he nominated Milan Nedic as the collaborationist Prime Minister and, although he never formally joined Nedic’s government, maintained significant influence over its decision-making and plans throughout the war years.  

Ljotic and Nedic invested enormous efforts in presenting themselves as collaborators out of pragmatic rather than ideological reasons: in the context of the extremely brutal German anti-civilian retaliatory measures, the wartime cabinet spoke of their acceptance of cooperation with the occupying forces as an act of sacrifice by a group of highly moral and responsible people, who acquiesced in having their reputation tainted in order to try and mollify the Third Reich’s officers and save the Serbian nation from biological extinction. The primary goal, then, was to work on eliminating the growing Communist resistance movement, whose attacks and diversions provoked the Germans’ hostage-taking and punitive expeditions. Ljotic’s and Nedic’s military forces regularly took part in the Wehrmacht’s anti-Communist operations, but Ljotic – who saw himself as the ideologue of “New Serbia” – had larger ambitions: with his associates from Zbor as well as from the Nedic cabinet, he embarked on an ideological campaign to persuade the population at large to withdraw its support from the partisans. In addition, through a series of activities, speeches, plans and decisions, Ljotic and the Nedic government devised grand strategies for re-educating all Serbian students and school-children, and for creating a new youth, fully dedicated to the “national service” and “cleansed” of all the a-national, deleterious elements. 

This re-educational aim clearly contradicted the official statements that the Serbian


collaborationist regime was not ideologically affiliated with the German occupation forces. In fact, Nedic’s Ministry of Education and Ljotic and the intellectuals from the pre-war Zbor worked on a comprehensive program for revamping the Serbian society and the educational system in order to prepare the country and its youth for becoming “constructive members” of Hitler’s New Europe. The educational and overall cultural reform was a combination of racist precepts, corporatism and an idealization of the patriarchal peasant society and longing to return to it. Anti-Semitism and anti-Communism were integral parts of the new ideological and educational framework: the ranks of school teachers and university faculty were “purged” of the “nationally incorrect” elements – Jews and other non-Serbs, but also leftists and anti-fascists – while the Ministry of Education “completed a ‘selection’ of the youth for the ‘future national leadership’ by giving diplomas only to ‘morally’ qualified students, ordered surveillance over students at school and outside of it (at home, in the streets), and the teachers’ duty was to ‘observe’ their students and pass judgment on their ‘moral value,’ where the term ‘moral’ clearly had an ideological-political meaning.”

According to historian Olivera Milosavljevic, during the occupation, Nedic’s Ministry of Education was preoccupied with various forms of psychological studies of high school and university students, and it directed teacher councils in each school to divide students in three categories: the “nationally unreliable (punishment: ‘eviction from school’), the labile (punishment: ‘to be kept under surveillance’) and the reliable and correct (‘healthy elements for completing school tasks”).”

In addition, the Nedic government demanded that only the “physically, intellectually and ethically chosen children” be allowed into the school system, and ordered schools to expel physically impaired students. Furthermore, the Ministry of Education proclaimed its aim to prevent “people with no character” and “scum” from attending high-schools and universities. Among the Ministry’s “200 big Serbian tasks” published as late as

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233 Olivera Milosavljevic, Potisnuta Istina, Helsinski odbor za ljudska prava u Srbiji: Belgrade, 2006, p. 37; on Nedic’s educational reform and its results, see Milan Borkovic, Kontrarevolucija u Srbiji 1941-1944, knj. 2, pp. 72-94, as well as Stefanovic, pp. 211-222
234 Olivera Milosavljevic, Potisnuta Istina, p. 38
1943, one could find Nazi-inspired racist items such as the “ordering the Serbian Lebensraum,”
“protection of the Serbian blood,” foundation of the “Center for the research of ethnic types of the
Serbian population,” completing a “racial map” of the Serbian areas.\footnote{ibid., p.36}

All these different projects and ideas combined into a rather deterministic and organicist,
biological intellectual framework within which the Serbian collaborationists hoped to fulfill their own
purpose in revolutionizing the society and inserting it when the time was right into a new Hitlerian
European (and world) order. Their activities in the sphere of education certainly fit in the general
picture: organs of the Nedic government took active part in rounding up and detaining the local
Jewish population, and in following, arresting, torturing and executing thousands of Communist
activists and sympathizers, most notoriously in the Belgrade concentration camp Banjica. From
Nedic’s frequent statements regarding the evil that Communism supposedly brought on the Serbian
people, one could easily conclude that Communists were irrevocably, eternally excluded from the
community of the Serbian nation and could not possibly be welcomed back to the auspices of the
nationally reliable; Nedic called them “criminal elements,” “Eastern barbarians,” “social scum,”
“abjects poisoned with foreign money,” “hordes,” carriers of an “evil thought bred in the satanic
Jewish mind,” and “psychopathological monsters.” Those Serbs who joined the movement were
regularly referred to as traitors but also as “degenerate specimens,” who infested their surroundings
with viruses of a “horrible Asiatic disease.”\footnote{ibid., p.29; Milan Borkovic, \textit{Kvislinska uprava u Srbiji, 1944-1944}, knj. 1, Belgrade: Sloboda, 1979, pp. 121-150; Borkovic argues that the anti-Communist military struggle was the central goal of the Nedic government and its armed formations, and aggressive anti-Communism certainly constituted a core element of the government's ideological pronouncements. According to Borkovic, all cabinet transformations throughout the occupation years aimed at making the government more efficient in aiding the Germans eradicate the Communist resistance movement in Serbia (p. 146). In one of his many exhortations to the “Serbian people,” published in Belgrade weekly \textit{Ponedeljak}, Nedic called for popular violence against Communists and urged Serbian peasants to sacrifice themselves in order to eliminate Communism: “rise up, defend your homes from Communist plunderers, bandits and renegades from God and the authorities, family and society, church and religion. Know that this is a sacred struggle for defending Serbia and Serbiandom. With or without weapons, strike and slay the red bandits whenever you catch them, because that is the only way to salvation. Even if you fall in the course of that struggle, you will save your home and your children, the Serbian nation.” \textit{(Ponedeljak}, October 13, 1941); see also: Milan Nedic, \textit{Život, govori, saslušanja}, Belgrade: A. Cvijić and M. Vasović, 1991 pp. 76-82, and Stanislav Krakov,
As the occupation and war went on and the credibility and popular appeal of Ljotic’s and Nedic’s institutions inevitably wore off, however, the collaborationists’ responses to the Communist resistance were to develop in some rather unexpected directions. From the very beginning, Ljotic and his ideological companions were obsessed with the supposedly predominantly anti-national, leftist leanings of the Serbian high school and university youth; hence the enormous energies invested until the very end of the war in the grand project of “revolutionizing” the school curricula and staff. But faced with students’ boycotts of the new schools and university seminars, and with their own failure to recruit any significant number of young people into the civilian and military organizations of the collaborationist regime, Ljotic and Nedic got involved in a peculiar project which softened the criteria for the “nationally reliable” youth and moved away from the rigid biological definitions of friends and enemies. Indeed, if all those opposed to the government’s activities and raison d’etre were to be written off as incorrigible degenerates, the leaders and ideologues of “New Serbia” would likely be left without a large (and growing) section of the population whom they considered the pillar of the new order in the country. In order to boost their own credentials, as well as to attempt to weaken the support that the Communist Party enjoyed among young people especially in the urban areas, Ljotic collaborated with Nedic’s Ministry of Education to broaden the educational reform plan and institute a center for transforming the youth “seduced” by the left-wing ideas and re-educating them in a nationalist, pro-fascistic spirit.

According to a close friend of Ljotic’s, the immediate cause which gave rise to this idea was an incident in the Banjica camp in the spring of 1942, when the Germans allegedly took away around seven hundred prisoners – former partisans – under the age of twenty-five and transported them to Norway as forced laborers. Indignant, Ljotic responded: “We need to do something to prevent such situations in the future. If those young people only knew what consequences Communism has for our

General Milan Nedic, Munich: Iskra, 1963, pp. 251-254
people, none of them would ever support it. We need to establish a school in which it will be explained to them what Communism is.” This was all put in the context of the broader rhetorical aims of the collaborationist government – saving the population from the Germans’ revenge: by creating such an anti-Communist school, Ljotic proposed to try and “save the youth from the occupiers’ hands.” It took over four months of negotiations and Ljotic’s heavy intercessions with the German military authorities to get the permission to establish a center of this sort in a former camp for political prisoners and later prisoners of war in the town of Smederevska Palanka in central Serbia – on the condition that the Germans would closely monitor the activities, programs and publications of the Institute. And in this way, the pro-fascistic and violently anti-Communist collaborationist government took on itself the responsibility to persuade its most acrimonious enemies that Nedic and Ljotic were in fact their closest friends and that the “Asiatic disease” from which they had been suffering did not necessarily prevent them from becoming Hitler’s loyal Serbs.

The Institute and its discontents

The Institute at Smederevska Palanka functioned between September 1942 and the fall of 1944, and over 1200 inmates, male and female, went through its premises in the course of those two years. Under the auspices of the Ministry of Education and its Minister Velibor Jonic, it was staffed almost exclusively by members of Ljotic’s Zbor who became teachers and pedagogues, while nominally Nedic’s Serbian State Guard provided security. Its principal, Milovan Popovic, was a doctoral candidate at the Faculty of Humanities of the Belgrade University, with an interest in psychology, and he collaborated with a number of psychologists from Belgrade as he defined the Institute’s mission and developed details of its activities, program and lectures. However, Popovic’s main credential for the post of the headmaster was his pre-war stint as the president of the Anti-Communist League in


238 Ibid.
Belgrade, a political organization which collaborated closely with the Anti-Communist section of the Belgrade Police. With the onset of the occupation, the staff of this section was then recruited to work for the new collaborationist Special Police, supervised by the Gestapo and chiefly concerned with persecuting the regime’ political opponents – the Communists. Popovic’s connections with the leading functionaries of the Belgrade Special Police proved crucial several times in the course of the occupation when the Institute’s existence was under threat from the German authorities. As if per Freud’s advice, there were no psychiatrists or medical doctors involved in this peculiar experiment.

Freud figured prominently in other spheres of the project as well. In his letter to Dimitrije Ljotic in November 1942, Popovic attempted to summarize his experiences with the first group of inmates sent for “re-education” from the Gestapo-run Banjica concentration camp in Belgrade, and to respond to criticisms that the Institute’s treatment of Communist activists and sympathizers was overly mild and compassionate. Popovic seemed to believe that his educational philosophy was centrally informed by the theory and practice of psychoanalysis. In a statement that revealed a phenomenal misunderstanding of Freud’s take on the concept of transference, Popovic explained: “…it is necessary to establish between us and them a relationship full of closeness and trust. Freud could only use psychoanalysis to treat the ill if he succeeded to develop in his patients true love, of sexual nature, towards himself. Only then did they open their souls to him and he could see their wounds. We must observe similar rules. The children must first believe in us, that we will defend and protect them like the closest of kin, and only then can they reveal their souls to us.”

In other words, Popovic protested against the brutal treatment at the hands of the police of young political prisoners before they were sent to the Institute, claiming that such violent and

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239 Stefanovic, pp. 200-211; Archive of Yugoslavia, fond 110, f-801, Podaci o zločinima okupatora i njihovih pomagaca – Milovan Popovic (indictment against Milovan Popovic), pp. 1-4; on the nature and internal structure of the Special Police, as well as its relationship to the Gestapo, see Branislav Bozovic, Specijalna Policija u Beogradu, 1941-1944, Belgrade: Srpska Skolska Knjiga, 2003
240 Archive of Serbia, Zavod u Smederevskoj Palanci, 3/3-1, 50, p. 1
heartless approach could only exacerbate the general situation and the ideological delusions of the offenders. Popovic believed that the potential for re-education could only be properly assessed and tapped if the relationship with the inmates was one of love and confidence rather than violence; for the pedagogical staff of the Institute, Popovic imagined the role of parents and brothers and sisters, “because at this moment, for our inmates, we represent the Fatherland, history and the Serbian future all together.” Popovic reminded that most of the inmates had still remained silent in the face of police beatings and torture, and that therefore the Institute staff would not apply the same measures; “that ice could be melted solely with the help of enormous love, and we are offering it, destroying ourselves, but already today we can see how they grow from our strength.”

Interestingly, his concerns here resembled those of many psychiatrists at the two psychiatric hospitals in Belgrade and Zagreb: accessing the inmates’ interiority, their “souls,” “penetrating” their minds to see “what sorts of things have been piled up there” in order to be able to heal their wounds or correct their illusions and mistakes. In Popovic’s case, however, the core purpose of psychological investigation and rumination was to understand what mechanisms to use to influence the desired political and ideological change of heart. In other words, understanding the intellectual and moral “essence” of the inmates was ultimately in the service of psychological manipulation and ideological molding according to the needs and wishes of the current political regime. The Institute’s teachers and pedagogues were about to face the same sort of frustration encountered by Yugoslavia's hospital psychiatrists: the inaccessibility of many of the inmates’ “souls” and psyches, the impenetrability of some prisoners’ system of values and beliefs compromised the entire project, a mission which Popovic defined in such grandiose terms.

Quite expectedly, throughout the Institute’s existence, Popovic was forced to defend his re-educational approach and to justify his and his staff’s decision not to assume the role of police

241 Ibid., p.3
investigators in their communication with the inmates. As was clear from Popovic’s copious correspondence with the Ministry of Education as well as with Milan Nedic himself, the office of the Prime Minister became inundated with complaints of the local police organizations’ chiefs and employees, who grew increasingly suspicious of the Institute’s plan to instruct those inmates deemed “re-educated” to join the State Guard or the Volunteers. The idea that former partisans or illegal Communist workers – Communist Party members - would be allowed to take up arms again and enter the ranks of Ljotic’s and Nedic’s “patriotic” formations certainly scared and appalled many lower-ranking members of the collaborationist police. And this was hardly surprising: the leap that the regime made when it granted the approval for establishing the Institute founded on Popovic’s interpretation of Freud was indeed enormous. Popovic’s opponents among the local police officers (as well as some of the State Guards) found it difficult to understand Ljotic’s and the Institute staff’s confidence in the former Communists’ honesty and reliability. For those who took to heart Nedic’s rhetoric about Communism as the ultimate evil and its local adherents as degenerate servants of the Satan, Popovic’s project must have sounded surreal and utterly unacceptable: the worst enemies of the Serbian nation were given food and shelter and education, were treated as convalescents and allowed visits and leaves, and were in the end released and encouraged to become members of the “New Serbian” military and police units. After the chief of the city police of the town of Cacak sent a letter to Nedic in which he accused Popovic of mindless and careless recruitment of suspicious former inmates for the ranks of the Volunteers and the State Guards, the Prime Minister himself concluded that this was a “serious and delicate matter,” and needed to be “reconsidered.”

In response to Nedic’s impatient inquiry, Popovic attempted to convince the government that, for the former Communists, fighting under arms against the partisans would be a crucial step in the process of re-education: in addition to testing the actual limits of their political conversion, the former inmates’

242 Military Archive Serbia, Nediceva arhiva, k.50, 11/7
accession to these military formations would play an enormous role in constituting their new identity – in opposition to their past leftist one.\footnote{Ibid.} For Popovic, thus, the battlefield experience, especially when deployed against the Communist-led resistance, would mark a rebirth of these people as Serbian patriots, and was the best way to complete their stay at the Institute.

In November 1943, Popovic complained that the police authorities of Belgrade did not “grant permissions for inmates to be released to home care when their condition was such that they could no longer be taken care of by the Institute’s ambulance… If we accept the authorities’ opinion, then for some ill inmates, their stay at the Institute would not mean salvation but destruction of their lives.”\footnote{quoted in Borkovic, p.107} Clearly, even the Belgrade Special Police – whose Anti-Communist section had been deeply involved in Ljotic’s project from the very beginning - had difficulties fully accepting the Institute’s character and Popovic’s refusal to operate it as a typical prison or concentration camp. In almost all of his correspondence with Nedic and Ljotic, as well as in his publications and speeches, and the internal Institute reports, Popovic maintained a decidedly defensive tone regarding his pedagogy and the Institute’s version of the fight against Communism. Even when explaining why he needed to resort to more violent measures towards certain particularly recalcitrant inmates, Popovic felt a need to justify his decision to deal with them in the context of the Institute rather than send them back to Banjica: “We are convinced that this is the youth of Serbia and that they had been mishandled; that they had been exposed to the influences to which they should not have been exposed and that we can still correct their mistaken notions and set them on the right path.”\footnote{letter to Ljotic, quoted in Milos Krstic, Nepokorena mladost: Koncentracioni logor u Smederevskoj Palanci, 1942-1944, Belgrade: Vuk Karadzic, 1981, p.13}

In fact, the most important problem that emerged regarding the Institute’s activities and philosophy was related to releasing the “cured” inmates after their sentences expired and treating them...
as innocent civilians thereafter. As soon as the first mass escape attempt was discovered at the Institute in May 1943, the Ministry of Education received a note from the commander in chief of the German Feldkommandantur in Belgrade, who concluded that “the camp for the compulsory re-education in Smederevska Palanka [was] not been properly organized to achieve its aim.”

The German commander then demanded that the Institute be re-modeled in such a way as to resemble more closely the other concentration camps established in the country – with a harsher discipline regime, and from which inmates could be taken away to be employed at public works and constructions sites, or as hostages to be executed. The Germans’ forceful intervention at the very beginning of the experiment disconcerted the regime, and had a particularly negative effect on Nedic, who had always been hesitant regarding the Institute’s, establishment, character and aims. The summer and fall of 1943 therefore saw a tense and vigorous discussion about the future of the project, which centered around the issue of the inmates’ status following their release. As the Germans complained, it was highly likely that many of the “re-educated” would easily go back to their old ways if they were not properly supervised. Nedic remained reserved and undecided, and, although he allowed himself to be persuaded that the Institute needed to be protected from attacks and maintained in its current form, warned his close associate, Minister of Education Velibor Jonic, that nobody “could give us guarantees that after all this effort and success they would not give in again after they were freed from the Institute.”

For that reason, Nedic established a commission which was to investigate the methods applied by the Institute’s staff and their short- and long-term achievements, as well as to tackle the problem of control over the released inmates. Since the commission was under the supervision of the Ministry of Education and the Special Police’s Anti-Communist Section – which were the immediate organizers of the re-educational center – the decision was expectedly taken

246 Military Archive Serbia, Nediceva arhiva, k. 34-A, 39/I

247 quoted in Krstic, p. 159
to preserve the Institute as it was and under Popovic’s leadership, but to make it mandatory for all male inmates upon being released to spend several additional months in the National Service, where they would be closely supervised and exposed to some further “re-educational” classes. In addition, both Popovic and his wife made a particular effort to remain in contact with the released inmates, thereby keeping track of their whereabouts and behavior.\textsuperscript{248}

At about the same time, in September 1943, there were similar doubtful voices coming from inside the Special Police itself, which warned that it was often impossible to verify whether inmates underwent a true political change of heart or they only pretended and told their teachers what the latter wanted to hear, in order to be let free sooner. Some experienced policemen from the Anti-Communist Section, who had proved their political and professional credentials through years of brutal persecution of suspected Communists well before the onset of the occupation, advised the Ministry of Education to be extremely cautious when granting permissions for release, since “it is a fact that probably many inmates lay low in a political sense while they were at the Institute, in order to gain the Institute staff’s trust and get recommended for release. Cornered as they were to remain outside any political activity, this does not mean that they will remain so after they leave…”\textsuperscript{249} As a result, there ensued dynamic negotiations over the following several months regarding Popovic’s plans to release the first group of inmates in 1943, and in particular regarding the terms of these inmates’ freedom.

The German authorities remained suspicious until the very end. After a failed partisan attack on the Institute in June 1943, when two Germans and several Serbian State guards were killed, the German Ort Kommandantur reportedly threatened Popovic that all the inmates would be taken out and executed, especially because the German commander had apparently been informed that some inmates celebrated the death of the Germans. Popovic and Ljotic protested energetically, and after the

\textsuperscript{248} Krstić, p. 157-158

\textsuperscript{249} City Archive Belgrade, Special Police files, 1516/24
German commander visited the Institute’s premises, a truce of sorts was concluded but Popovic had to take personal responsibility for the inmates’ future behavior. The Institute’s report from June 1943 concluded, though, that “regarding the attitude of the Ortskommandantur in the future, nothing can be said with certainty.”

“Zavodski List”

In addition to this dramatic conflict, Popovic was frequently forced to negotiate various demands of the German authorities. With Ljotic’s help, he managed to refuse their request to have the inmates employed as forced laborers at public works sites, but he could not do much against the German censorship of the Institute’s newspaper, Zavodski List, edited by the inmates. Popovic planned to have this publication distributed outside the Institute, especially to high-school and university students, and therefore framed it as yet another expression of the Nedic government’s educational reform, the Institute’s original contribution to the raising of new generations ready to be employed in the service of building New Serbia in New Europe. For that reason, in ideological terms Zavodski List never directly related itself to either Germany or National Socialism; politically, it chiefly focused on Serbia’s internal situation, the patriotism of its wartime leaders, and on reinterpreting the Serbian past in order to demonstrate a continuity between its heroic historical figures on the one hand, and Nedic’s and Ljotic’s project on the other. It aimed to draw contours of the new Serbia to be born after the end of the war. But even more importantly, Zavodski List was supposed to be a project entirely run by the inmates, and to involve as many writers, contributors and editors from the ranks of former enemies of the Nedic state as possible.

This was another reason why it could not be overtly fascistic or even excessively ideological; it included lengthy sections on art, literary criticism and book reviews, essays in philosophy and psychology which were at times only tangentially or indirectly related to the Institute’s project or the

250 Archive of Serbia, Zavod u Smederevskoj Palanci, 553-1, 50
context of the occupation. In addition, the inmates were encouraged to publish their original artwork, mainly poems and short fictional stories. In the course of creating and developing the Institute’s newspaper, very many inmates did indeed collaborate in its preparation and contribute their work at least occasionally; this did not mean, however, that all of them were automatically “re-educated.” In fact, neither the Institute staff nor they themselves necessarily considered that collaboration to be a sign of their siding with Popovic’s political project and rejection of their leftist views. Instead, the inmates’ participation shaped the character of the newspaper to a significant extent, and apparently at times blunted the sharpness of its intended ideological message. Although every issue had to get an approval of the teacher in charge of supervising the newspaper, Zavodski List inevitably reflected this internal process of negotiation of the Institute’s mission and values. These negotiations were, however, not met with much understanding outside. According to former inmate Milos Krstic, the German military censors from the nearby town of Mladenovac, who needed to approve every issue of Zavodski List before it was published, protested that the newspaper dedicated too little space to writing about National Socialism, Germany, Hitler and his close associates, and elaborated in too much detail on various uncertain plans for a future Serbia. Krstic also testified that, due to this “sudden conflict,” the publication of the newspaper was temporarily halted. Furthermore, some articles were banned: at German insistence, the editors were forced to take out “a confession of a former Communist,” written by a “re-educated” inmate, a formerly active member of the Communist Party and an intellectual, because, in the censors’ opinion, it “did not state strong enough arguments against Communism and the new nationalist doctrines were not mentioned.”

Therapeutic fascism

At least initially, however, this external hostility did not seem to greatly affect Popovic’s pedagogy, and did not shake his view that a psychoanalytic approach would achieve the best results.

251 Krstic, pp.138-139
The early reports sent from the Institute to the Ministry of Education elaborated on the problem of devising a strategy for making the inmates’ innermost thoughts, desires and dilemmas accessible. One of the monthly reports warned that, unless the pedagogues’ approach was sensitive and extremely gradual, “each thoughtless move could ruin months and months of careful dedication and the inmates could consequently close down and nobody could get anything from them anymore.”

The language of the report and the warning itself again resembled the psychiatric descriptions of schizophrenic patients, whose “interiority” – blocked, closed off, unreachable – could occasionally be glimpsed in the course of therapy but then receded, while the patients continued functioning like automatons and defied all psychiatrists’ attempts at communication. The Communists’ interiority was thus equally complex and sensitive, and while the hospital psychiatrists proposed very little in terms of alternative strategies for treating inaccessible patients and experimented with psychotherapy extremely sporadically, Popovic argued that his ostensibly Freudian approach – full of warmth and compassion – had to be applied consistently, while violence, punishment and harshness were likely to result in complete failure and the inability to cure.

In fact, Popovic’s frequent epistolary discussions with the numerous opponents of his concept of re-education could be read in a psychiatric code, in which case they constituted a critique of sorts of the dominant psychiatric hospital treatment of mental patients. Although Popovic never mentioned psychiatry itself, his protest against police brutality and a purely punitive approach to those whom he considered mentally ill offered a conceptual alternative in the sphere of therapy: he criticized the authorities’ generally contemptuous treatment of the inmates outside the Institute, which closely resembled the social milieu's prejudicial attitude towards psychiatric patients at the time, and his call for establishing a more humane and even egalitarian relationship with the inmates/patients in order to achieve therapeutic success was certainly rather applicable in the psychiatric hospital setting. Most

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252 Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 1-18, f. 2, k. 155, p. 34
importantly, Popovic objected to the tendency to write off those considered to be suffering from mental or social (or political-ideological) pathology – as we saw, many hospital psychiatrists often expressed their frustration with the psychiatric profession's seeming impossibility to overcome the practice of giving up on patients’ improvement, and searched for ways to advance the hospital’s role beyond the merely custodial or punitive one, and to engage more closely with their patients’ psychological tribulations. In that sense, the police treatment, to which Popovic vehemently objected, was similar to the general psychiatric one, while Popovic’s Institute claimed to create a setting radically different, and in opposition to the then prevailing notions of mental illness and therapy.

According to the Institute’s Program, signed by the Minister of Education himself, the saving and healing of the inmates was to be achieved through the “establishment of a regime as bearable as possible; a friendly attitude of the pedagogues towards the inmates; the establishment of a close individual and group relationship with the inmates for the purpose of earning their trust, getting to know them better, developing positive traits and encouraging independent critical thinking in them.”

Popovic and his associates understood Communism, Communist sympathies and affiliations in clearly medical terms, as symptoms of an identifiable illness: the language that they used to describe their tasks with regard to the inmates’ condition and future was replete with medical terms such as diagnosis, cure, contagion, disease. While giving a speech at one of the Institute’s annual celebrations, the Minister of Education even went so far as to say that the inmates themselves could not be blamed for their former political activity, just as regular medical patients bore no responsibility for suffering their illnesses. Popovic worried about properly diagnosing the inmates, in particular the more serious and complicated cases. A team of Belgrade University psychologists visited the Institute in order to test the inmates’ intelligence as well as to test them for “pathological traits, of their character and

253 Archive of Yugoslavia, Zemaljska komisija za utvrđivanje ratnih zločina 1943-1944, F-32, “Plan i program rada,” 887, p.1
temperament.” At the same time, however, the very discourse of the organizers and employees of the Institute betrayed a degree of confusion, uncertainty and internal contradiction with regard to the sources and treatment of the Communist “delusion:” while it was officially and repeatedly referred to as a disease, a form of scientifically ascertained mental pathology, at times it was also a sin, an indication of reckless behavior, selfishness, ethical worthlessness, the absence of the core moral values. This vacillation between psychiatric understanding and moral condemnation would become increasingly important over time, especially as the Institute’s leadership grew to realize the inefficiency and limited success of their re-educational goals. Still, the medical jargon defined the Institute’s mission in the course of the first year or so, and the conceptualization of Communism as a mental disease rested on a set of assumptions regarding its causes, circumstances for development and treatability.

In their theory of the human psyche and development, the Institute’s pedagogues and Popovic had no use for biological models and concepts such as hereditary or constitutional predetermination and impairment. Quite astonishingly given that these were mostly members of Ljotic’s proto-fascistic movement, they defined even the most serious cases of psychological pathology as redeemable through psychotherapy (and educational and work therapy) and as results of a set of particularly dire and malicious environmental circumstances. They emphasized the centrality of trauma and, having equated the functioning and structure of a society with those of an individual, argued that the Serbian national tragedy of defeat and occupation affected young individuals in unforeseeable ways, making them sensitive to ideological and political wandering. In that context, the Communist pathology naturally ensued from the enormous psychological shock, humiliation and despair of the Serbian wartime situation, and it was corrigible if the effects of the broader social catastrophe were eliminated or at least palliated.

254 Archive of Serbia, Zavod u Smederevskoj Palanci, 37/5-1, 50
On the other hand, though, the Institute’s philosophy certainly clashed with the rigid attitude of rejection that both the Nedic government and the Ljotic formations constantly manifested towards the partisans and their sympathizers in Serbia. The government was particularly keen on reporting suspected Communist activists or aides to the German authorities and collaborated rather enthusiastically in arresting and executing them. Furthermore, the Belgrade Special Police ran its own section of the Banjica concentration camp, where political prisoners were maltreated, tortured and executed at whim.\(^5\) In the post-war trial file of the high-ranking Zbor functionary and University Professor Milosav Vasiljevic, the indictment cited a note sent by the intelligence service of Ljotic’s Volunteers’ Corps, which complained about the Special Police’s lax treatment of the persons known to the Volunteers as “active Marxists” residing in Belgrade – despite the fact that the Volunteers’ intelligence regularly submitted reports with their names.\(^6\) At the same time, Vasiljevic was one of the most active and dedicated collaborators in creating the Institute’s program and defining its mission; he visited regularly and gave a number of speeches and lectures, while his books and textbooks were assigned to the inmates. The contradiction was indeed glaring: in the actions and writings of the Volunteers and the government itself, the sin of Communism was unforgivable and Communists were not even considered human, let alone redeemable. Some of the same people who exerted their utmost energies to make sure that suspected Marxists were brutally dealt with by the German occupation forces, however, spent considerable amounts of time at and around the Institute looking for strategies to “cure” Communism now arbitrarily defined as a form of mental pathology to which the young were particularly susceptible. Even more surprising was their belief in the psychogenic character of mental pathology as such, especially if one keeps in mind Ljotic’s and Nedic’s heavily organicist and racist conception of the human mind and society.


\(^6\) Archive of Yugoslavia, Fond 110, f-801, p. 13
However, this embrace of psychoanalysis and psychotherapy by a group of people ideologically close to fascism and National Socialism was not unprecedented: in his study of the professionalization of psychotherapy in the Third Reich, Geoffrey Cocks revealed that psychoanalysis and psychotherapy were not proscribed under the Nazi regime and in fact grew to acquire a significant position within the state, under the protection of Matthias Heinrich Goring at the Goring Institute in Berlin. Purged of its Jewish practitioners and physicians, the Goring Institute and its philosophy and treatment of mental illness provided a useful “alternative to the politics of imprisonment, castration and extermination carried out by psychiatrists, the SS, and the military.”

In other words, even in the Third Reich, the rigid approach of traditional psychiatry – focused on heredity, degeneration, incarceration and eventually execution – had its limitations, and certainly left very few options open once mental illness was diagnosed, especially in those patients considered, or expected, to be “racially sound.” On the other hand, German psychoanalysts proposed to see and treat certain disorders as caused by environmental factors and therefore “curable,” and this proved to be rather welcome when it was applied to the community of Volksgenossen: as Cocks argues in his discussion of the cases of SS officers suspected to have homosexual proclivities, it was “ideologically… tempting to try and demonstrate that such individuals were not ‘real’ homosexuals” or degenerate psychopaths “in the racial and biological sense,” and that their “deviations” and breakdowns could sometimes be explained in a more flexible medical framework.

In a somewhat comparable situation, the ideologues and employees of the Institute at Smederevska Palanka adopted the Freudian ideas about “curability” and the environmental, psychological character of mental pathology because, among other reasons, it provided an opportunity


258 Ibid., p. 296
for a more constructive and open-ended solution to the problem of the regime’s unpopularity and the spread of Communism. Instead of incarcerating and executing all who opposed collaboration, Popovic’s Institute tried to demonstrate that not all young “psychopaths” needed to be killed off, and some could be helped out of their illness. This was indeed important: for the regime whose popular support was meager, the possibility offered by the psychoanalytic approach that at least some of the very numerous opponents could be “saved” and “re-educated” to side with Nedic and Ljotic must have been meaningful.

_The concept of national trauma and its psychiatric implications_

Popovic argued that the inmates should not be held “guilty for their [treasonous] behavior at a time when many adults failed as well,” and that they “succumbed to the malicious propaganda” at a “crazy time.” The message, repeated in the Institute’s publications time and again, was that the intensity of the national and social catastrophe was such that psychological repercussions were almost inevitable and thus understandable. Echoing the Education Minister’s earlier statement, Popovic claimed in a speech at the Institute’s first anniversary celebration that “they were not responsible for their misfortunes. Their fathers’ sins and delusions manifested themselves in the deeds of these children.”

In other words, the general circumstances which the former social elites brought upon the country were to be considered responsible for the inmates’ political offenses, and not any internal individual leanings and predispositions. In a letter to Ljotic, Popovic cited several examples from which the reader was to conclude that, in a majority of cases, the inmates’ attachment to Communism was not particularly deep or strong, but rather a result of a war-related personal and family trauma. One young woman at the Institute reportedly joined the partisans after her father had been killed in the Germans’ punitive expedition, and she and her brother had found themselves on the street, not

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259 Archive of Serbia, Zavod u Smederevskoj Palanci, 11/7-1, f. 50, p.1

260 Milovan Popovic, “Ova omladina ce se oduzitisvojot otadzbini casno I posteno,” Zavodski list, October 20 1943, p.6
provided for. She allegedly confided in Popovic that she “had never been left-wing, but did not know how to react” after the father’s shooting, and believed that she had few other choices at the time. Yet another female inmate ended up in the partisan ranks after having been thrown out of the house by her step-mother and Communist father, “with no family, no resources, no support from the adults.”

Popovic then argued that he could achieve miracles in psychological healing and ideological re-education if he approached these young people - maltreated, rejected and continuously intimidated at such a tender age - as a warm, compassionate and understanding ersatz-father to “accept, hug them, clean their face of its superficial dirt, so that a clean and beautiful Serbian face can shine once again.”

At the same time, the Institute staff’s thinking about such war-related psychological traumas was embedded in a broader social and national context, and exceeded the boundaries of personal dramas. The entire wartime intellectual project of Ljotic's Zbor was precisely that: making sense of the defeat and of the German brutality, reconciling the discourse of patriotism and national dignity with the reality of defeat, humiliation and mass murder of civilians (in which Ljotic’s associates and formations wholeheartedly participated), and constructing a more acceptable role for the Serbian society in the “New European order.” In that sense, the activities and the overall philosophy of the Institute were simply a continuation of the Zbor leaders' political – and military – collaborationism, which they defined as a noblest attempt at salvaging the biological and cultural essence of the Serbian nation. By reducing the impact of the trauma, Zbor would make the pathological delusions of the

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261 Archive of Serbia, Zavod u SmederevskojPalanci, 21/6-1, f.50
Many of the inmates adopted this language in which Communism was marked as a particularly destructive psychological response to trauma; whether they initially believed in this interpretation or not, they learnt to publicly re-tell their life stories in Popovic’s terms, to re-formulate their narrative of their own acceptance of Communist believes in a way which confirmed the central tenets of the Institute’s philosophy. In a letter to Dragojla Popovic, a former inmate assured her teacher that she would never be able to erase from her memory “the most pleasant moments of [her] life” spent at the Institute: “The Institute means a lot in my life. There I was helped to stand on my feet again after a difficult breakdown that I had endured so to speak at the very beginning of my life, and sent from there with one and only wish, to serve only what is good and noble.” (Archive of Serbia, Zavod u SmederevskojPalanci, 21/6-1, f.50)
Serbian youth redundant and baseless. Under such novel circumstances, the meaning of national trauma and the historical symbolism of an absolute defeat assumed paramount importance and needed to be re-negotiated. Zbor defined its central aim to be this translation of a national humiliation of tragic proportions into an opportunity for transformation and advancement. For that purpose, the notion of the Serbian national psyche and its core characteristics became a frequent topic of political and ideological discussions, but the national character now had to be recast in an entirely different light: the old myths of rising against foreign enslavement and of uncompromising struggle for liberation did not do anymore. The defeat grew to be the new defining experience of the national psychology, and the anticipated national rebirth centered around the trauma.

In the Institute’s newspaper Zavodski List, an article appeared on the occasion of the anniversary of the Kosovo battle of 1389, which tackled the issue of the “historical legacy of a defeat.” Vojislav Pajevic, the article's author and a “former Communist,” analyzed the historical effect of the defeat of 1389 and the subsequent experience of the Ottoman rule, proclaiming that “the soul of a nation is similar to the soul of an individual. Just like in the latter, in the former, too, deep and distressing events can create ‘mental wounds.’”263 In that way, the fate of the entire nation was effectively compared to and related with the fate and future of the Institute’s inmates, whose souls as well had been scarred by those same events which left the Serbian nation on its knees. The tragedy of such defeat then constituted and redefined the core of the collective mentality, but this loss of liberty and traumatic humiliation need not condemn the entire society to cultural irrelevance and languishing: defeat could be an opportunity, “defeat does not humiliate, but, perhaps even more intensely than victory, it offers immeasurable stimuli and awakens new forces.”264 Thus, such trauma only appears to necessarily lead to pathology or apathy. The Institute’s mission became a metaphor for the rebirth and

263 Vojislav Pajevic, “Istorijsko nasledje jednog poraza,” Zavodski List, June 28 1943, br. 4, p. 1

264 Ibid., p.1
rejuvenation of the Serbian nation as a whole: after the initial mistakes and straying – expected results of a mental shock of immense proportions – both the inmates and the entire society needed to “work through” the trauma, grasp the opportunities offered by the occupation and Europe’s new order, and emerge *healthy* from the chaos and ideological and political contagion of the early war years. As Pajevic concluded, the experience of a traumatic defeat could induce a society to withdraw from the harsh reality and focus on its internal spiritual development “in the depths of its psyche,” and thus its cultural life may “become even fuller, and at times appear, as an eruption, in its true magnitude and depth.”

In this context, it was not at all surprising that the project of the inmates’ re-education was regularly compared to the need for re-building Serbia, as well as to the transformation of the Institute itself and its surrounding lands into a self-sustainable economic complex, its conversion from a political prison to a temporary home and educational/pedagogical institution for several hundred young people, with acceptable living conditions. Since one of the core strategies for re-education demanded the inmates’ involvement in the organization and execution of the Institute’s activities, they were required to take active part in the manual labor in the fields and on the Institute’s complex of buildings and objects, and these transformative efforts were frequently presented as a metaphor for the broader, long-term task of transforming the inmates’ personalities. In an article entitled “Our hands’ work,” Pajevic recounted how the inmates had helped create and nurture fertile gardens out of the “gray, empty barren lands [around the Institute] weighed down with autumn fog. And we approached this land, knowing that the weed was oppressing it, torturing it.” After having completed their work, the author continued, the inmates enjoyed the beauty and fruits of the recovered, rejuvenated fields and gardens. However, “this land had not used to be like this. We created it with our own hands, we

265 Ibid., p.1

266 Vojislav Pajevic, “Nasih ruku delo,” Zavodski List, July 20 1943, br. 6, p.2-3
plowed it, sowed, dug and watered it.”\footnote{Ibid., p.3} The task of the inmates was, thus, to exert similar efforts and work on themselves, transform themselves from deluded pawns of a malicious, deathly ideology into blossoming, healthy, fruitful individuals, aware of their national responsibility. This task seemed enormous, almost unachievable, but the key to this problem was suggested in the article: it was enough to believe that the grand transformation could occur and to approach the “barren land” with a constructive, warm and dedicated attitude, and success would inevitably ensue.

The Institute’s staff and Milovan Popovic himself expounded regularly on their unflinching belief that the inmates, just like the Institute’s neglected gardens, held potential for enormous improvement. In an even stronger statement about the possibility of rebirth and radical transformation through hard work and dedication, another article in Zavodski List reminisced about the first group of inmates sent to the Institute, who had set about turning “the wooden, unfinished barracks [into]… decent bedrooms, muddy streets [into] paths, the barren field filled with weed [into] a sports field, the infertile lands [into] cultivated farms.”\footnote{Radmila Bozic, “Mi treba iz praha I pepela da dizemo nasu napacenu otadzbinu,” Zavodski List, October 20 1943, br. 13-14, p. 1} On a different level, the re-education of these young Communists was the first step in rescuing Serbia as a whole from falling into the abyss. The project of ideological and national education which was attempted at the Institute was frequently referred to as a dress rehearsal of sorts for the grander task of reforming the entire Serbian society and wooing it away from supporting destructive and manipulative political options, bringing it back to the “healthy” path. Radmila Bozic, another re-educated inmate, proclaimed that she and her colleagues “need[ed] to raise our suffering homeland from the ashes.”\footnote{Ibid., p. 1} The Institute's rhetoric regarding its mission of saving Serbia from biological and cultural extinction was saturated with medical terms: the mission set before the Institute, Zbor and the inmates was one of healing, of conquering the disease, since the
country’s “deep wounds [were] calling for us to cure them.” The same metaphor of cultivating the land and saving the fields and woods from disaster and fruitlessness was now invoked to signify the redemption of the entire country; Serbia’s citizens were “our ill brothers,” while the source of their illness was again in the woods, in the “toxic breath of their tenants” – the partisans.270

This theory of trauma naturally implied a rather radical psychogenic (or psycho-dynamic) model of human development and mental illness. As another inmate claimed in her article on the “Basics of pedagogy,” “a man is born as a raw and unformed mass which needs to be processed and worked on so that it could be enabled for participating in the life of a community.”271 In a different article, Bozidar Vojvodic wrote about the importance of the concepts of suggestion and autosuggestion in teaching and pedagogy, and quoted Emile Coue’s words that “We are what we create of ourselves, not what the fate created of us.”272 This approach was indeed revolutionary, especially in the context of the Yugoslav psychiatry of the time: Vojvodic completely discarded the idea of biological pre-determination (“what the fate created of us”) in favor of Coue’s insistence on the significance of the unconscious and of psychological factors in the human mental development. In several other articles in “Zavodski List,” the authors emphasized that the period of youth was one of endless opportunities for shaping and re-shaping one’s personality – this process of mental formation and re-formation depended, according to these inmates, entirely on one’s experiences. Youth was indeed similar to rebirth: “The transition from childhood to adolescence is often compared to being born anew because of its significance and difficult distresses which characterize it. Attitudes about life are then shaken, connections with the external world broken, the personality, subject, separates itself

270 Radomir Nikolic, „Srbija ceka na nas,” Zavodski list, August 10 1943, br. 8, p. 1
271 Jelena Jovicic, „Osnov vaspitanja,” Zavodski list, July 10 1943, br. 5, p. 1
272 Bozidar Vojvodic, Zavodski list, July 10 1943, br. 5, p. 4
from the objective reality.”

Therefore, the ideological straying was almost to be expected at this age: as Jelena Jovicic, another quite distinguished inmate, noted, “the full development of human personality is conditioned by the immediate experience of the highest of values.” She then warned that, when students were in puberty and adolescence, the time when their “internal life [woke] up and a real understanding of the society and the world as a whole [was] formed,” their teachers and pedagogues needed to pay particular attention to the sorts of experiences to which these young people were exposed, and to encourage and nurture positive moral traits over the negative ones. Young people, in Jovicic’s opinion, tended to undergo an internal strife between “higher” and “lower” characteristics and values, and the influence of environmental and psychological factors was crucial for the outcome of this strife, and for the ultimate predominance of the former over the latter, which was the Institute’s chief goal. In other words, the tendency of very young people to succumb to a form of mental pathology such as Communism could be understood in terms of the core psychological characteristics of their age: that they had been exposed to the experience of such an enormous national catastrophe during their formative years might explain their egregious political blunders; again, the fact that they were so young held the promise that they could be reformed through hard work and the positive influence of the Institute’s staff. Their pathology was thus fully the result of a set of highly unfortunate circumstances, and the inmates were consequently portrayed as particularly tragic and impressionable victims of historical events and of the incapacity of their elders – family or the social elites - to help them deal with that ordeal more constructively.

The Institute’s paper also ran an article which made clear references to the practice and importance of self-analysis for the process of one’s “moral perfection.” The author, Sava Milinkovic,

273 Milan Markovic, “Omladinac I knjizevnost,” Zavodski List, July 20 1943, br. 6, p. 5

274 Jelena Jovicic, “Osnov vaspitanja,” p. 1
argued that the ability of some people to “thoroughly examine their own mistakes” was crucial for their development into decent human beings with positive value systems. Moreover, this self-reflectiveness was the only way to correct one’s blunders and delusions, and emerge from them as a mentally healthy person. Those who had no inclination to consider their own mistakes and search for their sources and causes, of course, had no potential for self-improvement, and could not hope to learn from their past behavior. Milinkovic’s article directly addressed the Institute’s goals and practice: it was preoccupied with the possibility of understanding and correcting former mistakes and delusions, and it was very telling that Milinkovic recommended psychoanalysis as the best – in fact, the only – strategy for realizing the Institute’s mission. It was necessary, according to this inmate, to constantly self-analyze and re-think one’s ideas, decisions and behavior in order to get “healed,” however, “forgetting also heals the soul from the suffering which it had survived,” so that the “repression of the memory” of mistakes was also recommendable at a certain point in the course of a therapy: in other words, after the initial detailed and thorough analysis of one’s mistakes immediately after they were committed, one should not continue to dwell on them, should not “tackle them any more in one’s consciousness or subconsciousness,” because that would lead to feelings of despair and hopelessness.275 This unexpected insistence on the importance of forgetting – and forgiving – also clearly referred to the situation of the Institute’s inmates, and Milinkovic's article conveyed the message that their own “mistakes” from the past would be forgotten and left undisturbed if only they agreed to undergo the self-analysis in the course of which they would see their past affiliations as wrong.

In that context, the inmates were constantly required to write self-analytical essays regarding their ideological and political viewpoints, their past behavior, the current experiences at the Institute, their identity formation etc. These essays were meant to be confessions of sorts (the Institute’s

275 Milinkovic, Sava, “Razmislanje,” Zavodski List, August 20 1943, br. 9, p. 1-2
leadership termed them “questionnaires” or “opinion polls”), and were supposed to give the pedagogues and teachers a unique insight into the inmates’ mental processes, ethical dilemmas and potential (and hoped for) political transformations. The questionnaires’ themes varied: sometimes they merely asked the students to give an opinion about a talk or a guest lecture, at other times the focus was on the inmates’ reflections on their own psychological and intellectual growth and change while at the Institute – “What I thought about the Institute before I arrived here,” or “Why I am not and I cannot be a Communist,” “Accuracies and fallacies of historical materialism,” etc. Most assignments pushed the inmates rather straightforwardly to reveal their political affiliations and their stance on the current political situation and events: “What do I think about Tito’s actions?,” “Tito, General Mihailovic and Nedic,” “Where I agree and where I disagree with Marxism,” “For St. Sava or for Marx?,” “What I think about the future economic order,” “On capital punishment for children in the Soviet Union,” etc. Finally, occasionally these opinion polls asked more personal questions regarding the inmates’ perceptions of their own position within the Institute or their future after the release: “What I think about the possibility of escape” or “Why I should be released for Christmas.” These assignments emphasized the importance of introspection for the successful completion of the Institute’s goal of re-education: although the essays clearly served the purpose of informing the leadership and teachers of their inmates’ innermost thoughts and tensions, they also became a crucial segment of the (quasi-)psychoanalytical approach suggested by Popovic. They directly and not so subtly pushed the inmates in the direction of self-analysis, of considering and examining their opinions and viewpoints, searching for explanations and causes of their stances, and scrutinizing any changes in the ideological outlook: this process was allegedly necessary for the healing to be achieved at the Institute.

276 City Archive Belgrade, Interview with Vesna Butjer, Dragan Dramicanin, Jelica Nedic and Anica Paskaljevic, January 8 1953, p. 63; the teachers claimed that they only demanded honesty and promised no repercussions to those students who disagreed with the Institute’s politics and proffered their continued allegiance to the leftist ideas. However, many former inmates confirmed that “wrong” answers regularly led to punishments and a harsher treatment, possibly a return to the Banjica concentration camp; Stefanovic, pp. 204-205
Most importantly, the Institute shied away from the degenerative model of mental illness, and its ideologues and leaders instead argued that mental pathology could develop in highly talented individuals and did not necessarily affect their intellectual – or “racial” – capacities. Therefore, even though it was agreed that Communism was undoubtedly a sign of psychopathology, this did not necessarily damn those diagnosed with it – as it most certainly would have in a more traditional psychiatric setting. Instead of viewing mental pathology as inseparable from the general psychological and intellectual degeneration, and as a signal of a hereditary constitutional deficiency, Popovic and his associates claimed that the best and most advanced young people in Serbia tended to be seduced by Communism. The biomedical model was thus fully subverted: the “best material” of the Serbian nation was in danger to be poisoned by the Communist ideology. This approach was obvious in the very structure of the Institute’s program: the inmates were divided into three categories based on their knowledge of Marxism, national history, global politics, political economy. The first group's members – usually university students and advanced high-school pupils – were considered the most serious political offenders and hence the gravest cases of Communist pathology, and yet the Institute’s leadership also clearly saw them as the most talented, intelligent and well-informed – respectable – of all the inmates. They required separate teaching programs and a more intense, in-depth political re-education work, and only the most highly qualified teachers at the Institute’s disposal were assigned to work with the first group. That the Institute’s ideologues suggested that severe mental pathology could be coupled with above-average intellectual capacities and exquisite talent was quite revolutionary and in keeping with the Institute’s psychogenic concept of mental illness. One of the monthly reports brought an account of the “special work with the first category,” which stated that “this category was dealt with most thoroughly, because the most serious cases [were] here, but also the broadest and
deepest interests.” The Institute’s “Plan and program” defined the first group of inmates as those who “expressed exceptional interest in socio-political and philosophical ideas.”

*School curriculum as psychotherapy*

The core therapeutic activity practiced at the Institute was educational. The Institute organized regular school classes for different types of high schools, so that the inmates could continue their schoolwork and take exams at the end of every school year. However, more important for the general mission was the political-ideological educational work, which was the central strategy for addressing the problem of the inmates’ Communist affiliation, and for bringing them back to the healthy national path. This ideological re-education consisted of several components: regular seminars in economics, political theory, philosophy, literature and history devised differently and with different programs for the three categories; talks and lectures by visitors – usually high-ranking members of Zbor, including Ljotic himself on several occasions; and perhaps most importantly, individual meetings and conversations between the teachers and the inmates, an activity sometimes referred to in the Institute’s papers and reports as “individual processing,” and comparable to sessions with psychotherapists or psychoanalysts.

In the course of the Institute's ideological seminars, the focus was on refuting the core tenets of Marxism, offering right-wing ideological alternatives to the Communist Party and emphasizing various failures of the USSR and abuses of human rights by the Soviet government. It was crucial to try to persuade the inmates – the Communist youth – that Communism was not the only ideology of patriotism and social justice, and that Ljotic’s vision of New Serbia in a New Europe combined traditional Serbian nationalism, Christianity and, most importantly, a deep awareness of the need for wealth redistribution and for strengthening workers’ rights. In his own lectures to the inmates, Ljotic

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277 Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 1-14, f. 3, knj. 155, p. 26

278 Archive of Yugoslavia, Zemaljska komisija za utvrđivanje ratnih zločina 1943-1944, F-32, “Plan i program rada,” 887
insisted that the traditional Serbian path of St. Sava shared the Marxist concern for the socially and economically downtrodden, but that, unlike Communism and Bolshevism, it was authentic and liberating, while Marxism was in fact an ideology of anti-nationalism, Godlessness and slavery of the Soviet type, and consequently foreign to the Serbian national being.279

The bulk of the re-educational program, thus, focused on the analysis of Marxist literature: there were independent seminars solely on Bolshevism and Marxism, which discussed “the most seductive ideas in Communism,” or the tactics and strategies of the Communist International. Furthermore, seminar programs emphasized critiques of the USSR’s economic and political system, and focused on topics such as the bureaucratization of the Soviet revolution, peasant resistance to the collectivization process and the consequent economic disturbances, political repression and show-trials, etc. The most talented of the inmates were involved in classes which engaged with guided criticisms of Lenin’s most important writings. Other classes dealt with the basics of sociology, philosophy and national history and literature, while separate meetings were held with all three categories of the inmates to discuss and lecture about the current political events, developments on the frontlines, partisan actions in Serbia, advances and failures of the Soviet army and resistance. The future of Serbia constituted yet another crucial topic, and one which, according to the Institute’s own reports, intrigued the inmates the most.280 Clearly, the teachers and lecturers had to invest extreme efforts in presenting their students with an optimistic vision of Serbia’s role in German-led Europe. This was challenging mainly because of the generally difficult position of the country under the occupation and the extremely limited authorizations of the collaborationist groups, but the Institute’s task became increasingly complicated as the war proceeded, the Nedic government kept losing its ground, the occupation tightened and the news of the German losses and Red Army advances reached

279 Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 9-37, f. 2, pp. 63-64, and br. reg. 9-36, f. 2, knj. 155, p. 61

280 Ibid., pp. 32-63
the inmates. In any case, the emphasis was more frequently on the future changes of the internal socio-economic order – a stronger welfare state, social justice – than on the issue of foreign relations and connections with the Third Reich.  

The educational program designed for the second and third categories did not differ much from the first-group seminars, but the level of instruction was to be adjusted to the students’ knowledge of the core political, ideological and historical terms. While the second category mainly consisted of high-school students, who generally had some basic notion of the Communist Party’s tenets and history, the third group was made up of peasant and working-class youth, who had joined the partisan ranks for a number of reasons but were judged by the Institute’s leadership to be mainly ignorant of Marxism and the main ideological divisions of the Second World War. For the third category, therefore, the program was chiefly about spreading political literacy and familiarizing the inmates – usually with little or no formal education – with the political-ideological framework of wartime Europe but from Ljotic’s heavily nationalist and proto-fascist perspective. The Institute’s insistence on familiarizing the third category inmates with the core political concepts and with the history of Serbia or the USSR mirrored the great educational mission of the partisan movement, which also organized regular courses on major political, ideological or historical subjects considered relevant for the Yugoslav resistance fighters. Undoubtedly, even though they were considered to be of lesser intellectual “value” than the major political offenders from the first category, the Institute found it rather important to invest in winning the lower-class youth over to Ljotic’s side, and in molding these young people’s minds before they were seriously affected by any other political ideology. This was a task easier than any other and yet with multiple and long-term benefits.

281 Archive of Yugoslavia, Fond 110, f-765/VIII, p. 8; Stefanovic, p. 204; Borkovic, 102
282 Archive of Yugoslavia, Zemaljska komisija za utvrđivanje ratnih zločina 1943-1944, F-32, “Plan i program rada,” 887, pp. 3-4; Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 1-32, f. 3, knj. 155, pp. 32-34; City Archive Belgrade, Interview with Vesna Butjer, Kornelija Ancukic, Predrag Dramicanin and Dragošlav Ivanovic, January 15 1953, p. 70
In his post-war reminiscences, one of the Institute teachers Predrag M. Kuburovic claimed that the political educational program rested “on the basis of an absolute freedom of thought and expression.” Moreover, “the Institute was then the only place in occupied Europe where one could openly criticize every mistaken political or military move of the warring sides without being in danger of losing one’s life over that or being sent to a concentration camp.” In other words, Kuburovic argued that the inmates were offered insights into different political and ideological frameworks but were left alone to make their own choices, while the teachers and pedagogues refrained from openly siding with any particular political ideology. However, the Institute’s own reports and papers, as well as the inmates’ later testimonies, refuted Kuburovic’s statements: there was, of course, a clear ideological bias built in the structure of the Institute’s program, the choice of literature, and the formulation of assignments and extra-curricular activities. The ideological seminars were often based on reading and discussing excerpts from Marxist and Bolshevik literature, but the teachers’ interpretation and structuring of discussions certainly eliminated any semblance of objectivity, so that the Institute’s ideologues hoped to turn it into an educational and intellectual center of sorts for spreading anti-Communist ideas and preventing further successes of what they saw as the most malicious ideology. Anti-Communist courses were then organized for outside guests and visitors, as well as for the members of the Serbian State Guard employed at the Institute.

**Manipulation**

As far as the individual sessions were concerned, according to the postwar testimonies of the former inmates, the Institute’s leadership used these talks to attempt to forge a closer bond with the incoming internees, to present themselves as parental figures deeply concerned about the inmates’ well-being, and also to find out first-hand about the depth and solidity of their ideological affiliations.

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284 Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 2-34, f. 3, knj. 155, p. 65
In these testimonies, given to the City Archive of Belgrade in the course of the 1950s and 1960s by some of the staunchest wartime Party members and partisans formerly incarcerated in Smederevska Palanka, the onetime internees argued that the Institute’s approach was to “deftly combine pressure with offering the possibility of a better, more carefree life” if they were willing to cooperate. In that sense, the individual meetings always integrated attempts at manipulation with more traditional psychotherapeutic techniques. These manipulative tendencies were also openly discussed in Popovic’s own writings, where he admitted that the application of various techniques for “breaking” the inmates’ will must not be obvious to them, and warned the teachers and pedagogues to influence and mold the inmates’ attitudes as imperceptibly as possible. According to the inmates’ own testimonies, the Institute’s leadership used these sessions to insist on honesty: they required the internees to reveal all about their “cases” and backgrounds, to confess and admit their past errors, assuring them that they would suffer no consequences. Interrogations and confessions were thus the main purpose of the therapeutic sessions, and the parallel with the Gestapo and Belgrade Special Police goals and methods did not escape the inmates. On the other hand, “the Institute leadership… promised that the police would not find out, that their position would not change after the confession, instead it would improve, because their honesty would be appreciated.”

The interrogators at the Institute believed that their approach of compassion and friendliness and of promised safety would ensure that the inmates would be more willing to collaborate and talk about their Communist activities – that the Institute’s “mild regime” would yield more results than the Gestapo’s brutality did. This was bound to succeed at least occasionally, and even according to

285 City Archive Belgrade, Interview with Jelena Djordjevic, Dusan Vucinic, Vesna Butjer, Anica Paskaljevic, Dragan Ivanovic and Predrag Dramicanin, June 19 1952, p. 17
286 Archive of Serbia, Zavod u Smederevskoj Palanci, 3/3-1, 50, p. 3
287 Interview with Jelena Djordjevic, Dusan Vucinic, Vesna Butjer, Anica Paskaljevic, Dragan Ivanovic and Predrag Dramicanin, p. 6
Borkovic, “we could find fault with the behavior of a significant section of the internees of the special camps in Smederevska Palanka,” because they “turned passive and just waited for the war to be over and to save their lives.”\(^{288}\) Therefore, it was likely that a significant number of inmates accepted the Institute’s offer and went along with Popovic’s and other pedagogues’ requests, and cooperated during the individual sessions. Some later remembered that, at least in the beginning, “you could feel that a whole different regime was in force there than in prisons. The internees even took pictures with… agents of the special police.”\(^{289}\) Popovic’s wife, also a pedagogue and seminar leader at the Institute, tried to approach the female inmates as a personal friend and mother, advising them to give up political activity and focus instead on their education or helping their families. In some cases, this too was a successful strategy: she apparently developed a close connection with one inmate, Nedja, who was a long-time member of the Communist Party, and at the end of the war, immediately before the disbanding of the Institute, Dragojla Popovic asked Nedja if she could hide her from the partisans until the first wave of liberation and revolutionary justice was over and then turn her in later on. Reportedly, before Nedja could consult the Communist Party and respond, Dragojla found a different escape route.\(^{290}\)

Many former inmates agreed that initially no punishment was administered for admitting that one was a Communist. A group of survivors cited the example of Petar Dramicanin, an internee who openly spoke to the leadership of his Communist beliefs: the teachers “at first lauded him and emphasized his honesty, saying that they appreciated it.”\(^{291}\) Later on, however, when Dramicanin

\(^{288}\) Borkovic, p. 115

\(^{289}\) Interview with Predrag Dramicanin, Vesna Butjer, Anica Paskaljevic, Steva Drndarevic, Dragoljub Jevtovic and Dragoslav Ivanovic, July 10 1952, p. 2

\(^{290}\) Ibid. p. 52

\(^{291}\) Ibid. p. 16
became too popular among the other internees – and persistently refused to change his left-wing political convictions - he ended up in the Isolation Unit, a prison-like facility for the “unreformable” established inside the Institute in 1944. According to some of the postwar testimonies, furthermore, Popovic and the other teachers often looked for weaknesses and fears, and then played on them. The Institute staff obtained the inmates’ police dossiers and investigation records, and thus found out who were the ones willing to talk or likely to be broken more easily, who had already revealed information about the Party’s illegal work, plans and other comrades, and then exerted additional pressure on them.292

The Institute’s leadership, moreover, sought to disunite the inmates, to undermine their mutual bonds and break the collectives formed by the internees from the same town or local Party organization. They achieved this by co-opting certain inmates – those who demonstrated some weaknesses or ambiguities regarding their ideological orientation, or those whose reputation could be compromised in the eyes of the rest of the internees. The co-opted inmates would then be given various more high-ranking positions within the Institute’s structure, and accorded more decision-making power in relation to their former comrades. Generally, Popovic and his associates insisted that the inmates be given the impression that they could take part in the Institute’s decision-making. The leadership thus made an effort to grant some inmates certain responsibilities with regard to organizing and running different aspects of the Institute’s life, and to reward “good behavior” and potential for re-education with benefits and privileges. This had the purpose of blurring the line between the leadership and the internees, between the guards and the guarded, the interrogators and the interrogated; it also inevitably had the effect of marking certain internees as too close to the leadership, as traitors and potential denouncers in the eyes of the rest of the inmates. Internee Anica Paskaljevic remembered that her first impression of the atmosphere at the Institute was “difficult.

292Interview with Vesna Butjer, Kornelija Ancukic, Predrag Dramicanin and Dragoslav Ivanovic, January 15 1953, pp. 75-76
Although one was free there and it appeared that one could do everything, one was always under some sort of surveillance and always had to be careful about what one said, because you could at all times get a piece of paper and be told to write down what you said, or even thought.”293. Several detailed post-war testimonies argued that there was no freedom of opinion on the Institute’s premises, and some of the former inmates reported that they felt constantly under surveillance, surrounded by people – students or teachers – ready to denounce them to Popovic and his assistants: “the leadership allowed no freedom of expression of one’s will, not even in the simplest of matters, they wanted to dictate not only how to think and behave, but also how to dress and comb.”294 Moreover, the leadership attempted to create discord between inmates of different socio-economic and educational backgrounds, especially between the first and the third categories, university students on the one side and peasants and workers on the other, by insisting that the Nedic regime was the true protector of the peasantry and the working class in Serbia while the first category inmates – the Party leadership – represented the narrow and selfish bourgeois interests. The Communist intelligentsia, according to this view, considered workers and peasants as ultimately expendable, and its concern for the lower classes was merely rhetorical. On the other hand, some inmates later reported that Popovic tended to mock the internees from the third category, who were usually in charge of farming and the livestock at the Institute, underestimated their intelligence and potential for understanding concepts and ideas, and considered them less than worthy of his pedagogical efforts.295

For both the Institute and these active Party members, the public, performative aspects of ideology and politics were of crucial importance. Popovic and the other teachers regularly demanded that the inmates take part in various collective activities, such as the extra-curricular sections in

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293 Ibid., p. 2

294 Ibid., pp. 76-77

295 Ibid., p. 70; Interview with Dr. Milica Djordjevic – Zaric, March 14 1961, p. 14
literature, art or science, or in theatrical performances, sports clubs etc. In a similar vein, the inmates’ contributions to the Institute’s newspaper as well as to the wall newspapers were strongly encouraged, even if the articles written had little to do with the Institute’s political or ideological mission. As Milos Krstic and the others testified, one of the Institute staff’s priorities was to involve all the internees in such generally apolitical free-time activities. In other words, even though many arrested Communists resisted an outright political and ideological conversion, the pedagogues believed that their public inclusion in the groups and activities organized or planned by the Institute leadership had an enormous effect and perhaps constituted a first important step towards a complete “re-education.” Even if an inmate openly proclaimed their continued loyalty to the Communist Party, their participation in the Institute’s program was nevertheless considered to be a political message of significant strength: taking part in a choir performance or reading a love or patriotic poem at one of the evening performances could have been superficially apolitical acts, which did not immediately appear to jeopardize one’s ideological consistency, but these public involvements with the Institute’s leadership could eventually convey a political message, a readiness of sorts on the part of even the most resilient inmates to collaborate with Ljotic’s adherents on a common – patriotic – project – even if that project was the creation of a biology lab or a night of poetry reading. Popovic and Kuburovic often argued that the only ideology they were promoting instead of Bolshevism and Communism was their love for Serbia; however, Ljotic’s and Popovic’s concept of nationalism differed radically from that of the Communist Party. Thus, when the inmates took part in a program which entirely consisted of nationalist songs and recitations, their own anti-fascist patriotism was placed in an altered context, in which the meaning of nation, national pride and national interests was thoroughly re-defined. In that sense, regardless of whether they were entirely aware of that or not, the inmates were made to publicly participate in formulating or perpetuating the collaborationists’ vision of Serbia. Moreover, even when nationalism was not the focus, Popovic believed that this public participation held
significant psychological potential: the Institute’s wall newspapers ran articles which commended certain inmates, especially those not yet “re-educated,” as good and hard-working laborers (on the Institute’s fields or local construction sites) or sportsmen, and criticized others as lazy and saboteurs – in this way, seemingly apolitical writings constructed a sense of a community of common purpose between the leadership and the praised internees. This, as Krstic mentions in his memoirs, also may have had a special effect on the undecided among the inmates, because it compromised the reputation of those considered to be staunch Communists and Party members, and created an impression that they too were swayed by the Institute’s ideology.296

On the other hand, public conversions and recanting of the previously upheld political views were absolutely central. This was clear from the confessions of the “re-educated” Communists published in Zavodski List, but also from Popovic’s insistence that all those inmates who wanted to be released from the Isolation Unit needed to apologize and repent for their subversive political activities inside the Institute – publicly, in front of all the other inmates, at one of the evening performances. At the same time, for the staunchest inmates, one of the most important aspects of their resilience and “good conduct” at the Institute was a public demonstration of their continued loyalty to Communism, even if this meant suffering beatings and torture or even being sent back to Banjica. Borkovic noted the case of one distinguished inmate, Milorad Felix, who always spoke in no uncertain terms about his unflinching devotion to Communism and to fighting fascism; in the required confessional essays, Felix referred to the Institute leadership and Ljotic as “our perennial enemies, those who… killed three of my uncles, perfidiously slaughtered my grandfather…”297 For Felix and his closest friends, such public expressions of ideological beliefs meant everything, and were understood to be particularly important for encouraging the others to endure and for setting an example, especially for

296 Krstic, p. 134

297 Quoted in Borkovic, p. 103
those inmates who may have been inclined to succumb to the Institute’s "lure."\textsuperscript{298}

In some of the former inmates’ opinion, the Institute’s leadership devised a new definition of mental health and psychological normality, according to which egoism, the lack of overarching ethical principles, tendency to theft, and selfishness constituted the essential markers of healing and political rehabilitation. This new vision of a healthy young person was formulated in response and in opposition to the Party’s guidelines concerning the personal and ethical characteristics of a good Communist, the foremost among which were solidarity and camaraderie. The former inmates testified that, if a person was caught in theft, he or she would soon be approached by the leadership and considered re-educated, because stealing went directly against the Communist principles. By behaving in such a selfish manner, unconcerned with the well-being and interests of the other comrades, the inmate in question would manifest his or her final disassociation from the Communist ideals. In relation to this new definition of psychological normality, the political-ideological classes at the Institute tended to stress Machiavelli’s “The Prince” and promoted a particular interpretation of the central ideas presented there, especially the notion that ethical or ideological principles necessarily played a negligible role in the conduct of politics, and that therefore the absence of firm moral convictions was the rule, a signifier of (political) normality. Consequently, the Communist Party could not possibly avoid acting in accordance with the Machiavellian vision, and only falsely presented itself as uniquely principled and uncompromising.\textsuperscript{299}

\textit{Violence, repression and resistance}

In his article published ten years after the disbanding of the Institute, Kuburovic reiterated that the Institute's project was to prove that “Communism [was] not destroyed only with guns and swords,

\textsuperscript{298}In her 1961 interview, former internee Milica Djordjevic-Zaric said that some inmates purposely broke the rules of behavior, sang Communist songs or spoke openly of their support for the resistance in order to be punished and put in jail, if only for several days (p. 12)

\textsuperscript{299} Interview with Jelena Djordjevic, Dusan Vucinic, Vesna Butjer, Anica Paskaljevic, Dragan Ivanovic and Predrag Dramicanin, p. 20
but also with education and a better social order.” The Institute, moreover, fought this battle not by force, but through “pedagogy, school and coursework.” However, according to both the former internees’ testimonies and the Institute’s own reports, the methods used became increasingly brutal over time. Even though the Institute’s teachers and leaders proclaimed that their main goal was to assume the role of caring and loving parents, and realize with the inmates an intimate relationship of mutual trust, love and friendliness, as the time went on the Institute’s measures became increasingly based on fear, threats, coercion and a harsh disciplinary policy – precisely what Popovic initially vehemently argued against. Far from avoiding to force the inmates to choose sides and allowing them the freedom to express their political viewpoints whatever they may be, the Institute gradually enforced a brutal policy of punishments for any expression of political dissent or breach of disciplinary rules.

The rhetoric of paternal love and the relationship of mutual trust with the inmates could not possibly hold much promise to begin with, given the main premise upon which the Institute had been founded: the threat that, if the inmates proved to be incorrigible, they would need to be returned to the Banjica concentration camp. There, their chances of survival were radically diminished. When Popovic and the other teachers noticed the inmates’ resistance and their constant efforts to establish a connection with the local Communist Party cell, they resorted to ever harsher measures and threatened the internees with German retaliations or the Special Police's brutality. Therefore, the prospect of death penalty loomed large over this supposedly Freudian experiment. According to the postwar indictment against Milovan Popovic and the Institute’s foremost guest lecturer Milosav Vasiljevic, a prominent Zbor member, the local authorities at a nearby town complained that Popovic had been spreading unnecessary panic among the inmates, falsely telling them, in order to prevent further escapes, that the Gestapo demanded the Institute to surrender to them a number of internees as

300 Kuburovic, “Vaspitni Zavod u Smederevskoj Palanci,” Zapisi iz dobrovoljcke borbe II
hostages to be shot because a young escapee had joined a partisan group in the vicinity of the Institute. This had the opposite effect of encouraging the inmates to plan escapes, since they understood that sooner or later they would have to be given over to the German forces to be killed.

As the situation turned ever more precarious for the collaborationist authorities, the intensification of the Institute's repressive tendencies was palpable. As one female internee later put it, “[a]t first, the Institute’ leadership tried to create a special atmosphere, mainly through amateur theater performances, to place everything on a different footing [than it was in the Special Police prisons] but after they saw that we remained politically active and prepared escapes, then they introduced a regime that grew stricter and stricter over time.” Under such circumstances, every interaction proved to be suspicious, and gatherings in groups of three or more were forbidden, while Popovic or one of the other teachers would regularly interrogate – and occasionally beat – those who defied this rule. On several occasions, the Special Police agents joined Popovic in beating and interrogating the most recalcitrant or suspicious inmates. Towards the end of the war, Milovan Popovic himself confirmed, in a letter to the Ministry of Education, that the atmosphere was one of “arrests, interrogation, punishments.”

The internees engaged in a variety of forms of resistance, which ranged from minor infractions of the dress code to planning putsches and mass escapes. As the example of Felix's behavior clearly demonstrated, while many young Communists incarcerated in Smederevska Palanka chiefly tried not to attract too much attention by either disobeying or complying too conspicuously, there apparently were among the internees several of those who openly stood by their former ideological views and

301 Archive of Yugoslavia, F-110, file 801, Milovan Popovic, p. 1

302 City Archive Belgrade, Interview with Milan Josimovic, Anka Paskaljevic, Dragoljub Jevtovic, Vesna Butjer and Predrag Dramicanin, May 29 1952, p. 22

303 Archive of Yugoslavia, F-110, file 801, Milovan Popovic, p. 2
used every opportunity they had to make it clear to the Institute’s leadership that their re-educational mission was bound to fail. According to Savo Brkovic’s reminiscences, a group of particularly active Communist Party members frequently entered discussions following guest lecturers’ talks, and openly countered the lecturers’ or their teachers’ theses, defending a Marxist point of view or emphasizing fallacies and loopholes in the speakers’, Popovic’s or Ljotic’s theoretical frameworks. Brkovic remembered a particularly vivid incident, when inmate Mihajlo Radic – “theoretically fairly strong, who could challenge any of those lecturers of ours” – argued with one of the speakers and Ljotic’s close associate Najdanovic, presenting arguments so strong and so skillfully that the lecturer was clearly unable to respond and ended the discussion instead.\(^{304}\) The inmates organized their own secret political meetings, where they would use the assigned Marxist literature on the history of the USSR and the Communist Party of Yugoslavia (CPY), and discuss and analyze it from the Communist viewpoint; these meetings were led by the oldest and most educated or experienced Party members from among the inmates, and they served as a fairly powerful ideological counterpoint to the Institute’s efforts.

But the internees also engaged in more serious forms of resistance. In addition to organizing alternative educational and discussion groups within the Institute, they continuously sought to remain connected with the outside partisan groups through various persons in the town of Smederevska Palanka, to coordinate their activities with the partisans, to receive instructions from the Party and to organize escapes from the Institute for all those who wanted to re-join the resistance ranks. The first serious mass escape attempt occurred in April 1943, when a group of over fifteen male inmates planned to seize the guards' weapons, arrest the Institute's staff, execute Popovic and join the Kosmaj

\(^{304}\) Interview with Sava Brkovic, p. 11 Moreover, if discussions in political classes did not go as planned and if the inmates would fail to agree with the teachers’ interpretations, the classes would sometimes be discontinued and the inmates sent to do hard physical labor instead: “for a period of time, these classes were discontinued altogether because the leadership started to doubt their ultimate success.” (Interview with Vesna Butjer, Dragan Dramicanin, Jelica Nedic and Anica Paskaljevic, January 8 1953, p. 63)
partisan unit. The preparations for this putsch and escape attempt failed when information about it was leaked to the Institute's leadership; as a result, one inmate was shot immediately, while Popovic sent thirteen others to the Banjica concentration camp.\(^{305}\) A group of female inmates managed to flee in November 1943, but most of them were re-arrested in the course of the following week and brought back to the Institute, where they were interrogated, beaten and tortured by the Special Police; their connections in the Party cells in both Belgrade and Smederevska Palanka were then also discovered and incarcerated in Banjica.\(^{306}\) Finally, 1944 saw three more mass escapes, in June, August and September. In preparation for these, some of the inmates even received weapons from the local Communist Party. On at least one occasion, a group of the guards ran away as well.\(^{307}\)

By the end of 1943, the situation at the Institute was slowly spinning out of control, and in January 1944, the leadership decided to appoint a disciplinarian and “implement a form of military regime due to the deteriorating discipline.”\(^{308}\) In response to these incidents, the Institute’s leaders decided to isolate those whom they found the most unflinching in their dedication to the Party and therefore the most dangerous for the general discipline. This was to be achieved by putting these problematic internees in a separate barrack, named the “Isolation Unit” (Izolator), where they lived in challenging physical and hygienic conditions, were prevented from participating in the Institute’s regular educational and extra-curricular activities, and were condemned to the hardest manual labor under all weather conditions. A sentence to the Isolation Unit was in fact the first step to being sent back to the Banjica concentration camp; in order to regain their former status, the isolated inmates needed to publicly recant, and were even at one point required to give public speeches entitled “Why I

\(^{305}\) Stefanovic, p. 208; Archive of Yugoslavia, Fond 110, f-801, akt, str. pov. br. 47; Borkovic, p. 108

\(^{306}\) City Archive Belgrade, Interview with Mihailo Cagic, Vera Cenic, Anica Paskaljevic, Kornelija Ankucic, Vesna Butjer, Divna Mirkovic, Jelica Nedic, Zora Popovic, Ljuba Stamenkovic, Milena Radovanovic, December 25 1952, pp. 57-59

\(^{307}\) Borkovic, pp. 109-110

\(^{308}\) Archive of Yugoslavia, Fond 110, f-801, p. 3
am not a Communist,” which they rejected.\textsuperscript{309} In order to determine which inmates should be sent to the Isolation Unit, the leadership decided to involve the Institute’s entire population, and set up an opinion poll in which the internees had to name those of their colleagues who they thought did not deserve to enjoy the privileges of the Institute’s regular inmates and needed instead to be placed in punitive isolation. After the poll’s results were made public, the Institute’s leadership made some corrections, adding several names to the list. This, according to the former inmates’ postwar testimonies, was merely another aspect of Popovic’s strategy to divide the internees, and undermine their solidarity and camaraderie, by creating an illusion that the inmates were also pedagogues and teachers and participated equally in the Institute’s decision-making. While there were many who wrote up long lists of candidates for the Isolation Unit, a significant number reportedly refused to take part in the poll, or returned blank papers.\textsuperscript{310}

*Achievements and failures*

It is difficult to ascertain how successful the Institute eventually was in its mission of re-educating the young Communists of Serbia. There clearly was a significant number of people who decided to obey the Institute’s rules, take part in various cultural extra-curricular activities, and write articles for *Zavodski List*; a much smaller group agreed to proclaim their ideological transformation more straightforwardly – by giving lectures, becoming Institute teachers and pedagogues in their own right, convincing other inmates to “get re-educated” as well, and finally by reporting to the leadership some inmates’ suspicious activities or pro-Communist statements. Even the postwar interviewees, who generally denied the Institute any meaningful success and insisted that most inmates remained loyal to the Party line, admitted that, after the chaos of the war, personal tragedies, difficulties of the

\textsuperscript{309} City Archive Belgrade, Interview with Predrag Dramicanin, Vesna Butjer, Anica Paskaljevic, Steva Drndarevic, Dragoljub Jevtovic, Dragoslav Ivanovic, July 10 1952, p. 40

\textsuperscript{310} Military Archive Serbia, Vaspitni Zavod u Smederevskoj Palanci, br. reg. 5-28, f. 2, knj. 155, p. 66; City Archive Belgrade, Interview with Vesna Butjer, Kornelija Ancukic, Predrag Dramicanin, Dragoslav Ivanovic; January 15 1953, p. 26
partisan life and ultimately the torture and brutality endured at the hands of the police, some internees were rather likely to become grateful and attached to the Institute’s leadership, whose initially warm, friendly and seemingly understanding approach formed such a contrast to many inmates’ preceding experiences. At the end of their term at the Institute (usually six months to a year), the inmates were either released, returned to Banjica or had their stay at the Institute extended in way of punishment; after the release, some inmates chose to join Ljotic’s Volunteers, Nedic’s Serbian State Guard or even Mihajlovic’s Chetniks, or were conscripted for a set period of time to the Nedic government’s compulsory National service.  

Out of 1270 inmates who were kept at the Institute in the course of its two-year existence, only 104 voluntarily joined one of the collaborationist anti-Communist organizations. Many others, though, stayed at home or continued going to high schools and gymnasiums. Popovic, his wife and some of the other teachers kept in touch through letters and postcards with most of their former inmates, keeping track of their activities, plans and whereabouts after the release, and demanding responses to their inquiries. Many inmates did reply, or even initiate written correspondence with Popovic and his wife, and some regularly returned to the Institute to meet with their former teachers and friends, to get various kinds of permissions, recommendations and passes, as well as to discuss their future or take part in celebrations and anniversaries. For some of the “re-educated” ones, the Institute’s personnel most probably became some sort of parental guidance figures, and in some of the letters, former internees referred to the Institute leadership as their true family and home. Indeed, at times, the purpose of the warm approach seemed to have been achieved: some inmates confirmed that they were impressed and ultimately won over to the side of the Institute’s leadership when they realized that those who, according to the CPY’s propaganda, were supposed to be their mortal enemies, could assume such a compassionate and concerned attitude and be willing to help, protect

311 Borkovic, p. 112
312 Archive of Serbia, Drzavna Komisija za utvrđivanje zločina, k. 31, br. 2798
and guide. Kuburovic reported the words of one inmate, Vera Cenic, to Milovan Popovic when she was being released: “I am leaving full of doubts about that which I had been ready to sacrifice and give my life for yesterday. To you and your Mrs, as well as to the other pedagogues, I have to pay tribute because, as our [ideological] opponents, you have been our true friends and protectors.”

Gordana Jakovljevic, who was temporarily released from the Institute to hospital when she was diagnosed with tuberculosis, wrote to Milovan Popovic, asking him to expedite her return to Smederevska Palanka. Gordana complained bitterly about her father, “a man who could be considered of Jewish origin by those who did not know him because he is only concerned about his narrow personal interests, and ready to discard the truth and honesty.” Her father reportedly kept attempting to manipulate her physicians and extend her hospitalization so that she would not be sent back to the Institute; Gordana, according to her letter, on the other hand, yearned to return – she claimed to have too much respect and gratitude for what the Institute’s leadership did for her in her most difficult moments. This inmate, thus, proclaimed her loyalty to the Institute and Popovic over her own parents, undermining her father’s attempts to help get her out of the Institute. At the end of her letter, she added that “I can’t wait to return and tell you everything, because all cannot be conveyed in letters. I must admit I very much wish to talk honestly with an honest man finally, I will tell you the whole truth when I am back.” Another inmate referred to her time at the Institute as the “most pleasant moments of [her] life.” Inmate Zatezic, who joined Ljotic’s Volunteers following his release, sent regular reports of his military duties and shared his delight at having found the right side and freed himself of the delusion that the Communists were to bring about liberation and prosperity. Zatezic also reported on the battles in which he was involved, extremely enthusiastic to have been given the opportunity to shoot at the foremost enemies of Serbiandom – the Ustasha and the Communists.

However, one cannot escape the impression that these were individual cases that could hardly be used to paint a general picture of the Institute’s success and popularity. The most convincing proof
of the overall failure of its mission was the breakdown of discipline, especially in the second half of its term, and the tightening of the punitive regime inside the Institute. This development and the Institute leadership’s growing brutality and tendency to resort back to police measures substantiated the former inmates’ post-war claims that there indeed had existed an influential core of staunch Party supporters who refused to even seem to be affected by a variety of re-education strategies. The Isolation Unit, a place where the most problematic and subversive internees were eventually placed, thus predictably became an “ideological course” in its own right, where the secluded inmates used their free time to discuss political and ideological issues previously raised in the Institute’s classes, seminars and guest-lectures. At the same time, the Communist Party of Palanka kept regular contacts with the inmates, sending political literature, letters, instructions and even weapons, and attempting to coordinate its activity and planning with those incarcerated at the Institute. Finally, many of those sentenced to a term at the Institute had already known each other, from partisan resistance divisions in the woods or the illegal work in urban areas, or alternatively from the Banjica concentration camp where they had shared some of the worst and most torturous experiences of their lives. These bonds and collectives were hard to break, and the Institute personnel’s gradual loss of patience in the treatment of some of the inmates testified to that.

In addition, the Institute’s relationship with the German authorities deteriorated rapidly as the Germans were informed of some inmates’ continued relationship with the Party and support for the partisan actions outside the Institute. Conflicts with German military commanders, and their threats to barge in and shoot the internees, were repeated whenever any inmates managed to run away and re-connect with one of the partisan units near Smederevska Palanka.313 At the same time, Nedic’s State Guard and the Ministry of the Interior started discussing ways to reconfigure the Institute and only admit inmates under the age of eighteen, while all those older than that would be arrested and sent to

313 Ibid., knj. 50, 55 (3-1)
Germany as forced laborers and generally treated as “suspicious elements” – i.e. no differently than in regular concentration camps.\textsuperscript{314} The Special Police generally sided with Popovic in these debates, but the escalating violence of 1944 inside and outside the Institute nevertheless compromised its original mission and turned it into an institution radically different from the one it was intended to become.

The Institute was officially disbanded in October 1944 in the midst of chaos and withdrawal, all the inmates were released, and some of the personnel joined the Volunteers or managed to escape with the Nedic government. Milovan Popovic joined Mihajlovic’s Chetniks, and was arrested, tried and executed in Belgrade following the liberation.\textsuperscript{315}

\textsuperscript{314} Ibid., pov. II, br. 1586/IV
\textsuperscript{315} Stefanovic, pp. 210-211
Chapter Six

Heroes and Hysterics

In this chapter, I will investigate the development of psychiatric thinking in the immediate postwar period through the prism of one specific psychiatric diagnosis – “partisan neurosis,” or war trauma – which attracted enormous medical as well as political attention, because it directly addressed the protagonists of the single most powerful post-1945 national myth – the participants of the Communist-led resistance struggle. The complex definitions, interpretations and broader social repercussions that surrounded the phenomenon of war neurosis in the partisan units turned this psychiatric category into a major political concern, which resulted in a precarious yet multi-layered relationship between those psychiatrists who continued practicing after 1945 and the new state leadership. Serbian and Croatian psychiatrists defined a specific, Yugoslav type of war neurosis in the Communist resistance soldiers, “partisan hysteria,” as a unique type of war trauma that did not manifest itself in the form of anxiety and the urge to withdraw from the frontlines, as was the case in the British and US armies. Rather, Yugoslav war neurotics demonstrated a heightened willingness to fight, as their epileptiform seizures consisted of simulations of wartime battles and attacks. Furthermore, some major Yugoslav psychiatrists argued that the Yugoslav form of war neurosis most frequently affected the uneducated, socially immature and emotionally less sophisticated members of the partisan troops, who were given important political responsibilities but experienced severe trauma and anxiety due to their own inadequacy and unpreparedness. I trace why this new category emerged and how it was related to the complex socio-economic and political circumstances in Yugoslavia and East Central Europe after 1945. I argue that “partisan hysteria” served as an opportunity for middle-class or upper-middle-class psychiatric professionals to express their anxiety over, and even open
disapproval of, the increasing upward social mobility following the end of WWII, and to criticize the effects of the post-war creation of a new political and military elite from the ranks of workers and peasants.

The case of partisan neurosis thus highlighted the complicated issue of ideological and professional continuities and discontinuities in psychiatric beliefs, rhetoric and behavior across the crucial year of 1945. The onset of a new social system, in whose establishment workers and peasants played a most significant role carrying the torch of liberation and an all-encompassing social revolution, could have been supposed to alter the balance of power between the middle-class medical professionals and their working-class or rural patients. It would be reasonable to expect, therefore, that, in a socialist system, the relationship between members of the psychiatric profession and the uneducated, poorer popular sections that they encountered in mental health institutions would change dramatically. However, as I will argue below, the psychiatric conceptualizations and treatment of this large section of the Yugoslav population seemed to have undergone much less alteration. In a situation in which the new functionaries and national heroes were not only frequently undereducated but also sometimes barely or not at all literate, the issue of partisans’ war neurosis offered psychiatrists a suitable venue for expressing and defining their often very critical and disdainful attitudes on how to deal with the “underclasses.” Perhaps precisely because of that change in the balance of power, the psychiatric discourse often depicted a typical war neurotic – partisan soldier in belittling terms, which made the patients’ characteristics and affinities look alarmingly similar to the negative stereotype of a person of very modest social background. Given the greater visibility and social authority of the urban and rural poor from 1945 on, “partisan neurosis” gave psychiatrists an opportunity to define this new source of social instability, and devise ways to solve it – through education, control or limitations of upward social mobility. In other words, witnessing a true social revolution outside the hospitals, Yugoslav psychiatrists found it very difficult to shed their long-time beliefs about the volatile nature
of the “masses,” and pathologized the very upward mobility of the new Yugoslav socialist republic. This was true not only the more politically conservative members of the profession, but also of some of the most left-wing and progressive psychiatrists and psychoanalysts.

At the same time, this touched upon an issue that had already provoked deep disquiet within the Communist Party itself. After 1945, the Party leadership was concerned that the lax wartime entrance criteria resulted in a large influx of new members of a questionable political and ideological "value," which compromised the Party's ideological character and capabilities. The new rulers were increasingly worried that the recently advanced Party members may not be well prepared for their tasks in the postwar reconstruction. The psychiatric discussions thus became both politically subversive and extremely important for understanding the problems with which the Party itself was dealing. The ambivalent relationship between postwar psychiatry and the new Communist authorities was determined by the fact that the psychiatric research on war neurosis, while potentially very subversive, also interrogated and offered solutions to the problems that the Party ideologues themselves considered to be of foremost significance. Namely, the idea of Marxist revolution in the heavily agricultural and underdeveloped Yugoslavia presented a number of problems of various kinds, and posed serious ideological dilemmas to old Party members who worried about the purity of the Party under the new circumstances and its ability to implement radical socio-economic and political measures. The wartime conditions under which the Yugoslav Communist Party underwent enormous growth and organized an ultimately very successful resistance struggle dictated the lowering of the entrance criteria for new members in the critical period of 1941-1945. The Party admitted a number of peasants who quickly came to constitute the largest single social group within the organization, and this provoked a wide-ranging internal debate and sparked numerous concerns regarding the precarious status of the CPY as a working-class vanguard. Moreover, the majority of new members and partisan fighters demonstrated a rather disappointing level of knowledge and understanding of Marxism-
Leninism, the CPY’s goals, history of the workers’ movements etc. The widespread illiteracy among the masses of partisan soldiers constituted another colossal obstacle. Before 1945, the Party experienced contradictory impulses: on the one hand, the precarious situation of the resistance movement made it a necessity to accept and convert as many people as possible regardless of their previous acts, affiliations and ideological and moral credentials; on the other hand, throughout the war, the highest organs of the CPY constantly debated the most suitable ways to preserve the organization’s ideological character and avoid any drastic fall in the membership’s political awareness, commitment and capabilities. After 1945, however, the latter concern increased in significance, as the leadership worried that the compromised quality of the overall membership may endanger the Party’s socialist project and its ability to complete and defend the revolution that had been started. The Party purge of 1945 proved the existence of such misgivings.316

In that sense, then, the image of an undereducated, unqualified and ideologically unsophisticated recent Party enrollee emerged and began increasingly to haunt the CPY’s political reports and the official correspondence between the Central Committee, the Cadres Commission and lower party organs, particularly in the military. Descriptions of the unsatisfactory performance of new members originated in wartime reports by political commissars assigned to partisan units. The commissars had a duty to take care of the “political level” of the units, and to provide ideological guidance and education, organize and lead political and historical courses and seminars, and report to the Central Committee on the state in the troops and their progress. These reports grew ever more elaborate in the course of the war and established the problematic character of a partisan fighter or Party member with his or her numerous undesirable characteristics, social background, negative effects on the Party’s achievements and morale, and finally, in a good Marxist fashion, strategies for

316 On the broader context regarding the relationship between peasants and the Communist Party of Yugoslavia in the course of the resistance as well as in the early post-war period, and on the Communist government’s ideological re-thinking when faced with the largely illiterate and ideologically unfit rural population, see Melissa Bokovoy, Peasants and Communists: Politics and Ideology in the Yugoslav Countryside, 1941-1943, Pittsburgh: Pittsburgh University Press, 1998
personal political and ideological improvement. In addition, from its inception the CPY introduced sessions of criticism and self-criticism, and regularly required personal references (so-called “characteristics”) to be written and submitted for most of its members. In these, the image of a proper Communist was defined, the moral and political traits of this new man in a new age prescribed, and the unacceptable features elaborated upon and then denounced. This problematic character to be reformed or rejected by the Party was usually a peasant, or a very low-skilled worker, exceptionally young, with low or no literacy, who joined the Party only after 1941 and had possibly previously been under the influence of some sort of anti-Marxist propaganda. He (it was almost always a male) demonstrated an exceptionally low degree of political awareness and ideological (meaning Marxist) prowess, was frequently very ambitious and extremely sensitive to “comradely criticism” but also prone to desertion when wartime circumstances got rough. He lacked discipline and self-control, and was generally a difficult person to cooperate with, either because of his disinterestedness and dullness, or the absence of respect for his comrades.

Interestingly enough, ever since the issue of war neurosis appeared in the partisan units in the course of what became known in Yugoslav historiography and official parlance as the Fifth Offensive of the occupying forces in the spring and early summer of 1943, Yugoslav psychiatrists tended to describe it as an illness which targeted young, immature, uneducated, in some reports even “primitive,” partisan soldiers. In most psychiatrists’ analyses, “partisan neurosis” was defined as a specifically Yugoslav mental disorder category, a unique form of war trauma, which in many aspects diverged from the West European or US experiences in both WWI and WWII. In that sense, a number of leading Yugoslav psychiatrists saw the diagnosis as an opportunity to think through the broader social and political circumstances which likely shaped the Yugoslav partisans’ war trauma in such a singular way. They consequently attempted to establish connections and causal relationships between the peculiar expression of the neurosis and the character of the Yugoslav society/nation. This was then
both an exercise in ethno-psychiatry with a focus on what was perceived as long-term national traits, and an analysis of the nature and psychiatric effects of Yugoslavia’s wartime and postwar conditions – a social critique. In both senses but more so in the latter, the psychiatric discussion of war neurosis addressed the large-scale social turnover in an exceptionally direct and precise manner. There emerged a psychiatric image of a typical war neurotic, which in surprisingly many ways corresponded to that of the above-described unqualified Party member. Although they most certainly did not share values and motivations, psychiatrists and the Party ideologues seemed to share a target. Each for reasons of its own, the two groups located the source of social instability and national concern in a similar place, having identified a collection of characteristics as undesirable or unacceptable and devised a set of approaches to eliminate it.

This common interest was a true double-edged sword for the psychiatric profession. On the one hand, it made psychiatrists’ work extremely important from the new state’s point of view – once again, psychiatry assumed a crucial role in the process of modernization and social change, and it was seen to address the problems and concerns that were vital to the socialist leadership. On the other side, to say that psychiatrists were touching upon a sensitive issue, on which there was as of yet no clear official policy, would be an understatement. This was, of course, the case in most other belligerent countries in the immediate postwar period, but the issue of social revolution and inflation of the Party ranks confounded the problem even more in the Yugoslav case. Therefore, publications regarding the character and origins of partisan neurosis underwent a complex process of censorship and self-censorship. However, probably because of the enormous social implications of this particular diagnosis, the psychiatric discussion was still very rich and fairly diversified, especially as early as 1945.

The unique nature of partisans’ war neurosis was debated at length. According to Dr. Hugo Klajn, who was the author of the only book on the issue and closely involved in the treatment of a
significant number of partisan patients diagnosed with war neurosis at the Belgrade military hospital, opined that the “specificity of the war neurosis of Yugoslavs is, therefore, in the fact that it expresses itself in seizures of a hysterical type, in which assaults on and storming the enemy are usually demonstrated. In that sense it is to be sharply distinguished from the tremble of World War One and anxiety neurosis of the allied and enemy soldiers in the World War Two.”

The seizure could occur at any moment and under any circumstances, usually when there is audience: in the middle of a conversation, at lectures or meetings, while driving or riding a car, in front of the superiors etc. Klajn explained that, after experiencing varying initial physical symptoms, “the neurotic lays down… screaming: ‘Assault! Ahead, proletarians, brothers, fighters, comrades!’ or some similar combative outcry. His eyes are closed, breathing fast with loud expiration he raises his legs and hits the floor strongly, he hits himself in the chest, hits his head against the floor, raising fists. He imitates the position, moves and sounds of shooting from a rifle or some other weapon, throwing bombs; lying down, he moves his legs as if he were marching, running, jumping….he captures, defeats, ties down the enemy, shoots and slaughters him…swears, yells, makes phone calls, sends telegraphed messages, drives a truck, drinks alcohol, buries dead comrades. Some, having calmed down a bit, give a speech to their comrades, reminding them of their sacrifices and achievements, complaining of those who have not treated them in a proper way.”

Establishing the unique nature of the Yugoslav war neurosis had some clear ideological overtones: in the psychiatric discourse, the local specificity of the disorder resulted from the


318 Ibid., p.65-66
superiority of the Yugoslav resistance movement in comparison with both the Allied and the enemy armies in WWII, and the conditions of Yugoslav soldiers in WWI. For Klajn, the peculiar “fighting spirit” of the Yugoslav partisans naturally produced an illness which centered around demonstrations of aggression and attack, instead of more direct expressions of fear such as trembling, anxiety, withdrawal and paralysis. In other words, in an army made up of volunteers - people who virtually had to take up arms for survival or joined the movement out of anger and despair after having seen their entire families murdered - the urge to withdraw from the battlefield, the feeling of antagonism to fighting and anxiety about continuing in the war (all of which played a crucial role in the development of the “anxiety state” in the US and British armies) necessarily held much less significance. In the case of the two Western armies, “the main pathogenetic and pathoplastic factors were fear and desire to withdraw from the area of war danger,” while the most widespread type of the Yugoslavs’ war trauma “was not a neurosis of tremor and fear, but a neurosis of combat, of storming.”319 In that way, Klajn’s definition preserved the image of resistance fighters as courageous, self-sacrificing soldiers, fearless in the face of superhuman efforts and hardships – a myth of national proportions that was being constituted as he wrote:

“[s]ince they did not join the war as a result of an order or against their will, they don’t react with fear to the wartime horrors; they were led [to the battlefields] by an irresistible urge to murder the murderers of their families, their people, maybe even a belief that, unless they choose the struggle with death, the only thing that awaits them is death without struggle…they can react even to the worst with increased pugnaciousness.”320

319 Ibid. p.111-112

320 Ibid. p.95
In a similar way, Dr. Šalek, head of the mobile hospital of the Fourth Division of the Yugoslav Army, compared the situation in 1943 and 1944 with that of war neurotics in WWI. He concluded that both the absence of tremor and anxiety states, and the comparatively small number of traumatized soldiers in WWII testified to the fact that the partisans knew they were fighting for their own interests rather than those of an estranged state and its ruling class. Klajn seconded that: our soldiers “gathered to realize a clearly set goal, unified by a common interest; the interest of a capitalist state, on the other side, differed from the interests of the majority of soldiers – to the contrary, those who were the most interested in the war and its result were mainly far from the battlefields – and that is why the American soldier ‘fought because he had to;’” hence his “negative disposition, indifference and ‘insufficient motivation.’”

Dr. Klajn published his book with the Headquarters of the Medical Service of the Yugoslav Military only in 1955, although the manuscript had been submitted as early as 1945. The military censorship held the publication in check for a surprisingly long period of time given that Klajn’s interpretation of the origins and nature of “partisan neurosis” was extremely sympathetic to the soldiers in treatment, especially in comparison with that offered by some prominent military psychiatrists. Klajn repeatedly emphasized the commitment, courage and reliability of the partisan war neurotics, making sure to define his terms in such a way as not to compromise his patients’ loyalty and dedication to the anti-Fascist struggle. Still, Klajn’s partisan neurotic was a precisely defined type with a very distinct – low - socio-economic position, the serious psychiatric

321 Arhiv Sanitetske službe Ministarstva odbrane, R-19, Dr. Šalek, “Podaci o ratnim neurozama,” p.247

322 Hugo Klajn, Ratna neuroza Jugoslovena, p.48
repercussions of which seemed to clearly demonstrate the dark side and subversive potential of increased social mobility. Klajn’s case files all began with the patient’s age and educational level, always mentioning illiteracy if it was present, in order to support his claim that partisan neurosis was virtually only diagnosed in extremely young, uneducated (frequently illiterate) and immature soldiers, whose limited intellectual capacities frequently clashed with highly responsible assignments that they had been given (or to which they aspired) towards the end of the war. This in turn created internal conflicts and feelings of guilt and dissatisfaction. For those reasons, according to Klajn, seizures did not end with the war’s ending, but continued for several years afterwards, while the military was undergoing complicated transitions - from a guerrilla formation to a regular army with ranks and a tighter discipline, and from the period of active fighting to one of postwar reconstruction.

In 1945, Klajn treated Mile M., a 27-year-old illiterate peasant, who joined the movement in early 1942, after having survived the murder of his entire family and spent time in a concentration camp, and who started having hysterical seizures in 1944. In the meantime, according to his own statements as they were recorded by Klajn, he was “in all hospitals.” Mile emphasized that those medical doctors who treated him while he was on recovery in Italy “said that he could only be cured if he had his ‘every wish fulfilled.’” Klajn also noted that the patient lacked discipline, refused any work “as he considers himself ill. To any request or objection he reacts with a seizure.” Furthermore, at the end of a seizure that he had in front of the psychiatrist, Mile gave a speech addressing his comrades, in which he stated that “I didn’t get this [nervous seizures] in someone else’s barn but in the fighting. (Beats his chest). Dear comrades, my beloved soldiers, honor to our dead and disabled fighters, and to those suffering neurosis. We shouldn’t work.” In this case, Klajn emphasized the difficulties that the patient had adapting to the postwar circumstances, in which he was required to adopt new skills and

323 Ibid. p.68
invest greater efforts. Prospects were rather bleak, however, as his illiteracy and absence of education inevitably became an enormous obstacle to his further advancement – something that only became evident after the fighting was over. In Klajn’s interpretation, patients like Mile felt embittered as they expected rewards for their wartime achievements and sufferings instead of having to deal with a number of peacetime tasks which they simply could not fulfill due to their limited capacities. The trauma of the transfer from “his unit, in which everyone knew and appreciated him, into …an environment in which he simply had to feel unacknowledged and marginalized due to his lack of education” was overwhelming. Klajn’s description of the case of another 20-year-old illiterate peasant, Niko N., demonstrated this even more clearly. As Klajn reported, Niko stated that he first started getting seizures because he was “‘unnerved that the war had ended,’ because now soldiers were facing tasks which he, as an illiterate person, could not and would not fulfill. He wished the war was still going on.” Salko B., 20, illiterate, was particularly bitter because, at political classes (which the Party organized in order to raise the educational level and ideological awareness of its members), he was not able to take notes like the others, who then knew everything much better. Like Niko and Mile, Salko seemed to have seizures rather frequently, usually whenever faced with an unsatisfactory situation or negative criticism.

This led Klajn to define the partisan war neurotic as immature, unqualified and intellectually unfit, and the illness as a “sign of a certain slowdown in development, certain infantilism,” or an

324 Ibid. p.100

325 Ibid. p.78

326 Ibid. p.84
“underdevelopment of character.” But for Klajn, the problem was not the incapability itself. The original conflict did not stem simply from the patients’ intellectual incapacity; it was actually determined by their desire to fulfill their tasks, by their exceptional ambition and aspiration for professional and political advancement and recognition. In this respect, Klajn’s work addressed the issue of greatly increased social mobility in Yugoslavia after 1945 in a very complex way, and delineated its broader social and psychological consequences in less than positive light. The unique nature of the partisan army organization was that it offered the opportunity to achieve high-ranking, responsible and socially prestigious positions to people from the lowest popular sectors, who would have had no chance to find themselves in such circumstances before 1941, and whose capacity and preparedness to complete their new tasks was doubted by virtually everyone: the Party, the psychiatrists, and finally - themselves. For Klajn, this was one of the main sources of neurotic reactions: this “need to make independent decisions in a number of tasks, and thereby take personal responsibility for their solutions” had a particularly strong “pathogenic effect” on those soldiers with “immature characters,” who were “perhaps also intellectually and otherwise less than developed.”327

In addition, the very possibility of achieving such unprecedented professional and social success stimulated in many partisan soldiers extraordinary ambition and a very powerful desire to be rewarded. When peacetime circumstances made the achievement of that recognition more difficult or even impossible, soldiers resorted to hysterical seizures as (immature) forms of protest, escape or roundabout strategy for the realization of their goals.328

327 Ibid. p.88-89

328 In 1966 analyst Helen Tartakoff introduced and described the “Nobel prize complex” as a novel nosological entity in the United States psychoanalytic practice. According to Tartakoff, this diagnosis, somewhat comparable to Yugoslav “partisan hysteria,” reflected the stark incongruity between the postwar American culture’s idealization and expectation of professional success on the one side, and highly limited institutional and societal resources for achieving such
Therefore, in the final analysis, partisan neurosis was the typical mental condition of a highly socially mobile community: the neurosis was the Yugoslav socialist society’s “children’s disease.” Since the new commanding cadre of the Yugoslav army was literally being constituted from the ranks of the urban and rural poor, “[t]hat must have sparked powerful ambition, and ferment eagerness to succeed especially among uneducated peasants (and a great majority of the soldiers were peasants without any school), who had been raised in a warrior tradition... but in the former Yugoslavia could not even dream to become non-commissioned officers, let alone officers.”329 The core of the neurotic conflict lay in the fact that an opportunity for significant professional and social prestige and influence was given to the intellectually and perhaps even emotionally unfit. This idea was perhaps expressed most clearly in Klajn’s description of the case of Misa M., a 20-year-old non-commissioned officer, who started suffering seizures while attending a radio-telegraphic course in which his results were unsatisfactory, and also had one “at a political class when a comrade criticized his statements. He is very ambitious, wants to remain a political official.”330 In that sense, Klajn’s work functioned as a subtle and indirect critique of the wartime egalitarianism of the partisan units, which was in the

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329 Hugo Klajn, Ratna Neuroza Jugoslovena, p.101

330 Ibid. p.81-82
process of being translated into a postwar social system. It portrayed side effects as well as dangerous consequences of such a revolutionary social change, as a result of which political functionaries and military leaders frequently happened to be barely literate and clearly lacked the intellectual sophistication of the prewar ruling classes. Interestingly enough, this very process of social turnover after 1945 and its mechanisms and practical repercussions quickly became the center of attention of the newly created state and the Communist Party itself, which kept rethinking and re-interpreting it, trying to devise strategies for smoothing over the ever increasing obstacles on the road to a classless society.

However, what to Klajn seemed even more subversive and risky was the expectation that this created in unstable, mentally underdeveloped and immature persons, frequently driving them to aggression and indiscipline as a result of a feeling of deep dissatisfaction. In his descriptions of a failed attempt to treat around a hundred partisan war neurotics in a former mental hospital in the vicinity of Belgrade (the Military Psycho-hygienic Institute in Kovin) in 1945, Klajn indicated the potential social danger of such a strong professional and political ambition awoken in the lower, uneducated classes. In his description of some patients’ behavior, the anticipation of an imminent eruption was clearly present: Niko N. “is permanently dissatisfied, walks around with a stick, threatens and stirs up others… he leaves the Institute on his own, does not recognize the commissar as his superior,”331 etc.; Jovan O. is “undisciplined, leaves without permission and returns late…he broke a window…Threatens the superintendent and the clerks.”332 Klajn also explained how the “fighting

331 Ibid. p.78

332 Ibid. p.82
spirit” that, according to his interpretation, characterized this particular neurosis, made the patients “very unpleasant,” inclined to act violently, attack the medical and administrative staff at the facility where they were placed for treatment, behave extremely disobediently, participate in beatings, to break and destroy. Klajn reported that five particularly undisciplined soldiers even threatened to murder all members of the Institute’s management. For these incidents and failures, Klajn blamed the commanding cadre, criticizing their inexperience and ignorance regarding how to approach the neurotics and win their trust. However, he himself offered rather unclear ideas on what the best ways were to establish and preserve the psychiatric authority without treating the patients violently. But he remained resolute in his claim that the issue of partisan neurosis was a social problem much larger than “neuropsychiatry itself, and which also falls within the scope of social psychology and politics, pedagogy, military discipline, military court system, even criminology.”

In other words, the source of the neurosis was to be found in some of the most widespread social circumstances, and the challenge that the disorder presented was certainly not only medical, but affected a number of other aspects of the new society. Klajn’s and Betlham’s disconcerting experiences in the microcosm of the Military Psycho-hygienic Institute demonstrated the partisan hysterics’ potential to permanently upset social order and to develop into an almost uncontrollable factor in a larger social setting. This image of destruction and chaos that resulted from the fear of the lower classes taking over thus made its way across 1945: the social revolution had its apocalyptic potential.

It was very striking that, in the immediate aftermath of the war, the therapy and theory of partisan neurosis were officially entrusted to Yugoslavia’s two leading psychoanalysts, Hugo Klajn and Stjepan Betlheim, and in 1945 the two were placed in charge of the Kovin Military Psychohygenic Institute, where partisan veterans were being sen from the overcrowded psychiatric

333 Ibid. p.149
ward of the Belgrade military hospital. Although this therapeutic experiment was discontinued after only several months due to limited resources as well as the apparent inability of the Institute’s staff to maintain order and discipline, partisan neurosis nevertheless became the professional domain of psychoanalysts, an experience and a diagnosis upon which Yugoslav postwar psychoanalysis would establish itself as a relevant and useful discipline, while this was the very first time that Yugoslavia's military psychiatry officially instituted any form of psychotherapy or resorted to a psychodynamic model of mental illness. Psychoanalysis, therefore, first entered the official psychiatric circles through the figure of the partisan hysteric, and it was a grand entrance. In an important sense, the choice of psychoanalysis over traditional medical psychiatry to deal with this highly politically sensitive disorder was understandable: both Klajn and Betlheim initially approached the problem with infinitely more understanding for their patients than traditional psychiatrists did and would have, and, even more importantly, with much greater therapeutical optimism. In a situation in which writing patients off would have inevitably had enormous and costly political ramifications, psychoanalysis, or at least a psychoanalytically informed psychiatric approach, seemed to be a natural choice. Instead of explaining partisan neurosis in terms of flawed heredity and unfortunate (and mostly untreatable) constitutional predilections of such a large number of members of the Yugoslav victorious liberation military, Klajn insisted on the patients’ subconscious motivations, wishes and conflicts as the primary instigators of neurotic symptoms.

This interpretive framework was rather complex, but it ultimately rested on a few central ideas: that during the war and in the context of a volunteers’ army, partisan hysteria could not and did not primarily function as a (subconscious) strategy to remove oneself from the frontlines and to a more secure territory, but that the hysterics’ fixation of “the fighting spirit” in fact served to overcome and suppress their fear of fighting; and that after the war the Yugoslav partisan trauma was driven by the patients’ desire for public recognition and rewards. The leap from traditional psychiatry to Klajn’s and
Betlheim’s methods was indeed gigantic, especially given the thoroughly marginalized – and oft ridiculed - position of psychoanalysis in pre-war Yugoslavia, but this newly acquired respectability of psychoanalytic practitioners reflected the ongoing change of paradigm in the Yugoslav psychiatric circles. As, in the post-war years, some of the leading Yugoslav psychiatrists grew highly critical of the exclusively biomedical model and reductive somatic treatments of mental illness, the need to conceptualize a novel, more complex approach to the relationship between mind and body encouraged the Yugoslav psychiatric profession to revisit and reassess the achievements of psychoanalysis and its challenge to traditional medicine.

As Dezider Julius wrote in the first years after the war, psychoanalysis provided essential therapeutic insights without which pre-war, bourgeois, organicist psychiatry could not be properly reformed in a new socialist setting. In the new socialist circumstances, the profession needed to pay more attention to various forms of psychological distress which were likely to stem from the momentous transformations of the Yugoslav society and the “great fluctuations within our working-class masses.” Among these, Julius especially emphasized the tumultuous effects of urbanization and frequent moves from the countryside to towns and cities, as well as of “cultural and professional advancement,” which, “although highly desirable, brought people to new positions, placed before them intellectually and ethically challenging tasks which often broke the weaker.”334 Therefore, socialism, just like the experience of the war violence itself, fostered a more psychogenic conceptualization of mental abnormality, and the richest intellectual resource on which to draw was psychoanalysis and its pre-war Yugoslav proponents.

Still, the precarious position of psychoanalysis in socialist Yugoslavia almost certainly plagued Klajn's and Betlheim's professional engagement with the partisan neurotics. Even Julis affirmed that, although therapeutically important, “Freudism as a worldview is not acceptable for us even as a

334Dezider Julius, “Nova nastojanja u lijecenju neuroza,” Lijecnicki Vjesnik, 5, 1951, p. 90
subject of a serious discussion, and... we are aware of all the sociological blunders and metaphysical deviations of which Freud himself, especially towards the end of his life, was guilty, as well as of the anti-scientific distortions of [some of] his students.”

From a Marxist point of view, the ideological shortcomings of Freud's postulates, his problematic “idealistic-philosophical” deviations remained an enormous obstacle to a proper integration of psychoanalysis in the official medical and psychiatric institutions. As late as 1963, the Medical-Pedagogical Counseling Center, founded in Belgrade by Klajn's and Sugar's student and psychoanalyst Vojin Matic, was disbanded by the Belgrade city authorities. Matic's Center was the first institution of this sort in Eastern Europe, which provided therapy for childhood and adolescent pathology on the basis of the psychodynamic model, trained future psychoanalysts and initiated a collaboration of psychoanalytically oriented psychiatrists, psychologists and social workers to devise innovative treatments for troubled children; it had been viciously attacked for years by more traditional psychiatrists for applying “decadent capitalist methods” of a “bourgeois science.”

Matic's open psychoanalytic orientation proved to be damning for this potentially rather successful and revolutionary project.

Thus, in spite of the initially privileged position of both Klajn and Betlheim, the publication of Klajn's book, which came out of his intense professional experience in the Belgrade military hospital and at the Kovin Institute, was delayed for ten years, and only approved in 1955, when the issue of partisan hysteria already ceased to be a public political issue of foremost significance. There were, of course, many reasons why Klajn's and Betlheim's psychoanalytic conceptualizations of this unique war trauma of Yugoslavia's resistance soldiers constituted a sensitive and not always politically acceptable topic, and one of the most important ones was certainly that they integrated in their psychiatric evaluations a serious socio-political critique aimed at the political and military leadership,

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335 Ibid., p. 86

336 Petar Klajn, Psihoanaliza u Srbiji, pp. 60-61
whom Klajn held directly responsible for the pathological reactions of his patients. However, in addition to problematizing the value of upward social mobility, the psychoanalytic treatment of the illness and its sources and potential solutions might have pointed to a different, even more problematic postwar tendency within the military and Communist Party ranks. In Klajn's publications, Yugoslav soldiers' war trauma became an instance of *hysteria* – a telling choice of diagnosis, given the privileged, important place that the concept of *hysteria* as a disorder had in psychoanalysis. For this very term implied that patients were attempting to articulate a suppressed, illicit discourse and an alternative set of values in opposition to the dominant paradigm, and that, through their illness, they were striving to convey a repressed truth. Hysteria, in other words, was an index of that repressed truth, communicated through “lies,” i.e. seemingly physical dysfunctions. What was the partisan hysterics's repressed truth, and could it harm the goals of the Communist Party of Yugoslavia? Importantly, the first recorded instances of partisan neurosis appeared in 1943, when the uniquely egalitarian guerrilla army of the People's Liberation Movement (*NOB* in Serbo-Croatian) began its transition to a more hierarchical and traditional military institution. In an important way, partisan hysteria was then at least partly an objection to this significant transformation of the Yugoslav Communist Party and its army away from their wartime radical emancipatory politics, and a reaction to the perceived negation of the pre-1943 partisan as a truly revolutionary subject in a new, politically authoritarian context, in which a rigidly hierarchical Party was preparing to implement its top-down modernizing agenda. While the Communist Party itself was adjusting to this grand transformation and attempting to balance the reintroduction of ranks and hierarchies with the contradictory (i.e. bottom-up) processes of upward mobility, the emergence of the partisan neurotic as a hysteric with a repressed truth, who longed to return to the revolutionary, emancipatory years of 1941-1943, proved rather problematic.

Shortly before the establishment of the therapeutic center for partisan neurotics in Kovin, the
psychiatrists of the State hospital for mental illness in Belgrade faced a similar reversal of authority when the military hospital’s psychiatric ward sent them four former partisan fighters with a curious condition: epileptiform but most probably psychogenic seizures during which situations from battlefields were relived rather dramatically. In late 1944, Dr Stojan Kulić, who treated the four, was at a loss to ascertain what exactly the illness was, let alone recommend suitable therapy. In his notes on the interactions with the patients, he initially expressed surprise mixed with moderate apprehension but also respect: the four – three male soldiers and a female nurse - came from the same mobile military hospital in Vojvodina, Serbia, and had an astonishingly similar type of convulsions accompanied with simulations of frontline violence. As Dr Kulić wrote down, “to a large degree, they express comradery and mutual devotion.” However, his respectful and conciliatory tone soon gave way to serious concerns over the staff’s inability to enforce the hospital’s rules on these representatives of the new army and new order. As Kulić noticed in one of the patient files, “all four feel fatefuly connected due to their common condition, and do not want to be separated at any cost.” Furthermore, whenever Mila, the nurse, was suggested to move to the female section of the hospital and consequently away from her three male comrades, she would get “horribly upset and excited.” Her co-fighter, Nenad, similarly “would not hear … of being separated” from the other

337 Archive of Serbia, Fond “Neuropsihijatrijska Bolnica Laza Lazarevic,” G-222, F-116, file 20427

338 Ibid., file 20423

339 Ibid., file 20427
Indeed, the situation in which the hospital was not able to follow its basic organizational rules due to patients’ refusal and disobedience, and had to make exceptions regarding the strict separation regulation between the male and female wards was truly extraordinary. As an established psychiatric expert, Kulić dealt with recalcitrant patients on a daily basis, and the process of rule enforcement in the Belgrade mental hospital was not smooth by any stretch of the imagination. At the same time, exceptions were rarely granted, and virtually never with regard to the male-female separation. The fact that, in the case of the four partisans, the Belgrade hospital did not contradict the patients’ forcefully expressed wishes indicated a peculiar reversal of power that the hospital psychiatrists must have found rather new and disconcerting. In his treatment of this group of undereducated people of mostly rural background, Kulić could not and did not adopt the dismissive and disdainful attitude commonly demonstrated towards that profile of patients. Although his patients apparently were not nearly as violent and obtrusive as Klajn’s were, they still managed to disrupt the protocol and compromise what Foucault referred to as the supreme psychiatric “authority without symmetry or limits.” That they were very young, not highly educated and of peasant background further confounded the picture.

However, the psychiatrists of the Belgrade psychiatric hospital were soon to face even greater challenges not only to their authority but also to their own and other patients’ physical safety inside the building. This time the central threat came from the female ward, where three young partisans had been sent from the overpopulated military hospital. In this case, the patients’ disobedience and

340 Ibid., file 20421

aggression apparently reached their absolute limits and the hospital order could not be re-established without relying on an external force – the military. The descriptions of the neurotic seizures of the three female patients, diagnosed simply with “war hysteria,” were very similar to those portrayed by both Klajn and Kulić, but they had their own very significant particularities. The three women’s common psychiatrist, Dr Nadežda Jevtić, did not produce three separate case files, but used the same main body of text in all of them, while introducing very slight changes, mostly in the beginning and the end. In addition, although the psychological profile of the partisan neurotic remained approximately the same, the female “war hysteria” was seen as thoroughly sexualized, with clear homoerotic tendencies.

The sixteen- and seventeen-year-old patients arrived on July 13 1945, and, according to their medical histories, never wanted to separate for any period of time: they were described by Jevtic to be in an “inseparable alliance,” so that “what one wants, all want.”342 Their attitude to virtually everyone outside this circle was apparently extremely hostile (“in defense against everyone”), and they regularly went into and out of seizures at the same time, slept together in two beds and did not separate in the shower either. This collectivity astonished their psychiatrist, to the extent that she was almost unable to present them as separate individuals. The records show, however, that these women did extend their supposedly exclusive comradeship to their male co-fighters stationed in the same hospital and suffering from the same type of “hysterical” seizures, so that their aggressive isolation was not as absolute as it might seem at first. Still, the “togetherness” of the patients remained their central (and likely most puzzling) characteristic, one whose origins and significance Jevtić never attempted to account for in the files, and which effectively worked to dehumanize the patients, not least because their psychiatrist did not present them as autonomous individuals with different

342 Archive of Serbia, G-222, F-120, file 20888
personalities and concerns.

This fascinatingly strong bond between the three patients was also held responsible for their distrustfulness and reserved position towards their surrounding: “every day they … will look at us as if we belonged to a different race, as if we were unknown to them and strange at the same time.” The dangers, therefore, of the battlefield camaraderie were made clear through this case in which the legendary partisan commitment to unison and solidarity was taken to its pathological extreme, and literally wreaked havoc in peacetime circumstances. The pending transition from wartime to postwar conditions thus became a crucial concern for the hospital authorities, although it was never directly tackled: the dismissiveness, unconditional unity and distrustful exclusivity on the part of the former partisan fighters created tension, disrupted hierarchies and effectively precluded normal hospital functioning. Such attitudes isolated the young partisan patients and made it impossible for them to communicate with, let alone heed, the civil authorities. Dr Jevtić’s distress over her patients’ inseparability and mutual supportiveness thus resonated with a more general worry over the ability of the liberating army to change its ways and accommodate to the civil environment.

According to Jevtic’s evaluations, the three women fit in Klajn’s definition of partisan "neurotics" as overly ambitious soldiers whose expectations of awards and advancement went unfulfilled, most likely due to their own incapacities. The patients had an “exceptionally egotistic attitude with very poor assumptions;” their seizures and outpours of aggression seemed to be driven by their constant and intense feeling of injustice and of being wronged: they seemed to resent having

343 Ibid., file 20890

344 Ibid., file 20890
been sent to a mental hospital, and complained that their efforts in the war should have been rewarded and honored, not punished in this way. They protested that, after all the sufferings and sacrifices which they had endured in the course of the fightings, they ended up “terrorized” in a psychiatric facility; “cursing went all the way to Tito.”

Here too, Dr Jevtić emphasized the patients’ troubled adjustment to the postwar civil environment as the core problem, and made it clear that it was of a broader social significance: “their comrades from the city come to visit, and they leave armed with their stories, complaints, and, revolted in such a way by this hospital’s treatment of the ‘innocent victims,’ threaten to settle scores on behalf of their ‘tortured’ friends.”

In these notes and references one can recognize Klajn’s descriptions of the partisan neurotics’ dissatisfaction with the postwar environment, their disorientation, fear and inability to accept new and different responsibilities, their aggressive desire to continue living off the battlefield fame and expectation of rewards and expressions of public gratitude. In the case of a fourth patient, also a partisan fighter, who joined the three after they arrived in the hospital, the theme of failed expectations appeared even more forcefully: this young woman, Jelena, diagnosed with "oligophrenia (with hysterical traits of the character)," told the psychiatrists that she was supposed to be appointed political commissar in her unit but was eventually demoted because she shot her fugitive friend. According to her case file, the same patient actually behaved like a wartime commissar at the ward: she enjoyed ordering the other inmates around and making schedules for their daily work activities.

345 Ibid., file 20890

346 Ibid., file 20888

347 Ibid., F-118, file 20708
The central problem that drew enormous attention to the female partisan group was their excessively violent behavior and profound physical disruption of the orderly functioning of the hospital. This was again similar to Klajn's descriptions of his experiences with treating the "partisan hysterics" at the Kovin Institute, but the destructive tendencies of the female "neurotics" seemed to go even further. The patients apparently almost took over the entire ward; as the three partisans complained of being terrorized and incarcerated, their psychiatrists opined in the case files that the patients themselves were actually the ones terrorizing the rest of the hospital's inmates and employees. As Dr Jevtić wrote down repeatedly, their seizures occurred frequently, several times per day, and they always resulted in a demolition of the hospital inventory. On July 17 1945, triggered by a feeling of injustice and revolt, a seizure began in which "the beds were pushed away, [the patients] broke the wood, tore everything they could lay their hands on; the wooden sides of the beds first fell off and then broke into pieces.... From the beds they fell to the floor, throwing the beds in the air, then moving on to other objects in the room; everything falls down, thrown around in disarray, they don't leave out the oven,... finally the windows break as well. Anything they grab flies in the air." Yelling "shoot!" and "ahead, comrades," they all "shake, throw themselves down and destroy everything around themselves. Their expressions at this time betray the concentration of spirit in aggression." As a result of these incidents, Jevtić continued, "all the inmates are dumbfounded and terrified, all tired and exhausted, and all tenants in the surrounding, hospital employees, are partly afraid, and partly already at the end of their nerves due to the noise and demolition at the ward."348 At one point, the three patients "held a conference" with their co-fighters from the male ward and decided to assassinate the head of the hospital. Soon after that, a knife went missing from the ward, which caused serious

348 Ibid., F-120, file 20890
concern among the psychiatrists and nurses. Similarly, Jelena, who was known to be extremely disruptive well before the three female patients were received in the hospital, was allowed to leave the hospital grounds without escort, which was against the institution's rules, in order to "feel better and more satisfied." Initially, that appeared to improve her condition, but as time went on her psychiatrist started noting that her outings in fact created more problems than they solved. In the end, the head nurse petitioned the head of the female ward to transfer the patient: "Last Friday she returned around 9:30pm, inebriated, she shouted, slammed doors and made noise with her boots so that she woke up the other patients. She went to the male ward and kept hitting the table with her fists, shouted and woke up the patients over there as well. She argues with patients, swears, orders other to wash her plates, take off her shoes, she talks patients out of working at the ward. She attacks nurses... She threatens that she will obtain weapons and kill certain people who she claims hate her."\(^\text{349}\)

However, there was another element in these files that played no role in Klajn's descriptions of the disorder and indiscipline caused by his one-time patients. In the case of the three women, the psychiatric portrayal of the seizures (as well as of their general behavior) was thoroughly sexualized, to the extent that Dr Jevtić referred to the attacks as "game[s] of seeking satisfaction," after which the patients' "relaxed body gives in to the expression of an unsatisfied drive."\(^\text{350}\) Jevtić described their seizures as performances of sexual acts, complete with acting out orgasms, taking a shower and falling asleep. They started with the patients throwing themselves "over each other, biting and sucking each other, like a worm over a worm. Spraining their bodies, they... fall to the floor. They throw their

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\(^{349}\) Ibid., F-118, file 20708

\(^{350}\) Ibid., F-120, file 20888
bodies, like whips, from one place to another... She tears down all her clothes and, naked, seeks satisfaction in spraining her body and giving in to further rage." The attacks would always end with spasms, "freezing," and relaxation, taking a collective shower and then returning to bed together.

Such description of an extremely violent and destructive quasi-sexual act certainly set apart this particular group of female patients. By combining sexuality and violence, the patient case files emphasized two ways in which "war hysteria" offered an almost insurmountable challenge to the hospital's establishment. First, it was seen as "terror," physical aggressiveness of a group of patients who apparently could not be controlled through the hospital's regular means. But secondly, the sexualization of their seizures served to point out yet another form of disruption, that of certain ethical codes: Jevtić's repeated emphasis on what she described as the barely disguised erotic core of the patients' "hysterical" expressions made clear her message that the seizures could not but offend the "moral sensibility" of the hospital's community, and constituted a much more complex challenge than mere violence. It is telling that only women's attacks seemed to be infused with erotic motivations; the preoccupation with the sexual was ascribed to these women even when they were in a conscious state.

According to the files, they frequently received visits from their co-fighters from the male ward, who would sit on their beds while they were lying half-naked. In addition, although they were hostile to doctors and nurses in general, they praised one particular male psychiatrist from the male ward, and Jevtić found it appropriate to mention that this psychiatrist was "young and well developed." The eroticization (and homo-eroticism) might have been related to the status of female partisan fighters: women in the partisan ranks certainly greatly outnumbered females in any other military formation in Yugoslavia.\(^{351}\) In addition, the fact that they were, at least in theory, equal to their male comrades and

\(^{351}\) Although, according to Neda Bozinovic, the Communist Party of Yugoslavia initially wavered on the question of whether to allow women to join partisan military units, by 1945 there were around 100000 female members in the People's Liberation Army (13%), of whom 2000 were promoted to officer ranks in the course of the war. (Neda Bozinovic, Zensko pitanje u Srbiji u XIX i XX veku, Belgrade, 1996). The resistance movement as well as the post-1945 wide-ranging social changes signified the first mass entrance of women onto the social and political scene in the history of the Yugoslav territories: in the immediate postwar period the Communist Party not only created the necessary legal framework for safeguarding formal gender equality but also encouraged female emancipation in practice. As the participation of women in industrial workforce and political and governmental bodies increased dramatically in the
capable of achieving the highest military ranks and political positions was fairly revolutionary, and frequently seen as disruptive, in the immediate postwar context. In that sense, the unusual amount of power that the three female patients apparently possessed inside the hospital likely resonated with the general trend of the broadly advertised women’s "empowerment" in the new socialist society, and could have been experienced as additionally offensive. If the three patients’ seizures were understood as public expressions of the “new woman’s” aggressive sexuality, that would then add to the "inappropriateness" of the female partisan position in the traditional moral sense. Furthermore, the relationship between male and female partisans attracted significant attention, although sexual relations were generally strictly forbidden in the partisan ranks during the war. Jevtić appeared puzzled by what she saw as a rather close relationship between the partisan patients from the male and female wards, by their constant mingling, "conferences" and collusion, and she was probably not the only one. That was another element of the battlefield which entered the psychiatric hospital and found it thoroughly unprepared. In that sense, the radical change in the postwar status of women, as well as of the lower ranks in general, was certainly reflected in psychiatric perceptions in a number of ways, one of which was the sexualization of female “war hysteria.”

In the end, only ten days after they arrived, the military needed to step in and separate the three women, isolating them in different rooms. The final collective seizure began after midnight and lasted until the early morning hours, and in the course of it the patients completely demolished the entire room, threw rocks and broke windows in the hospital and its surroundings. The other patients

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1940s and early 1950s, and the number of female university students in the country doubled by 1945/46, female partisans were the avant-garde of the postwar female emancipation movement, the promoters as well as the greatest beneficiaries of these changes. (Ivana Pantelic, Partizanke kao gradjanke, Belgrade: Institute for Contemporary History, 2011, pp. 37-42, 78-79, 163-167). According to feminist anthropologist Svetlana Slapsak, a partisan woman was “a woman in uniform, a woman who uses weapons, a woman who kills: one of the central elements inscribed in the image of a partisan woman was fear. It does not matter that women were rarely allowed to assume commanding positions, and that a military career was generally inaccessible to them. She… represented a threat of perfectly protected, and thus autonomous and aggressive, sexuality. A woman who carries weapons makes her own choices…” (Svetlana Slapsak, Zenske ikone XX veka, Belgrade, 2001, p. 208) For a sophisticated and thoughtful account of the mixed effects of female peasant mobilization in WWII Yugoslavia, see also Jelena Batinic, Gender, Revolution and War: The Mobilization of Women in the Yugoslav Partisan Resistance in WWII, unpublished dissertation, Stanford University, History Department, 2009)
apparently escaped the room. The three partisans shouted threats, looked for the missing knife and promised to kill the head of the hospital and thereby take revenge for the terror to which they had been exposed at the ward. Importantly, Jevtić wrote down that the "noise that they made sounded like rifles," yet another attempt by the patients to avoid the transition to peacetime.\textsuperscript{352} The following day, the military was called in to help the hospital employees handle the unruly women, and from that point on the three patient files diverged, but they also became very laconic. The patients left the hospital after two weeks, and their fate remained unknown.

As for the diagnoses assigned in the hospital, they were far from fixed in this transitional period. Dr Kulić referred to the seizures of his four male patients as “hystero-epileptiform,” while the official diagnosis for all four of them was “psychopathia,” followed by “neurosis funct. inducta hystero-epyleptiform.” in three cases, and “hysterical reaction” and “war hysteria” in the fourth case. Kulić noted that “it seems that [they] present pronounced psychopathic personalities with hysterical and epyleptiform reactions.”\textsuperscript{353} Therefore, the neurosis appeared in the pre-disposed, genetically “burdened,” and was merely triggered by wartime stresses and sufferings. In this regard, then, Kulić remained in line with the pre-war approaches to the nature and genesis of mental illness and disturbances. On the other hand, the impact of the wartime occupation was remarkable in this respect as well. As we saw, while the war was still on, there appeared voices even among traditional psychiatrists which questioned the idea of an exclusively biological basis of psychiatric conditions such as schizophrenia, in light of the possibility that war-related horrors were often of such enormous

\textsuperscript{352} Archive of Serbia, G-222, F-120, file 20888

\textsuperscript{353} Ibid., F-116, file 20427
intensity that they could conceivably do more than merely trigger mental breakdowns, which now seemed to affect even those not “burdened” by faulty heritage. In that sense, the phenomenon of “partisan neurosis” provoked some discussion regarding the origins of the disorder, pathological predisposition, the role of environmental factors and the most appropriate therapy. Despite his ultimately conservative interpretation of the diagnoses, in these four patient case files Kulić still paid much greater and more detailed attention to environmental effects, the patients’ psychological sufferings, the content of their pronouncements, their living conditions and wartime experiences, than was customary in the Belgrade mental hospital before 1941 and 1942. Furthermore, in yet another case file of a former partisan soldier who exhibited epileptoid symptoms (but without the re-living of battlefield situations), Kulić concluded that the patient’s seizures with loss of consciousness came as a result of war efforts and were entirely “psychogenic,” without a neurological or genetic foundation, while no mention was made of psychopathological constitution.\(^{354}\) This, of course, did not constitute a change of the dominant paradigm, but it did indicate a rethinking of sorts. In the long term and under the subsequent influence of international developments in psychiatry, this rethinking led to more significant transformations of the tenets of the profession, pushing it more decisively towards accepting psychotherapy and psychogenic conceptualizations of mental illness. In the meantime, this initial wavering grew even more pronounced in the work of other psychiatrists, most notably Klajn, and it shaped the way in which they conceived of and defined the nature of “partisan neurosis” as well as their recommendations for therapy. As environmental factors came to be viewed as increasingly important for the psychiatric diagnostic process in the war’s immediate aftermath, education and popular enlightenment emerged as psychiatric, medical tools.

Klajn’s solution was “pedagogical therapy,” whose aim was to re-educate the core of the

\(^{354}\) Ibid., file 20474
patient’s personality: the correct attitude of the broader society to the patients should be that “of a mature educator towards an immature pupil.” This infantilization of the partisan neurotic became a frequent rhetorical move, utilized in different ways by a number of doctors of various ideological leanings. In that sense, the upwardly mobile illiterate peasant or unqualified worker was constructed as an unruly student, whose behavior needed to be put in order by a sympathetic yet firm and authoritative teacher-psychiatrist. Therefore, if the newly emerging social elite was lacking a proper upbringing and education and needed to be enlightened or corrected, the psychiatrists reserved that role for themselves from the outset. Klajn made it clear that in his opinion it was “likely that the unenlightened nature of our peoples contributed to the spread of hysterical reactions in this war.”

The enlightenment, therefore, was the best prophylactic measure, but while Klajn emphasized the need to educate the broadest social sectors about mental health and genesis of psychiatric illness, other doctors had in mind a much more all-encompassing agenda for popular edification. In his December 1944 report from the front on war neuroses in his division, Dr. Šalek interpreted “partisan neurosis” as a problem of flawed upbringing quite literally. Namely, since the first instances of neurotic seizures appeared in the area of the Kozara mountain in Bosnia and later spread from there, Šalek averred that the cause for this could be found in the collective psychological character of the region, whose “people are oversensitive, proud, touchy, ambitious, impulsive and explosive. Children are very spoiled, and spoiled children have a lot of difficulties facing disappointments when they grow up.”

355 Hugo Klajn, Ratna Neuroza Jugoslovena, p.151

356 Ibid. p.149

357 Arhiv Sanitetske službe Ministarstva odbrane, R-19, Dr. Šalek,”Podaci o ratnim neurozama,” p.246
In other words, the poor upbringing of these partisan soldiers resulted in their destructive and pathological reactions to criticism and feelings of failure and injustice. Both Klajn and Šalek agreed that neurotic reactions mainly appeared in those soldiers who happened to be dissatisfied with their current position or felt that they were unjustly left behind when it came to promotions and professional prestige. But Šalek emphasized to a much larger extent the problem of personal upbringing (characteristic for the peasant communities in the area) and the lack of intellectual, political and cultural sophistication of his patients. He reportedly mostly observed neurotic conflicts in those persons whose general socio-cultural awareness was low and self-love and egocentrism powerful: “the only thing that could have helped was proper upbringing, and that was lacking….Mothers adore their children and precisely for that reason they don’t raise them with enough discipline,” which resulted in frequent violence and self-will. Furthermore, Šalek’s recommendation for treatment demonstrated clearly that, for him, the problem of partisan neurosis was primarily socio-political rather than medical or psychiatric. Medical attention needed to be accompanied by “intensive political, cultural-educational and military work according to a special plan,”358 and it was the latter that was truly vital as a therapeutic strategy. The spread of hysterical reactions was thus going to be interrupted when psychiatrists succeeded in implementing appropriate corrective measures to reverse the loose, unruly manners that the patients had adopted as a result of their undisciplined childhood upbringing in a mountainous peasant community. In addition, to fight the aggressive mental condition, medical doctors needed to eliminate the educational, cultural and political backwardness of the up and coming peasant soldiers. In this interpretation, the partisan neurotic was entirely defined and determined by his social background and socio-economic position.

358 Ibid., Dr. Šalek, „Neuropatija (slicna histeriji),” p.2
He was also identified as a particularly immature and disruptive child, incapable of fulfilling his assignments and dealing with some inevitable difficulties in a satisfactory manner. For that reason, the child stood in a subordinate position to the psychiatrist-teacher, who now assumed the role of a social and cultural enlightener, or was in any case to be vitally involved in devising the plan for an ambitious educational elevation of the masses.

Both Šalek and Klajn, though, expressed a significant degree of sympathy, even respect, for the patients about whom they wrote, usually describing them as brave, committed and self-sacrificing soldiers whose illness should not be interpreted as simulation or a conscious attempt to escape the dangers of the battlefield. However, a group of military psychiatrists based in Zagreb chose a significantly different set of terms to refer to and define the partisans’ war neurosis, although they shared the above-mentioned core premises. In their case, the professional goal of strengthening the position of psychiatry and psychiatrists within the newly emerging military establishment determined their medical and therapeutic involvement with the issue of partisan neurosis, so that, in their arguments and recommendations, education gave way to exclusion. In other words, they called for a much stricter selection of military recruits and functionaries, rather than for their enlightenment and improved upbringing, primarily because the processes of selecting the valuable for and excluding the “challenged” from the military service would necessarily have to be conducted by military psychiatrists, whose numbers and influence would consequently grow. In that sense, as civilian psychiatrists tried to recommend themselves as primary educators and enlighteners of the newly empowered masses, their colleagues from the military became invested in the raising of the entrance criteria and promoted their own central role in it.

One of the most influential military psychiatrists of the postwar years, Lieutenant-Colonel Dr Josip Dojč, certainly found the image of the neurotic as a misbehaving child very pertinent, although his solutions as well as the implications of his work were considerably more radical. In Dojč’s
opinion, the most common war neurotic was a “young infantile and primitive” person; their neurotic seizures could be compared to “some sort of infantile reaction of spite, similar to those by ill-bred small children, if parents don’t fulfill their wishes. In the same way, these children throw themselves on the floor, cry, scream, hit around with their hands and legs, in order to provoke pity, compassion or concern of those around them and achieve their goals in that way.” Even Dr Stjepan Betlheim, who later earned fame as one of the most prominent proponents of the psychodynamic treatment of neuroses in Yugoslavia, at this time became a close collaborator of Dojč’s in the Zagreb military hospital and seemed to have adopted his colleague’s harsher, more pessimistic stance following the disappointing therapeutical experiment in Kovin: “it is known that the psyche of a hyster is in many ways similar to the psyche of the underdeveloped, that there are many infantile traits in it. Our war neurotics are majoritarily youngsters, people with unfinished puberty… similar to spiteful children, who throw themselves down, bite themselves and others, pull themselves and others for the hair etc.” Furthermore, they were “full of theatricality in a primitive way,” and their urges “egocentric” and “autistic.”

The change in rhetoric was slight but noticeable: Dojč’s and Betlheim’s terms were more directly derogatory and dismissive of the legitimacy and complexity of the patients’ internal conflicts. For Dojč in particular, there was little more than imitation or simulation in the partisans’ hysterical seizures; he agreed with Betlheim that it was indeed very difficult to distinguish true hysterics from “aggravants” and simulants, since partisan neurotics “mainly produced their seizures consciously.”


360 Stjepan Betlhaim, ”Samoostecenja kod ratnih neuroticara,” VSP, 3:7-8, 1946, pp. 331-333

While both Klajn and Šalek emphasized the need for development and edification of the war neurotic and, by extension, the new military and political elite, Dojč and his associates defined their partisan patients in static terms – as primitive and autistic, as well as frequently pathological personalities, whose behavior during seizures differed very little if at all from their conscious selves.\textsuperscript{362} At a talk given before a group of senior military psychiatrists in Zagreb in 1946, Betlheim argued that partisan war neurotics were “persons who generally exhibited irregularities of character,” pathological personalities who frequently used seizures to express their aggressive or criminal tendencies and sadomasochistic complexes, and who “usually were not suitable breeders of future generations.”\textsuperscript{363} For those reasons, the suggested therapy did not include enlightenment; Dojč insisted on harsh disciplinary measures – punishments dispensed not only by psychiatrists but also by the political and military authorities, for the patients to internalize the accepted norms of behavior, and to “learn very quickly that in this way they cannot reach their goal.”\textsuperscript{364} Moreover, all that was necessary for the betterment of the neurotics’ state was their “will to suppress their psychological weaknesses and asocial tendencies.” In order to encourage this will and energy, a proper punishment was necessary to make the patients “try to behave in a disciplined way,…not to succumb to their weaknesses and become recidivist.”\textsuperscript{365}

\textsuperscript{362} Ibid. p. 332

\textsuperscript{363} Ibid., pp. 95-97

\textsuperscript{364} Dojč, ”O biti zivcanih napadaja u ratu,” p. 119

\textsuperscript{365} Ibid. p. 118
As I argued above, the slightly changed rhetoric betrayed a different set of concerns. As a military psychiatrist, Dojč was particularly concerned with the problem of mentally unfit soldiers accepted into the army. As a result of wartime necessities, it was likely that a significant number of people whose mental abilities precluded satisfactory service and advancement in the army were nevertheless admitted and even promoted in the partisan ranks. Problems emerged when, after the spring of 1943, the partisan army saw a quick spread of the seizures related to war trauma, which turned into a true epidemic and raised the issue of the overall quality and fitness of partisan soldiers. Dojč saw this pull of people - “psychopaths,” “neuropaths,” “hysterics” as well as the “weak-minded” or “intellectually insufficient” – as the most likely to be diagnosed with war neurosis and hysterical seizures of the partisan type. The discussion of war neurosis in the partisan units thus offered an excellent opportunity to emphasize the role of the discipline of psychiatry as vital for the efficient and smooth functioning of a modern military. Dojč tried to demonstrate the complications that the absence of psychiatric screening of recruits could create, and his discussion as well as treatment of the partisans’ war trauma were significantly shaped by this professional concern. In consequence, he focused on the constitutional inability of potential and actual soldiers, and how to eliminate the mentally “insufficient,” and in the process paid very little if any attention to developmental potentials of his patients: he was clearly not interested in the issue of raising the educational and cultural level of the newly emerging military elite.

This was of course also a very significant concern in other armies in the immediate postwar period: Dojč quoted efforts and strategies of the British and US military establishments to institute more restrictive entrance criteria in their respective recruitment processes after WWII. However, the Yugoslav situation had an additional peculiarity: not only the rank-and-file soldiers but also commanders and high-ranking officers now regularly came from the lowest social sectors and rarely underwent any comprehensive educational preparation. In his work, Dojč emphasized the need to
avoid assigning great responsibilities to people of limited intellectual capabilities and insufficient cultural and educational preparation. While Klajn, Šalek as well as the Communist Party itself mostly focused on education, Dojč urged the military and political authorities to realize the intellectual limits of the rural and urban poor. For that reason, the issue of partisan neurosis functioned very well to show what happened when responsibilities and socially prestigious positions – or their prospects – were heaped upon the intellectually unfit.

In Dojč’s opinion, after such an enormous challenge as the world war, it became clear that “following the quest for an ever larger quantity, there soon emerges a sobering realization that qualitative criteria cannot sink below a certain minimum.”366 The existence of such great numbers of mentally challenged and psychopathological personalities in the current ranks of the Yugoslav army dictated the urgent need for a more extensive military psychiatric service capable of recognizing the problematic types and assigning them their proper roles – inside or outside the army. This was necessary in order to recognize those psychologically and intellectually “deficient,” and “interrupt their useless military education in a timely fashion and save the unnecessary costs of their schooling.”367 Edification was, therefore, not always a proper institutional response: in some cases, instead of becoming high-ranking military officers, the “intellectually backward” and weak-minded could have been much more useful for society in “peaceful practical occupations” such as “agriculture, raising livestock,” or some other form of simple physical labor. Education was certainly a waste of resources not only in the case of those genetically intellectually challenged, but also with


367 Ibid., p. 300
regard to those persons whose intellectual development had been stalled because they had had no access to educational and intellectual opportunities. For Dojč, it was necessary to realize the “natural” limitations of upward social mobility and to point out that “every man should be schooled in accordance with his intellectual capacities, so that efforts would not be squandered away and invested in vain at the time of the reconstruction of the country and preparation of cadres for the Five-year plan.”368 In order to preclude the recurrence of such problems in the future, it was necessary to increase the educational level and numbers of military psychiatrists, who were the sole authority capable of deciding which potential soldiers would be fit for military service. In addition, Dojč and his followers emphasized the need to educate all medical doctors and practitioners in psychiatry so that each of them would have a firm grasp on the basic principles in the field of mental health and hygiene – which meant the inclusion of psychiatric courses and materials in all medical universities’ curricula on a regular basis.

Interestingly enough, the issue of social mobility and “value” of the new cadres provoked similar reactions and discussions within the Communist Party of Yugoslavia and among the ideologists of the new state, both during and immediately after the war. The results of these debates were deeply contradictory, but they bore significant resemblance to conclusions reached by the psychiatrists. The Party opinion wavered between a firm belief in education and enlightenment on the one side, and relative pessimism about the intellectual potentials of the newly admitted Party members and partisan recruits on the other. Ever since 1941, the Central Committee’s instructions to lower party and military organs struggled with this major internal inconsistency and very rarely managed to resolve it. It was extremely important to relax the political, ideological and military entrance criteria at the time in which the position and strength of the resistance movement were precarious, and there

368 Josip Dojč, Medicinski glasnik, 12, 1946-7, p. 243
were many indicators that this relaxation was a complicated process that encountered opposition and objections by old Party members. On the other hand, urges to maintain the “purity” of the Party line were equally frequent and central, as the leadership perceived the danger of losing the original ideological character and identity, and compromising some of the core ideological precepts in the face of a large contingent of neophytes with very little political and ideological commitment and of peasant instead of working-class background. There appeared entire military brigades and divisions whose social and political makeup turned out to be very disturbing to the Party leadership. Mainly of peasant background, these new partisan soldiers had very little if any knowledge of Marxism, the Party’s history and history of the Soviet Union, were very frequently completely illiterate and sometimes had very problematic previous political affiliations. Political commissars’ reports from military units and divisions at the battlefield identified this “low quality” of soldiers and Party members as the main cause of almost all hurdles and difficulties which beset the resistance movement. Desertion, absence of commitment to the military struggle and political goals of the Party, cowardice, bad relations between comrades and with the general population – all these compromised the image of a New Man who was being forged in the course of the anti-Fascist struggle.

The ideal partisan fighter was very far from what these Party ideologists were seeing on the ground, and their interpretation of the problem almost always put emphasis on the negative implications of insufficient education and cultural backwardness. The troublesome type described by the commissars and the Central Committee bore exceptional resemblance to the war neurotic as portrayed by various groups of psychiatrists. In that sense, the ideological and the medical converged: the increased social mobility posed, ironically, a serious challenge to the core ideological premises of the Party, and it also troubled the psychiatric profession, making it rethink and re-emphasize its own role with regard to integrating the lower classes into a harmonious social whole. For that reason, the partisan neurotic assumed great importance in Yugoslavia’s highest political circles. The terms used
by the political ideologists to define the ideological and social difficulties with the Party’s expansion were frequently exactly the same as those found in the psychiatric rhetoric. The partisan neurotic, therefore, clearly became much more than a medical or psychiatric category: he was merely the extreme version of one of the Party’s most pervasive political and ideological problems of the immediate postwar period.

The profile of the unsatisfactory partisan soldier as it emerged in internal Party reports throughout 1944 and 1945 contained almost all of the major psychological characteristics of a typical partisan hysteric: “High degree of illiteracy, very little personal self-initiative, lack of responsibility for the unit as a whole, sick ambition for higher ranks and positions – these are the greatest flaws of [our] military commanders.” These problems were then immediately related to the educational level and social background of the soldiers in question: “All these drawbacks were in most cases an inevitable phenomenon because our officers were mainly workers or peasants, almost without any education. Through the Party, by the very necessity of working in a military organization our military commanders are on the way to correcting all the flaws that they currently have.” 369 The main problems that political commissars and long-term Party members encountered in the partisan units were thus related to the extremely low level of political and ideological awareness, and of cultural and educational development of the newly admitted: “the peasant element of [a mountain area in Bosnia] is shrewd and loyal to us, but insufﬁciently elevated politically, and … very backward in terms of the general culture and awareness.” Furthermore, the peasant partisans of this area were characterized by a “weak theoretical buildup.” 370 Similarly, “a large part of [the unit] is made up of peasants who have

369 Archive of Yugoslavia, Izvori za istoriju SKJ, book 18, p. 243

370 Izvori, book 18, p. 306
not yet had a chance to study nor were they used to studying, and this is why they are encountering difficulties.”

The Communist Party officials were particularly concerned with what they commonly perceived as the exceptional ambitiousness of many recently arrived members and soldiers: after 1945, the fear was widespread in the movement that many had joined not out of a true, selfless commitment to the Party’s goals, but for egocentric and opportunistic reasons and were primarily in race for ranks, positions and awards. Interestingly, the war neurotic was also characterized by his relentless desire for recognition and advancement: partisan neurosis was by definition the condition of the overly ambitious, who considered their own social expectations to have been unjustly disappointed. In a report of the Party’s Ideological Commission following a visit to several local party organizations in Vojvodina in 1947, the authors placed particular emphasis on the need to get rid of the “opportunistic elements,” which, as local leaders, ignored democratic forms of governance and frequently expressed arrogance and authoritarianism. Careerism and the tendency of certain sections of the Party membership to avoid more complex duties were the core problems, which showed some high-ranking members’ disturbing lack of a true commitment to the Party’s revolutionary aims.

Certain traits, such as low self-criticism and difficulties with accepting negative critiques, were defined as an outright “absence of the Communist values.” In personal references for several young Party officers towards the end of the war, a political commissar criticized one of the soldiers for his “absence of self-criticism and low commitment to the Party; he overestimates himself and frequently

371 Izvori, book 18, p. 325

372 Archive of Yugoslavia, KPJ, fund 507, Ideoloska Komisija II/6-(1-71), p. 5-6
underestimates others. There is a lot of egocentrism in him, bragging, often tells untrue stories.”

Furthermore, another partisan was described as “extremely sensitive, every irregularity towards him upsets him very much.” As I showed above, precisely this heightened sensitivity to negative evaluations was defined as one of the core sources of neurotic conflicts in traumatized partisans: they reacted violently to any criticism, frequently insisted on emphasizing their own values and achievements (and actually accomplished that through demonstrative seizures), and were described by virtually all medical doctors involved in the discussion as egotistic and self-centered. Another Party member from the same set of references was censured for nervousness, due to which his “relationship with people is not always on the Communist level.” Yet another was “sensitive to a fair degree, so that even today he has not forgotten some insults by certain people at the beginning of the uprising, although some of these people are nowadays in responsible positions.”

In a personal characteristic from 1951, found in the files of the Party’s Ideological Commission, a female member’s excessive professional ambitiousness was directly related to her supposed mental disturbances: “overly sensitive, overemphasizes her (greater) position and sufferings, nervous disease, dissatisfied with her work, loses will to work, takes all criticisms personally.”

As the partisan resistance movement got reorganized into a regular military, the problem of discipline and obedience assumed ever greater importance, and the newly admitted with “insufficient”

373 Izvori, book 18, doc. 45

374 Izvori, book 18, p. 318

375 Archive of Yugoslavia, F-107, CK KPJ, doc. 1944/660
Communist values were seen to pose a most serious challenge in this respect – and so were those diagnosed with partisan neurosis. Due to the extreme youth and immaturity of many in the partisan units, serious problems emerged with regard to a “correct understanding of duties in relation to the commanding cadre, and increase and strengthening of discipline.”

In the Fourth Montenegrin Brigade, the political commissar in charge defined the partisans as “young, without enough initiative, resourcefulness with an underdeveloped awareness of personal responsibility, without sufficient discipline and alertness.” Very frequently, the Party’s wartime reports accused new members and newly mobilized soldiers of a decreased willingness to fight and an increased tendency to desertion and abandonment of units, especially when conditions were exceptionally difficult and prospects for victory slight. Although psychiatrists – with the important exception of Dr Dojč – rarely mentioned cowardice and a diminished fighting spirit as accompanying neurotic seizures, in 1943 desertion became a serious issue precisely in the area of Kozara where partisan neurosis first manifested itself.

Political reports from the frontlines made it clear that the newly admitted, undereducated and politically and ideologically uncommitted were the ones most prone to run away (although Kozara was certainly not the only area afflicted). In a report on the Third Brigade of the Twentieth Division, in which the majority of Party members were peasants admitted rather late in the course of the war, the core problems threatening the brigade’s viability were the tendency to desert, low fighting spirit, problems with discipline and arrogant treatment of the population.

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376 Archive of Yugoslavia, F-107, CK KPJ, doc. 1944/80

377 Archive of Yugoslavia, F-107, CK KPJ, doc. 1944/205

378 Archive of Yugoslavia, F-107, CK KPJ, doc. 1944/75
(immediately before “partisan neurotic” seizures were first reported), the Tenth Brigade apparently went through a major crisis, caused by a dispersion of soldiers, open expressions of a “wish for a respite,” desire to go home etc.379

In response to these increasingly disconcerting ideological and pragmatic conundrums, both during and after the war the Party’s higher instances insisted on devising and implementing a comprehensive program of cultural enlightenment and raising the partisans’ general educational level through Party courses, political and ideological lectures and discussion groups, fighting illiteracy. This was believed to be the ultimate strategy for a thorough cultural and political re-education of Party and partisan neophytes, and their gradual molding into satisfactory Communists. In that sense, this educational approach corresponded to Dr. Šalek’s recommendations; in the interpretation of the Central Committee and various political commissars working in partisan brigades and divisions, the problem was not caused by a medical constitutional deficiency but resulted from a low general cultural level, denied access to any meaningful forms of political enlightenment, and protracted exposure to “enemy propaganda.” On the other hand, the much less inclusive approach characteristic of Dr. Dojč also had its proponents within the new political and military leadership: Party organs occasionally insisted on the ideological strengthening and internal “cleansing” of the organization at all levels. The basic dilemma – whether to educate or eliminate the less than ideal new members - seemed to mirror the psychiatric discussions on strategies for integrating the war neurotic into Yugoslavia’s changing society.

These discussions of psychiatric problems in the ranks of the Yugoslav liberation army had

379 Archive of Yugoslavia, F-107, CK KPJ, doc. 1944/66
profound and long-term consequences, especially for the specialization and development of Yugoslavia's military psychiatry from the late 1940s and early 1950s on. As I argued above, professional concerns became paramount as military psychiatrists saw the epidemic nature of the partisans' "war hysteria" to be an excellent opportunity to emphasize the need for an enhanced role for psychiatry in the context of modern warfare and efficient military. Dojc and others frequently quoted British and US military experts to prove that, in WWII, psychiatric disorders accounted for the largest number of dismissed or incapacitated soldiers, and argued that psychiatry thus emerged as the foremost discipline in military medicine, as significant as war surgery or internal medicine. In other words, military psychiatry grew to be defined in these discussions as a field of supreme importance for the functioning, efficiency and even survival of a modern army in any future war, which was bound to be fought with weapons so destructive and techniques so psychologically shattering that neurotic and psychotic breakdowns would present the greatest and most dangerous obstacle to victory. As Dr Dojc pointed out, "we may not forget that we are, as they tell us, in a 'cold war,' and a cold war means a 'war of nerves.'... For these reasons, the one who wants to win the war must have not only better technology but also better nerves." Military psychiatrists were then indispensable to conduct psychological screenings of military recruits, so that the "constitutionally burdened" (those supposedly more likely to succumb to psychological pressures and acquire a neurotic condition) would be recognized at an early stage and eliminated from the process before they endangered the stability of their units or before resources were squandered on their military education. For Dojc, the question of advancement and promotion was central: in his view, the discipline of military psychiatry needed to put a particular emphasis on perfecting methods of psychological and intelligence testing in order to prevent those "psychologically or intellectually impaired" from becoming regular or even

non-commissioned officers. However, given the social make-up of the Yugoslav army in the early 1950s, Dojc thought that such a strict elimination process would remove significant numbers of soldiers and create logistical difficulties for the military, so he proposed keeping those unfit for advancement within the army in special work units where they would perform menial jobs, in accordance with their abilities and education. (Dojc also clarified that by the "impaired" he did not only mean those with an "organic" disability but also those who could be diagnosed with "intellectual backwardness, that is, underdevelopment due to the impossibility of intellectual upbringing and development - absence of education"\(^\text{381}\)).

Another large problem was the lack of organization and coordination in the field of military psychiatry. From the early 1950s on, some of the leading experts of the psychiatric ward of the Military-Medical Academy in Belgrade, such as Dr Branko Kandic and Dr Mira Vrabić, pointed to the necessity of agreeing upon and adopting a uniform doctrine of Yugoslav military psychiatry, which would centralize, coordinate and guide medical procedures and decisions of psychiatrists, psychologists and social workers in their dealings with different psychotic or neurotic disorders. The process of adopting a unique military psychiatric doctrine for the entire country would also initiate a wide-ranging debate regarding the core assumptions of the discipline and its guiding principles. Kandic also insisted on the precedence of psychiatry over neurology, especially in the context of the needs of modern military and in light of psychiatry’s greater capacities and success in therapy and cure.\(^\text{382}\) Finally, in these years both Kandic and Dojc insisted particularly vocaly on the need for a

\(^{381}\) Josip Dojc, "Intelektualni i psihicki defekti u armiji," VSP, 9-10, 1952, p.300

\(^{382}\) Branko Kandic, „Problemi i stanje psihijatrijske službe u savremenoj armiji,” VSP, 7-8, 1956
larger number of psychiatrists in the military ranks and in general. Both proposed basic psychiatric education for all medical doctors employed in the military, and a tighter collaboration between general psychiatric hospitals and military units.

However, this insistence on the strengthening of the position of psychiatry within the military and on the adoption of a uniform doctrine also signaled a major change in the psychiatric outlook in the postwar years. By the early 1950s, psychotherapy based on dynamic principles was making significant inroads in Yugoslavia's civil psychiatry (and the 1960s and 1970s would be dominated by the psychoanalytical approach). In the military sphere, more traditional professional practices were still firmly in place as late as 1956, when Dr Kandic urged for modernization within the discipline and for basing the military psychiatric doctrine on principles of dynamic rather than what he termed “classic psychiatry.” Kandic thus recommended focusing on psychological, emotional factors in the emergence and development of a psychiatric disorder, and creating teams made of psychiatrists, clinical psychologists and social workers to provide mental health services within the military. It was important now, claimed Kandic, to take into consideration not only the patients' constitutional predilection but also their socio-economic background, their life experiences as well as their internal emotional and psychological universes.383 This was indeed a fairly radical change: Kandic offered a rather straightforward critique of purely somatic treatments of psychiatric patients, and called for a greater investment in the education and specialization of psychiatrists in the area of psychotherapy, which "earlier on used to be looked upon with skepticism and its value was directly denied."384

383 Ibid., pp.376

384 Ibid., p.376
Kandic's emphasis here was on the actual success of psychiatric treatments: his core argument in favor of psychotherapy and dynamic psychiatry was that these approaches were far more efficient in curing (or in any case, improving) patients than were the more conservative therapies based solely on medication and somatic treatment. The issue of reintegration of psychiatric patients thus grew to be highly important, even vital, in the military context. As Dr Vrabic noted a few years later in relation to war trauma, in a country as small as Yugoslavia, the military could not afford to lose or discard large numbers of people and potential soldiers due to psychiatric difficulties, most notably partisan hysteria.\footnote{Mira Vrabic, “Znacaj psihickih poremećaja u savremenom ratu, njihova ucestalost i profil sa istoriskim osvrtom,” VSP, 3, 1958, p. 201} For those reasons, military psychiatry needed to step in and grow stronger. Its aims, though, would now be somewhat different from Dojc's early urges to screen and eliminate those prone to neurosis. The new military psychiatry was to cure.

In 1957, a group of Zagreb-based psychiatrists led by Stjepan Betlheim conducted a follow-up study of wartime neurotic patients, aiming to inquire into their adaptation to civilian life in the course of ten or so years after the end of the war. After interviewing thirty-four former patients, who all received treatment in military hospitals after the end of the war, the psychiatrists concluded that in the majority of cases the former partisans had suffered from a "superficial neurosis" that did not harm deeper layers of their personality, and consequently they faced no larger problems reintegrating into the postwar society. This was true particularly for those interviewees who were younger than eighteen at the time of their seizures: according to the study, they overcame their neurotic disorders very easily, since those appeared to be just a phase in the maturation and development of their personality.\footnote{Stjepan Betlheim et al., “Adaptacija ratnih neurotika,” VSP, 9, 1957, pp. 508-509} The authors recommended superficial psychotherapy, with particular care for mental hygiene measures.
and prevention. In other words, this group of eminent military psychiatrists argued that the outbreak of "partisan hysteria" did not seem to leave any deeper wounds in the Yugoslav society: the former neurotics, frequently described in the early postwar years as primitive, immature children in dire need of discipline, apparently shed their neurotic condition fairly quickly and were able to adapt to the peacetime circumstances without major disturbances. They were cured: they outgrew their "hysteria," leaving it behind in the course of their personal development and education, perhaps also upward social ascent. Here Stjepan Betlheim moved significantly away from his early calls for disciplinary measures against those exhibiting war-related seizures, and seemed indirectly to revert to the idea that enlightenment, education and maturation, combined with “superficial psychotherapy,” were the right ways to overcome partisan neurosis.

After the end of the war, Dojc worried that indulging the "partisan neurotics" would result in the fixation of their neurosis and continued urging his colleagues to persuade their patients that theirs was no serious or even real illness, that it was transitory and would pass when their "nerves calm[ed] down."387 However, a decade or so later there was a growing belief among Yugoslavia's military psychiatrists that the partisan war trauma indeed left no serious or long-term consequences, that the disorder could be dealt with efficiently and terminally, and the patients could emerge fully rehabilitated and cured. But this latter assumption was based on concepts radically different from those proposed by Dojc and his associates: military psychiatry was now there not simply to diagnose defects and ward them off. It was also supposed to directly address and eliminate them without writing anybody off.

At about the same time, another major psychiatric figure of socialist Yugoslavia, Dr Vladislav

Klajn, wrote extensively about the possibility of rehabilitation of neurotic and psychotic patients in the military context. Klajn concluded that "it was important to finally accept as a principle that in psychiatry there may not be a category of those 'written off.'" Moreover, Klajn urged the Yugoslav psychiatric community to at last transform the character and primary purpose of mental hospitals, and turn them into institutions of true therapy and rehabilitation, committed to work therapy and social and psychological re-adaptation of their patients. This was another radical call, given the state of psychiatric hospitals in wartime and immediate postwar Yugoslavia, in which psychotherapy was barely ever even mentioned, let alone practiced, and in which the concept of cure and rehabilitation was all but formally given up. Klajn's work primarily focused on psychiatric disorders within the military, and on the possibility and strategies for their treatment and improvement. He highlighted the need to take seriously the goal of full rehabilitation and re-adaptation even of those diagnosed with chronic neuroses (as Klajn called them - "cemented neurotics"), as well as to approach psychiatric patients without prejudice and offer them equal professional opportunities. This was indeed a long way from Dojc's early calls for elimination of psychopaths and constitutional neurotics from the military ranks. "Rehabilitation" and "reintegration" were now becoming catchwords of the postwar military psychiatry, replacing "elimination," "screening" and "defects" as the importance of psychoanalysis and dynamic psychiatry grew in the civilian sector. For Vladislav Klajn, in 1958, psychotherapy for military neurotic and psychotic patients was not simply one of several options for treatment; it was the only one.

This newly embraced military psychotherapy, though, had to be adjusted to the specific conditions of post-1945 Yugoslavia. As Vladislav Klajn instructed, when it was applied to "primitive,"

388 Vladislav Klajn, "Problem rehabilitacije - rehabilitacija neuroticara," VSP, 7-8, 1958, p.529
undereducated or "intellectually less elevated patients," the psychotherapeutic method needed to be more active, more "authoritative" as the therapist had to lead her patients and "force them to active cooperation." This was a novel take on the old idea of psychiatrists as teachers and the need for enlightenment, and one that would become even more important in the 1960s and 1970s, when Yugoslav psychiatrists inside and outside the military debated ways to practice psychoanalysis when faced with a large number of "unsophisticated" and uneducated patients. For Klajn, a veteran partisan fighter with the rank of colonel of the Yugoslav army and high-ranking Communist Party functionary as well as a dedicated psychoanalyst and talented student of Nikola Sugar, Freud's insights constituted an invaluable contribution to understanding the nature of the human psyche and mechanisms of mental illness. However, Klajn soon developed into a rather unorthodox, “socialist psychoanalyst” as he was often referred to, who attempted to respond to the then prevalent Marxist criticism that the psychodynamic method was irreconcilable with historical materialism. In his theoretical and practical work, Klajn aimed to demonstrate that one could practice psychoanalysis with a much more pronounced social and sociological orientation (Klajn was for a while fascinated by the ideas of Eric Fromm and especially Karen Horney) and from a strongly re-affirmed materialist position. As he declared at a Party meeting, his goal was to prove that one could legitimately divide one's loyalties between psychoanalysis and Marxism. In his revisionist work, he moved away from Freud in several important ways, and devised a rather eclectic psychodynamic approach that he instituted at the Belgrade military hospital “Dragisa Misovic,” where he served as the head of the neuropsychiatric ward. In the course of the 1950s and 1960s, Klajn used his influential political position to ward off mounting criticisms of his psychiatric theory and practice; at his hospital, he instituted a stationary treatment of neurotics, which combined individual and group psychotherapies with somatic

389 Ibid., p.531
interpretations and biological therapeutic strategies, with the aim of achieving (or retrieving) the maximum functionality of patients in minimal time. Klajn's version of psychodynamic approach thus mostly shunned long-term sessions and depth psychology in favor of shorter, more intense treatments, in which the importance and strength of consciousness and Ego were emphasized over the unconscious, and the concepts of transference and counter-transference went largely unaddressed. Klajn's psychodynamic model, therefore, excellently served the purpose of Yugoslavia's new military psychiatry: it treated large numbers of patients mainly diagnosed with neurosis in short periods of time, focused on their fast rehabilitation and return to their regular duties, while remaining disinterested in any deeper structural psychological problems or transformations and in patients' life histories before the onset of the illness.390

In many ways, this was typical military psychiatry, focused on efficiency and the ability to send people back to the trenches as fast as possible. On the other hand, in the opinion of Klajn and some of his closest associates, this was also a psychoanalysis for the uneducated. Many of the critics of Klajn's and Vojin Matic's work in Yugoslavia argued that, while psychoanalysis may contain certain important and relevant psychiatric insights, it was simply inapplicable in a socio-cultural environment in which a majority of psychiatric patients were of modest educational background and did not possess the requisite conceptual tools for engaging in long-term psychoanalytic sessions, self-analysis and self-reflection. Klajn took these points seriously, and worked to devise a psychodynamic approach that he considered appropriate for a country of Yugoslavia's profile. It included insulin therapies to begin the treatment and “break the neurotic structure of the patient, making him more amenable to a psychotherapeutic influence,”391 relied to a large extent on the input of social workers, and, perhaps most importantly, conceptualized the therapist himself as an instructor, a tutor who directed his

390 Klajn, Psihoanaliza u Srbiji, pp.78-83
391 Ibid., p. 79
patients in a firm, disciplined, at times heavy-handed manner, and who dispensed advice and guidance much more straightforwardly than an orthodox psychoanalyst would have.

Dr Vrabic, long-time head of the psychiatric ward of Belgrade's Military-Medical Academy, pointed out yet another change in the Yugoslav psychiatric understanding of the nature of partisan neurosis and its relationship to Yugoslavia's social system, national characteristics and type of warfare. Namely, while the wartime and immediate postwar commentary on the partisans' seizures almost regularly emphasized their socio-culturally unique character, their “Yugoslavness,” Vrabic openly doubted this proposition in her influential article of 1958. It was clear that, by 1958, some major ideological concerns of the Yugoslav military and state have shifted significantly: "partisan hysteria" could be a particularly Yugoslav illness in and around 1945, because then it was deemed important and necessary to emphasize the heroic and voluntary character of the guerrilla resistance movement in the Yugoslav territories, and also to point out ways in which the new Yugoslav military would be different from its - bourgeois-dominated - predecessors. A unique army could have a unique psychiatric disorder, especially because that disorder could be used to market socialist Yugoslavia's newly introduced social mobility: the possibility for workers and peasants to become high-ranking officers, acquire education, be nominated for relatively influential political positions. However, as peacetime conditions and priorities replaced the warfare ones, the army's need to keep revolutionizing itself gradually subsided. It was necessary to turn the relatively egalitarian military formation with porous barriers between ranks into a regular army, whose efficiency and international reputation depended on its discipline and a new reality of firmly fixed hierarchies. In that context, then, Vrabic warned that one should not gain the impression that "hysterical seizures are the Yugoslavs' typical reaction to war in general." Rather, the type of psychological reaction corresponded to and changed with the type of warfare, so that "it is allowed to assume that in a regular army, not an army of
volunteers, the neurotic type of reaction will grow more similar to the types in other [regular] armies. Therefore, as the emphasis moved away from guerrilla warfare and a volunteers' military, partisan neurosis seemingly lost its interest and importance. However, its effects would be long felt, although they were now placed in a significantly different context, dictated by a different set of concerns and priorities in a new historical moment. “Partisan hysteria” shaped the postwar development of Yugoslavia’s military psychiatry in innumerable ways, and remained one of its primary concerns for over twenty years after the end of WWII, decisively framing some of its central discussions; at the same time, psychoanalysis used the disorder to establish itself around it institutionally and in relation to traditional psychiatry, and gradually became the single most influential mental science discipline of the postwar period.

[392] Vrabić, Mira, Znacaj psihickih poremecaja u savremenom ratu, njihova ucestalost i profil sa istoriskim osvrtom, VSP, 3, 1953, p. 200
Conclusion

By the end of the fateful decade of the 1940s, the intellectual transformation of Yugoslav psychiatry seemed to be complete, and it was astonishingly radical. By 1948, some of the most prominent psychiatrists of the post-war period proclaimed socialism to be a therapeutic era par excellence, and one in which the crucial socio-political and economic changes in the country will inevitably cure “bourgeois psychiatry” of its blunders and misguided conceptions. In fact, this post-war therapeutic turn fit in comfortably with some of the grounding precepts of Marxism: it pushed psychiatric professionals to take into account the pathological effects of social hierarchies and inequalities, state repressiveness or economic hardships, rather than focusing on de-contextualized, biologically based individual pathologies. It seemed as though Desider Julius was, in 1948 or 1949, repeating Sugar's statements from the 1930s, that the only certain road to an engaged and therapeutically successful psychiatry was through a social (and socialist) revolution. As George Rosen argued, this was the idea that “individual breakdowns [were] actually indices of a sick society, that society [was] actually the patient,”393 and that, as Hugo Klajn believed, it was the entire societal setting and the consequent cultural norms that were in need of treatment while individual psychiatric therapies could at best temporarily alleviate the symptoms. What, before the revolution, was confined to the profession's utter margins, was now promoted to dominate the stage. In the aftermath of WWII, Yugoslav psychiatrist told a simple and heroic story of their profession's linear, logical and ideologically acceptable progress: as

the advent of the Communist regime liberated the entire society, so it also revolutionized psychiatry and freed its more progressive practitioners from internal oppression by their more reactionary colleagues; as a consequence, a more socially aware and empathetic psychiatry was finally able to thrive, with its central figure – a true “people's” doctor\textsuperscript{394}, who not only understood the complexity of mental suffering and knew the enormous potential of his therapeutic methods, but was also, unlike the secluded bourgeois psychiatrist, primarily close to his patients and sympathetic towards their general life situations. Socialist psychiatry renounced its pre-1945 origins, but the conditions of its emergence and evolution were nevertheless much more complicated.

In fact, the therapeutic twist was much longer in the making. Even in the course of the inter-war discussions, the rigidity of the biological framework posed serious problems, and its limitations were a frequent cause of professional frustration, both because it complicated psychiatry's national, political mission, and because of its inherently pessimistic therapeutic outlook. Given that the hereditary paradigm naturally allowed very little space for reform, transformation or cure, those inter-war psychiatrists who argued that their profession was crucial in the project of modernization and conforming the national character of the Yugoslavs to the new realities of political freedom and Europeanization faced a serious challenge to prove the reformatory potential of biological psychiatry. If the genetic basis largely determined psychological characteristics (if biology was indeed fate, as Dimitrije Dimitrijevic repeatedly argued)

\textsuperscript{394} “A broad cooperation with the masses, a study of their life and work, a constant, uninterrupted connection with the people, reeducation of the people with Bolshevik patience and tenacity, relating the adopted hygienic knowledge to specific, concrete tasks in practice, these are the only guarantees for success and further development of our health services,” proclaimed Dr. Ante Pavkovic at the First Congress of Physicians of the Federative National Republic of Yugoslavia, in Belgrade in 1948. In such circumstances and with such ideological tenets, a physician truly becomes a doctor, which means a teacher, a pedagogue, a reformer of life...” Srpski Arhiv, sv. 11-12, 1948, pp. 870-872
then any potential service that psychiatry could offer to the process of affecting and re-
molding the national mind and healing the nation of its psychological drawbacks was by
default minuscule, defensive and mainly reactive. The interwar Yugoslav psychiatric
debate was dominated by neuropsychiatrists, mainly based in university clinics or
psychiatry departments, and it largely disregarded the extent to which external factors
(such as stresses, upbringing, life habits) could affect either “flawed” or healthy
constitutions; as a consequence, psychiatry could hardly fully participate in the interwar
trends of boosting public health and devising preventive medical measures in order to
engineer a more stable and reliable nation. Since the importance of the interplay
between circumstances and heredity received very little professional attention in the
course of the 1920s and 1930s, there was also very little preventive work – other than
segregation or sterilization of “problematic” groups with organic predispositions to
alcoholism, epilepsy, mental retardation - that psychiatrists could propose or implement
if they already diagnosed a pathological constitution. In hospital practice as well, the
ideas of inevitable degeneration in the case of flawed heredity predominated, especially
because hospital psychiatrists were mainly faced with more severe forms of mental
illness. These practitioners largely abandoned attempts to investigate the significance of
any environmental factors, and exclusively relied on somatic treatments, whose
uncertain and mainly short-term results further encouraged the profession's overall
therapeutic pessimism. The biological framework thus clearly interfered with
psychiatrists' own argument about their profession's significance outside the secluded
world of the asylum and irreplaceable role in regulating broader societal and political
issues. But it was not the socialist revolution that finally enabled psychiatry to drop its
self-imposed chains and evolve into a profession more capable of fulfilling this larger national mission.

In the course of the war, it was the extreme right-wing, collaborationist regime of Nedic and Ljotic that developed, instituted and funded a radically different conception of psychiatry and its social role: one that focused on the immensity of national trauma, proposed that psychological factors such as national defeat and humiliation were central for understanding even the most severe of pathologies, and rejected the rigid determinism of biological psychiatry, developing instead strategies for psychotherapy and for applying the “talking cure.” It was thus the catastrophe of the country's dismemberment and Nazi occupation that finally spurred this ideological change of heart. But the Institute for compulsory re-education was primarily a government project rather than a psychiatric initiative; revolutionary as it was, it still originated in the political circles of Nedic's Serbia and was a decidedly top-down experiment. Even more important for the profession's transformation, however, was the similar re-thinking process that went on in psychiatric hospitals after 1941.

It was hospital psychiatrists who first raised the possibility that schizophrenia might have psychological origins; faced with the growing influx of patients who narrated war-related traumatic experiences of hitherto unsurpassed proportions, psychiatrists opined in their notes and certificates that the intensity of those experiences might have an effect comparable to that of a pathological hereditary basis, even in cases of the severest of psychoses. The case files of those patients most directly affected by the occupation seemed to have provoked the re-thinking: while psychiatrists had been facing rather intensely traumatic personal narratives of domestic abuse or deaths and
severe illnesses of children and close family members both in the preceding decades and following the outbreak of the war, it was the stories of POWs, frontline soldiers, those who witnessed the punitive expedition or underwent Gestapo questioning and incarceration that first received the hospital doctors' closer attention. Gregory Thomas described how the military and civilian experiences of WWI did little to immediately affect the psychiatric theory in France; in this thesis, I attempted to trace the way in which the WWII occupation of Yugoslavia succeeded in altering some of the core categories of pre-war psychiatry. The wartime experience was certainly not the only factor contributing to the post-war revolutionizing of Yugoslav psychiatry, but I argue that it was the catalyst, the most important instigator, which quickly radicalized some of the central problems and limitations of the biological paradigm.

The change that occurred between 1941 and 1945 was indeed counter-intuitive. Although, throughout the inter-war years, Yugoslav psychiatry was under intense German professional and intellectual influence, it was precisely during the tight and brutal WWII occupation that psychiatrists ventured beyond the confines of the medical model, based on the notions of hereditary, genetic predisposition and constitutional degeneration. At the time when German psychiatry underwent its most intense Nazification phase, a professional group in an occupied country started doubting that, at least in the case of war-related mental disorders, biology was truly destiny. But this was hardly an expression of political protest. Nazification of the Yugoslav political space also produced some rather surprising results: parallel with its anti-Semitic laws and eugenic measures and activities in the department of education, the Nedic government initiated, supported and funded the Institute for re-educating young Communists, an
institution which explicitly rejected the notion that pathology (and “Communist pathology” at that) had any biological basis, and founded on the idea of inclusion, recovery, Freudian psychotherapy. Just like Yugoslav mainstream hospital psychiatry gradually took interest in the patients' own pronouncements and life narratives at the time when German psychiatry fully embraced the primacy of biology and heredity, so the collaborationist regime in Serbia only started taking a therapeutic and even empathetic interest in the Communist youth after the Wehrmacht and the SS embarked on the war of extermination against Communist activists and sympathizers in the East.

In terms of the internal psychiatric professional discussions, the war ironically came to resolve a profound epistemological crisis. From the 1920s on, the structure of psychiatrists’ intentions was complex, and consisted of at least two contradictory sets of drives. On the one hand, the psychiatric profession offered itself to the political state as an ally in the modernizing process, the central aim of which was raising the cultural, educational and hygienic – ‘racial hygienic’ - level of development of the population at large. On the other hand, their daily state hospital practice in a predominantly agricultural Yugoslavia involved constant encounters with a large number of peasants and the urban poor whose behavior, language, mores and conceptual world psychiatrists usually found utterly alien and alienating. In the context of these two opposite sets of impulses, psychiatrists of the interwar years faced a serious epistemological crisis: they frequently reflected upon their mission with regard to the “masses” and their moral, mental and scientific edification. At the same time, however, their daily experience in hospitals was one of incomprehension, misunderstanding, miscommunication. By the time of the outbreak of the war and occupation, which brought an entirely novel set of
professional challenges, Yugoslav psychiatrists believed themselves in an impasse in which their role as the enlighteners and molders of the minds of the nation was deeply compromised by their seeming inability to understand those minds, or to even ascertain whether there was any intellectual or moral substance behind the veneer of madness and “primitivism.” Traditional psychiatry, which they had at their disposal, offered few tools for resolving the problem, given the discipline’s predominantly organic, neurological framework and its disinterest in the mental universe and living circumstances of patients. Quite surprisingly, the war-time dislocations offered a solution. In the context of the omnipresent violence and traumatic experiences, Yugoslav hospital psychiatry began to undergo a veritable change of paradigm, in the course of which some of the core assumptions regarding the biological origins and incurability of mental illness got transformed, and more attention was being paid to the significance of psychological trauma and patients’ own pronouncements. In this sense, the very trauma of the war brought about conceptual transformations which helped the psychiatric profession overcome its frustrations at not being able to think of patients in any other but degenerative and biologically predetermined terms. The war thus revolutionized this unequal relationship, and forced the acceptance of (lower-class) patients as legitimate interlocutors in the psychiatric dialogue. In stark contrast to Nazi psychiatry's embrace of hereditary and organicist theories of mental illness, even collaborationist psychiatrists in Yugoslavia moved in a decidedly psychogenic and psychotherapeutic direction.

Therefore, when Communist psychiatrists argued that a socio-economic transformation and psychological healing could free the Yugoslav society of its mental woes, they sounded alarmingly similar to the head of Ljotic's re-educational institute.
Ljotic's and Nedic's experiment actually formulated the first coherent response to the problem that inter-war psychiatrists had with conceptualizing their own social, national and political mission even before mainstream psychiatry came around to responding to the wartime challenges and reconsiderations in mental hospitals. While pre-war psychiatry grew increasingly uneasy about the nature and limitations of its popular political engagements, Ljotic's re-educational Institute took up the mission of correcting popular misperceptions and adjusting the national character and societal mentality to the new political realities straightforwardly and with unprecedented vigor and enthusiasm. Inter-war psychiatrists debated the broader social, political and cultural implications of their professional work at great length, and consistently strove to carve a place for themselves in the ongoing process of modernization, national identity reformation and Europeanization; but it was only under the auspices of Ljotic's and Nedic's regime that psychiatric work was redefined into a primarily political project with unambiguous, clearly delineated social aims.

This was not merely an abuse of psychiatry and psychoanalysis in a coercive, violent, racist context; it was also a useful resolution of a long-standing contradiction within the profession and an experiment that proved psychiatry's ability for broader socio-political involvement and influence. The model of the Institute's application of (social) psychiatry to erasing the “national trauma” will be very important for conceptualizing socialist-era psychiatry: psychiatry will strive to blend with the broader political and socio-economic reforms in an attempt to positively affect the pathological marks that social dislocations and political oppression left on the national mind. Socialist psychiatry scorned the exclusively biological framework of its pre-war
predecessor as reactionary, but it was the collaborationist regime's conception of psychiatry that had reimposed the importance of the social context and psychological traumatization well before the revolutionary year of 1945. As Philip Nord argued with regard to France's postwar social and cultural institutional setting, the wartime collaborationist regime “was not just a detour en route to the new order but an important way station.” Drawing on Stanley Hoffman's and Robert Paxton's seminal works, Nord concluded – and this, as I argued throughout, is certainly valid for Yugoslavia's psychiatric profession as well – that the liberation itself was much less “a moment of modernizing rupture” than had been previously assumed, and that the wartime social and political experiences in fact constituted a true revolution of sorts, which subsequently shaped some crucial elements of the post-1945 order and mentality.

In addition to dealing with Communism seen as severe mental pathology, the Institute had another very important aim: that of inculcating the Serbian youth with a “correct” political ideology – not only fixing their blunders but also providing even the most uneducated of the inmates with the knowledge of some basic political categories, and with the fundamental notions of Ljotic's and Nedic's right-wing and proto-fascistic worldview. Although the interwar Yugoslav state imposed increasing demands on its citizens' political compliance and active participation, the wartime collaborationist regimes and resistance movements in both Serbia and Croatia undertook much more intensive and focused campaigns of political education and indoctrination, and required with much more severity and urgency a direct ideological involvement of all. The significance of the ideological aspect for the way WWII was pursued could not be

395 Nord, *France's New Deal*, p. 372
396 Ibid., p. 369
overemphasized. WWII historiography in the last several decades explored in great
detail how the ideology of *Vernichtungskrieg* crucially determined the behavior and
orientation of the German political and military elites, but also addressed its effects on
rank-and-file soldiers and policemen in charge of the Eastern “total war.” From the late
1960s and 1970s on, historians have relied on the concept of Weltanschauungskrieg to
explain the German occupation forces' behavior, and proved rather convincingly the
great extent to which even the Wehrmacht internalized the racist precepts of Hitler's
regime and participated in the National Socialist ideological aims. Omer Bartov and a
number of others later looked at the experiences of individual units deployed at the
Eastern front and in the Balkans, and concluded that the nearly impossibly difficult
military circumstances in the East combined with an increasingly coercive and
authoritarian army to encourage a number of soldiers to develop a warped sense of
reality in which the war and all its brutalities were made sense of in primarily
ideological, National Socialist terms. It may have been that German soldiers on the
ground were neither dissatisfied critics of the regime nor pro-Hitlerian fanatics, but their
idea of their role and their enemies was heavily influenced by the Nazi notions of racial
inferiority, criminality and social deviance.397 In his study of the 1939 attack on Poland,
Alexander Rossino spoke of the National Socialist “people's war,” and argued that the
extreme ideological goals significantly permeated the ranks of ordinary soldiers well
before 1941 and also succeeded in securing active or tacit compliance of large sectors of
the German public.398

398 Alexander Rossino, *Hitler Strikes Poland: Blitzkrieg, Ideology and Atrocity*, University Press of
Kansas, 2003
In the pursuit of the war, however, the effect of the ideology on the other, occupied side grew to be very important as well, not only because it shaped the collaborationists' efforts, achievements and popular appeal, but also because WWII and its fierce ideological strife marked a turning-point for the population at large (especially in Eastern Europe) and introduced an era of much more intense mass ideological activism and participation. It was in the 1940s that “ordinary people” were forcibly drawn into the public political sphere en masse, and contended with various political actors and movements demanding their pledge of loyalty and proof of activism; in the course of this political education and recruitment in the middle of the war, occupation and heavy reprisals, psychiatry played an important role in the program of political reformation and instruction. But beyond references to the Ustahas', Germans' or Nedic's complaints regarding the quislings' unpopularity, and Communist resisters' testimonies concerning the Croatian Homeguards' frequent surrenders and overall lack of enthusiasm, historians have so far offered very little in terms of analyzing the effects of this rabid ideological activity on both military and civilian population of the occupied areas.\(^{399}\) As I argued in the dissertation, the occupation finally introduced a set of circumstances in which political neutrality was not an acceptable choice, and political ignorance or disinterest could easily be life-threatening.

In his piece on the post-1929 Kingdom of Yugoslavia as a police state, Christian Nielsen proposed that the state authorities in Belgrade increasingly insisted not only on the general political compliance of the citizenship but also on their active participation

and propagation of the official ideology. According to Nielsen, this quasi-totalitarian demand of the interwar Yugoslav elites interfered with their decision-making in a number of fields outside politics, and permeated both private and public life of all state subjects. Although he was primarily interested in defining the state's intentions, Nielsen deliberately eschewed any detailed discussion of elite groups' acceptance of or resistance to the promoted ideological worldview, and instead perused police and court documents to look for ways in which the official political parlance and ideological categories shaped everyman's discourse and activities. Interwar Yugoslavia was, however, far too weak and internally divided to successfully implement a program of mass political re-education and effectively enforce mass participation. During the occupation, this tendency only intensified, but it was complicated by foreign presence, incessant violence and resistance movements; while the political actors multiplied, they all offered different political and ideological dogmas and solutions, some of which must have sounded fairly outlandish to a large section of the population. At the same time, after 1941 all the participants of the political conflict became much more radical in spreading their demands and punishing dissent. On the other hand, the population still remained largely unprepared.

Because of their very nature and the structure of regular hospital patient interviews, psychiatric hospitals became yet another site in which Yugoslavs were forced to make political statements and declare political loyalties. Psychiatric patient case files proved to offer a wealth of information regarding the political attitudes, dilemmas and responses of rank-and-file soldiers, policemen and civilians caught in

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between violence, collaboration and resistance. It was not simply that political statements were a secondary subject, the information obtained merely in passing in the course of ascertaining any patient's orientation in time and general knowledge; political concerns constituted the core of a large number of psychiatric patients' narratives; it was in political and ideological terms that they defined their feelings, thoughts, problems and fears.

The political permeated their private lives to such an extent that the dividing line between personal narratives and the ideological context was often completely blurred, and ideological categories or political personalities served as metaphors for expressing patients' private experiences and thought processes. On a different level, political concerns and ideological dilemmas constituted some of the most significant and recurrent subjects behind wartime mental pathologies - in many cases, they in fact were the pathology: psychiatric patients regularly shared their anxieties and tribulations that were firmly embedded in the context of repression and mass murder; many inmates were also deeply entangled in or troubled by the pressures of collaboration and the regimes' absolute demands for loyalty, which they could seldom fully satisfy. Moral equivocation over collaborating and aiding crimes against civilians emerged as one of the most overwhelming themes of the wartime years, and psychiatric case files of rank and file soldiers and policemen in both Croatia and Serbia expressed with superb clarity the complexity of their situation under the occupation, the profound political and ethical confusion produced by the extreme military and ideological context, and ways in which such onerous questions were negotiated by people who generally only had very limited access to information regarding the rationale of their own involvement. In such cases,
opposition and (verbal or actual) resistance frequently went hand in hand with collaboration, so that those very categories tended to break down and become rather useless. But throughout the hospital patient files, one could read about the unbearable mental burden of being permanently forced to make, declare and defend one's political choices and stances, especially when politics was that brutal, intolerant and deadly and one was that unversed in it.

It was not surprising after all that, in Yugoslavia of the 1940s, political tropes would form the basis of psychiatric patients' pronouncements: the ideological clashes shaped and changed public and private lives of most Yugoslav citizens at the time, whether they were inside our outside hospitals, camps and prisons. But psychiatric patients constituted an exceptional group within the larger society: they were deemed abnormal, not capable of fitting in the dominant modes of behavior, subversive, dangerous or non-compliant. In the context of WWII occupation in Eastern Europe, this inability to successfully respond to the social demands of the era was particularly revealing of the broader political project and ways in which it ultimately broke down. It was not that psychiatric patients were models of outspoken resisters, who purposefully and articulately challenged the official ideologies or foreign intrusion – in fact, they rarely produced coherent narratives or offered clear political stances; rather, their very confusion, multidimensionality, befuddled critiques mixed with impassioned approvals, their limited awareness of the immense intricacies of the contemporary political realities indicated the contradictory and illogical nature of the wartime ideological projects and their failure to produce their single-minded, unswervingly loyal ideal subjects. It is often heard that Nazism was a pathological system or ideology, but it was in the actual
pathologies that it produced on the ground that one could see the ideological untenability of its broader European mission and the extent of destruction it imposed on the occupied territories in Eastern Europe and the Balkans, and on the psyches of both victims and collaborators.

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In an unfortunate turn of events, the wars of Yugoslav succession in the 1990s dealt a final blow to the idea that psychiatry and psychoanalysis were marginal phenomena in the Balkans. From the very beginning, the Serb war politics in both Croatia and Bosnia-Herzegovina was designed by a prominent psychiatrist of Freudian orientation tuned Croat Serb leader Dr. Jovan Raskovic and his protege in Sarajevo Dr. Radovan Karadzic. It was within a decidedly psychiatric discourse (and, according to sociologist Dusan Bjelic, one informed by the key concepts of colonial psychoanalysis) that both Raskovic and Karadzic conceived of their respective political roles, defining political, ethnic and social conflicts and divisions in openly psychiatric terms. Raskovic kept referring to the Serbs as a “mad people,” in need of a psychiatric-political father-figure; Karadzic spoke of death and destruction as a necessary precondition of the Serbian rebirth; both of them, as Bjelic argued in a recent study, attempted to introduce madness as the central political category, which would keep inter-ethnic tensions alive and help them achieve their ambitious political aims. Therefore, the post-Communist politics in Yugoslavia became defined and practiced as a form of “mass psychiatry,” and the entire political process of post-Communist transition, “liberation” and national “re-awakening” was, in these leaders' views, to be psychiatrically monitored, or
consequences could be fatal, even genocidal. Karadzic's prophecies regarding aggression and obliteration of other ethnic groups were, of course, self-fulfilling and self-serving, but they were also an essential segment of the new psychiatric politics: the irresistible strength of the Serbian unconscious could be destructive if their ontological desire for national emancipation was not immediately satisfied. In Raskovic's view, “For the Serb, the unconscious desire for nation is paramount and has been suppressed by the ideology of class consciousness;” the post-Communist politics thus needed to forge a proper “path to the Serbian Oedipal emancipation.”

It naturally stemmed from such formulation that a proper psychiatric political leadership was critical for the success of this project of political transition and national liberation. Karadzic developed precisely that, producing a “politics of madness,” a national ideology purportedly founded on a succession of irrational delirious outbursts, which culminated in military violence and ethnic cleansing. Within such a carefully crafted medical discourse, even a planned and coordinated act of genocide could be interpreted as the final expression of “healthy madness,” an irrational delirium which definitively emancipated the nation from its own archaic, primitive Other – the Ottoman legacy, the Muslim presence – and set it firmly on the road to modernity and healthy nationalism. 402 Once the Yugoslav experiment was drawing to a close, thus, the psychiatric profession once again intervened to offer its own contribution to re-defining the national “essence” and the nation's political mission at the time of profound crisis, state dismemberment, rising tensions, chauvinism and ethnic conflict; this time, however, a group of psychiatrists proved unusually successful and politically influential, and succeeded in molding the dominant political discourse to

402 Ibid., p. 153
an unprecedented extent and for an extended period of time. The powerful psychiatric interpretation of the Yugoslav wars of the 1990s testified to the importance of the complex cultural history of violence in the region and ways in which the twentieth-century experience of aggression and conflict shaped the understanding of the human psyche in Yugoslavia.
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