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The 1942 'euthanasia' debate in the *American Journal of Psychiatry*

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This paper discusses and analyses three articles appearing in a 1942 issue of the American Journal of Psychiatry. *In the first, neurologist Foster Kennedy argued that 'feebleminded' people should be killed (an act which he referred to as 'euthanasia'). The rebuttal was written by psychiatrist Leo Kanner, who argued against 'euthanasia'. An unsigned editorial discussing these positions clearly sided with Kennedy: that 'euthanasia' would be appropriate in some cases, and that parents' opposition to this procedure should be the subject of psychiatric concern. The arguments are analysed and discussed within the context of eugenics and the murder of mental patients in Germany. Finally, the author points out that currently ascendant genetic theories in psychiatry could be a precursor for future proposals similar to Kennedy's.*

Keywords: *eugenics; euthanasia; Kanner; Kennedy; psychiatry; sterilization*

This article discusses a 1942 debate in the *American Journal of Psychiatry* on whether or not 'feebleminded' children and adults should be killed. The participants were the noted neurologist Foster Kennedy (1884–1952), who was in favour of killing, child psychiatrist Leo Kanner (1894–1981), who was against killing, and the anonymous author (or authors) of an editorial siding with Kennedy's position (Anonymous, 1942; Kanner, 1942; Kennedy, 1942).[1]

As Edwin Black documented in his *War Against the Weak* (2003: ch. 13), American, British and German eugenicists openly discussed using 'lethal chambers' to kill 'defectives' in the decades prior to 1942. Although many eugenicists were opposed to murder, some of its leaders saw the lethal

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chamber as a possible eugenic intervention. For example, in the 1918 edition of *Applied Eugenics*, Popenoe and Johnson wrote, 'From the historical point of view the first method that presents itself is execution. ... Its value in keeping up the standard of the race should not be underestimated' (quoted in Black, 2003: 251).

The Kennedy/Kanner exchange took place in 1941/42, when the popularity of eugenic ideas among the American intelligentsia was at a high point. Moreover, Nazi Germany had been exterminating mental patients and 'defectives' for two years under the guise of performing 'euthanasia'. Both Kennedy and Kanner were well known investigators whose opinions held a certain degree of influence. I will present their arguments in detail for the purpose of shedding light on the debate, as well as highlighting some common threads of both Kennedy's and Kanner's arguments. Following this, I will look at the incredible final words of the anonymous editorial writer(s). The ideas expressed in the debate may come as a shock to those who view Nazi Germany and mid-twentieth century USA as political opposites. As we will see, during this period the thinking of influential psychiatrists in both countries was disturbingly similar.

Foster Kennedy calls for killing

Kennedy's article, entitled 'The problem of social control of the congenital defective: education, sterilization, euthanasia', was based on an address at a meeting of the American Psychiatric Association in May 1941. He began by stating that 'it is not easy to know how to start to talk on such a subject as this, for this subject has to do with the whole of life and death.' For Kennedy, 'feeblemindedness' was a great problem facing society. While recognizing that people diagnosed with schizophrenia and manic-depression 'so largely fill our mental hospitals', the elimination of these people would be costly to society because future generations might only produce a population of 'mediocrities, capable of pushing but not leaping; and it's the leap that counts'.

'On the other hand,' wrote Kennedy, 'we have too many feebleminded people among us, something like 60,000.' He viewed these people as 'hopelessly unfit'. Kennedy was opposed to 'euthanasia' for those who fell ill from various diseases, on the grounds that they could recover. 'But I *am*,' he wrote, 'in favor of euthanasia for those hopeless ones who should never have been born – Nature's mistakes.' Like Hitler and his psychiatric collaborators in Germany, for Kennedy 'euthanasia' meant killing people who did not wish to be killed, and was simply a euphemism for the murder of adults and children. Kennedy was clearly influenced by German eugenics (called 'racial hygiene' in Germany) and its application by the Nazis, having received, along with other eugenicists, an honorary degree in 1936 at the University of Heidelberg's Nazi-sponsored 550-year jubilee celebration (Lifton, 1986: 38).

According to Kennedy's plan, 'defective children' reaching the age of five, with the consent of their guardians, should have their case reviewed by 'a competent medical board'. If after several months and at least three examinations the board finds that the 'defective has no future or hope of one, then I believe it is a merciful and kindly thing to relieve that defective – often tortured and convulsed, grotesque and absurd, useless and foolish and entirely undesirable – the agony of living.' Kennedy's use of the word 'undesirable' is taken directly from standard psychiatric genetic and Nazi literature of the era, which saw frequent calls for sterilizing the 'eugenically' or 'racial hygienically undesirable' (*rassenhygienisch unerwünscht*).

Anticipating objections that these 'creatures have immortal souls', Kennedy answered 'that to release the soul from its misshapen body which only defeats in this world the soul's powers and gifts is surely to exchange, on that soul's behalf, bondage for freedom.' Similar to the way Hitler began the German killing programme, Kennedy discussed parents of 'defective children' from all over the United States who had appealed to him with 'sad pleas' to assist that 'their unhappy offspring be mercifully released from life'. Sadly, in Kennedy's mind, these pleas remained unanswered due to the 'laws and social mores' of the nation.

Kennedy was opposed to euthanasia for 'normal adults' who had become ill (he didn't state whether or not this was requested by the patient). For him, 'to legalize such euthanasia may put a weapon in the hands of wicked men, or, worse, a tool in the hands of the foolish.' As an eminent and educated man, Kennedy believed he could determine who is normal and in need of protection, versus those who are abnormal and in need of extermination:

> So the place for euthanasia, I believe, is for the completely hopeless defective: nature's mistake; something we hustle out of sight, which should never have been seen at all. These should be relieved the burden of living, because for them the burden of living at no time can produce any good thing at all. . . . For us to allow them to continue such a living is sheer sentimentality, and cruel too; we deny them as much solace as we give our stricken horse. Here we may most kindly kill, and have no fear of error.

Kennedy was thus able to publish his call for killing in the pages of American psychiatry's leading publication. As in Germany, Kennedy's 1942 proposal carried the added attraction of ridding society of the burden of caring for 'defectives' at a time when great resources were needed for the war effort. Kennedy, however, did not make this argument, probably because the USA had not yet entered World War II at the time his speech was delivered. Nor did he stress the eugenic desire to eliminate 'defectives' in order to breed for the master race. Nevertheless, he believed that society's way of dealing with 'tortured and convulsed, grotesque and absurd, useless and foolish and entirely undesirable' people should be to 'hustle them out of sight' and to kill them.

Leo Kanner's 'exoneration of the feebleminded'

Given that Kennedy was calling for the cold-blooded murder of thousands of people, one might have expected child psychiatrist Leo Kanner to have replied with as much outrage as one could muster in the pages of a learned professional journal. But this is not quite how he responded.

Kanner began by questioning the validity of the 'feeblemindedness' concept, so widely used during the first four decades of the twentieth century. He wrote that '"feeblemindedness" and "mental deficiency", in spite of existing gradations, are terms used very much in the manner of clichés, somewhat reminiscent of the designations "insanity" and "lunacy" as they were applied in the days of yore.' He then highlighted the two main points of his article: (1) that an IQ score does not necessarily correlate with a person's worth to society, and (2) that people considered the 'feebleminded' or 'mentally deficient' often play an important role in the United States' economic system. As an example of this second point, Kanner spoke of 'the garbage collector's assistant who has served our neighborhood for many years'. This was a 'sober, conscientious, and industrious fellow, ... deservedly respected by his employer, his co-workers and his spare time companions.' Still, 'with an I.Q. of 65, he is rated by us psychiatrists as feebleminded or mentally deficient.' In contrast, Kanner spoke of a 'handsome, dashing, reckless blade who has driven his parents frantic with alcoholism, debts and amorous adventures, has made his wife miserable, has deserted her and their offspring, [and] has not done a single thing that can be considered socially useful.' However, 'with an I.Q. that nearly hits the ceiling, he receives from us the honor of being considered "mentally superior".' Although Kanner recognized that there was 'nothing new or original in making this contrast', he sought to demonstrate that people with low IQs sometimes can contribute more to society than people with high IQs.

Kanner distinguished between two groups of people. The first group 'consists of individuals so markedly deficient in their cognitive emotional and constructively conative potentialities that they would stand out as defectives in any type of existing human community.' The second group is made up of individuals 'whose limitations are definitely related to the standards of the culture which surrounds them', who tend to function well in less complex societies, and could 'make successful peasants, hunters, fishermen, tribal dancers'. For Kanner, the shortcomings of this second group only become apparent in more intellectually demanding cultures such as that found in the USA. 'The members of the second group', he continued, 'are not truly and absolutely feebleminded or mentally deficient. Their principle shortcoming is a greater or lesser degree of inability to comply with the intellectual requirements of the community.' Kanner therefore believed that it was wrong 'to label these individuals as mentally deficient, together with the idiots and imbeciles'.

Kanner then addressed the argument that the feebleminded are a drag on society and 'hamper the progress of civilization'. He pointed to examples in history where atrocities were committed by people who were not mentally deficient. As a contemporary example he mentioned Hitler (to whom he referred by his birth name 'Schicklgruber'), 'whose I.Q. is probably not below normal, [and] has in a few years brought infinitely more disaster and suffering to this world than have all the innumerable mental defectives of all countries and generations combined.' While recognizing that 'the absence of vice is not necessarily in itself a virtue', Kanner discussed ways in which the 'mentally deficient' contribute to society:

> Sewage disposal, ditch digging, potato peeling, scrubbing of floors and other such occupations are as indispensable and essential to our way of living as science, literature and art. Cotton picking is an integral part of our textile industries. Oyster shucking is an important part of our seafood supply. Garbage collection is an essential part of our public hygiene measures. For all practical purposes, the garbage collector is as much of a public hygienist as is the laboratory bacteriologist. All such performances, often referred to snobbishly as 'the dirty work', are indeed real and necessary contributions to our culture, without which our culture would collapse within less than a month.

He added that people performing these tasks free 'the time and energies of others for tasks which involve planning and creative activities'.

Although Kanner agreed with Kennedy that 'idiots and imbeciles cannot be trained in any kind of social usefulness', he disagreed with Kennedy's conclusion that, in Kanner's words, 'we are justified in passing the black bottle among them' through the procedure some 'dignify with the term euthanasia'. Kanner linked such ideas to reports of Nazi atrocities, and asked, 'Shall we psychiatrists take our cue from the Nazi Gestapo?' Still, Kanner agreed with Kennedy and others that 'sterilization is often a desirable procedure' for 'persons intellectually or emotionally unfit to rear children'. However, he objected to sterilization performed 'solely on the basis of the I.Q.'

For Kanner, in this debate among the American educated élite, an important point was the élite's need for low-IQ people to do their dirty work: 'Do we really wish to deprive ourselves', he asked, 'of people whom we desperately need for a variety of essential occupations?' He spoke of a 'disaster' greater than the 'present world-wide holocaust' that would occur 'if we decided to annihilate the intellectually inadequate today.' He urged his fellow psychiatrists to 'leave the cotton pickers, oyster shuckers and bundle wrappers alone, regardless of their I.Q., so long as they are industrious and good natured!' (He did not mention what might happen to those not 'industrious and good natured'.)

Kanner, who never mentioned Kennedy by name, ended with an appeal to extend 'the democratic ideal to the feebleminded', rather than follow 'carping critics and whining would-be protectors of future generations'.

The final word: an anonymous editorial comment

The editorial writer(s) in the *American Journal of Psychiatry*, not content to leave the issue to Kanner and Kennedy, decided to weigh in on the question themselves in the form of an unsigned editorial opinion in the same issue, entitled 'Euthanasia.'

The editorial began by noting that although 'recognized authorities' such as Kennedy and Kanner 'might appear to represent quite contradictory standpoints', a 'careful perusal of the texts' reveals that 'the differences narrow down to a single point'. Kennedy 'proposes a method of disposal which he believes would bring relief to all concerned', whereas Kanner 'prefers to let the situation remain as it is'. The editorial also adds, correctly, that both writers supported forced sterilization. This was followed by a list of six objections to killing found among the populace. The first two dealt with religious and secular aversions to the taking of human life. The focus then turned to the parents of those chosen to be killed:

> A third variety of reaction results from an accusing sense of obligation on the part of the parents towards the defective creature they have caused to be born. The extreme devotion and care bestowed upon the defective child, even with sacrifice of advantages for its normal brothers and sisters is a matter of common observation. This position is understandable, but to the impersonal observer may appear to partake of the morbid. Disposal by euthanasia of their idiot offspring would perhaps unbearably magnify the parents' sense of guilt.

Thus, psychiatrists were informed that parents' 'morbid' devotion stood in the way of the 'disposal by euthanasia of their idiot offspring'. But the parents were guilty of much more, having 'caused' their 'defective creature' to be born in the first place.

A fourth problem faced by euthanasia advocates was the parents' dread of their neighbours' opinions. The fifth was the parents' 'instinct and love', which leads them to resist the idea that their child should be killed. But the editorial added a twist: truly devoted parents could show their devotion more by allowing their child's 'merciful passage from life' than by 'insisting that a crippled vegetative existence be continued at all costs'. The sixth factor was people's general tendency to reject 'any new drastic procedure'. Clearly, the author(s) of the editorial were by now writing in favour of, as Kanner put it, 'passing the black bottle' among the 'defective' people. But they wanted to appear reasonable, reminding their readers that it is only 'to the lowest grade of defectives for whom alone euthanasia has been proposed'.

The remaining portion of the anonymous editorial elaborated upon the theme that, due to their pathologically misplaced sentimentality, the parents of condemned children are an important focus of psychiatric attention:

> It is submitted that the state of mind of the parents of an idiot may as

> fairly become a subject of psychiatric concern as the interrelationships in the families of psychotic patients, and the unwholesome reactions stand as much in need of correction in one case as in the other.

Whereas scientists 'presumably have reached their convictions by more or less impersonal routes', the person 'who has the misfortune to be the parent of a low-grade defective is actuated by strongly personal motives which he may or may not be capable of setting out clearly in his own consciousness.' In other words, parents' failure to realize that their child 'should be relieved of the burden of living' stems from their 'personal motives' for wanting to keep their child alive. Ironically, according to the authors, many of these parents would be nonetheless relieved if 'natural causes' could write a 'lethal finis to the painful chapter'.

The next question was 'whether the attitude of the parent to the defective child can be regarded as morbid, and if so, whether anything can and should be done about it.' Naturally, their answer was yes. They found it difficult to understand how parents could feel 'normal affection ... for a creature incapable of the slightest response'. Psychiatrists and others attempting to relieve these parents of the 'unhappy obsession of obligation or guilt ... would seem to be [practising] good mental hygiene'. The authors acknowledged that, despite Kennedy's 'strong arguments in support of his position', the proponents of euthanasia were in the minority. Kanner, they wrote, presented no argument against killing other than his belief that parents would oppose it. In fact, Kanner's main argument was that people with lower IQ perform important roles in society and that their extermination, in addition to being immoral, would force himself, Kennedy, and other members of the intellectual élite to haul their own rubbish, scrub their own floors and shuck their own oysters.

Returning to psychiatry's task of convincing parents of the necessity of releasing their 'creatures' from the 'burden of living', the editorial writer(s) argued that the parents' feelings are:

> precisely the psychiatric problem this overlengthy discussion has been trying to get at, namely, the 'fondness' of the parents of an idiot and their 'want' that he should be kept alive. It is this parental state of mind that we believe deserves study – to the extent to which it exists, in fact and not merely as a generalization of opinion, what underlying factors such as those set forth above are discoverable, whether it can be assessed as healthy or morbid, and whether in the latter case it is modifiable by exposure to mental hygiene principles.

They recognized that 'enabling legislation will be required' if 'euthanasia is to become at some distant day an available procedure'. The authors thereby recognized a difference between fascist Germany and the democratic USA: whereas Hitler began to exterminate the 'feebleminded' after stage-managed appeals by parents followed by secret orders to kill, in the USA 'enabling legislation' would be necessary. The passing of 'euthanasia' laws would have

to overcome public opinion against extermination, and the psychopathology of the 'parents of the candidates for the contemplated procedure' was seen as an important focus of psychiatric attention. Thus, the 'whole question must center' on psychiatrists' 'evaluation and melioration of this parental attitude'.

Finally, the editorial writer(s) wrote that in addition to killing, 'the story of sterilization will doubtless be repeated on an extended scale.' This rounded out their vision for America: killing 'defectives' and greatly expanding compulsory eugenic sterilization. Their model, of course, was Hitler and Rüdin's German racial hygiene state, with its killing programme and over 300,000 forced sterilizations (Lifton, 1986; Müller-Hill, 1998; Proctor, 1988).

Conclusion

It is surprising that a debate on murder could have appeared in the most prominent psychiatric journal in the USA at the time. But as historians have noted, eugenic sterilization was legally sanctioned in the USA long before the Nazi sterilization law of 1933 (Black, 2003; Chase, 1980). The logical progression from sterilization (killing presumed genes) to 'euthanasia' (killing presumed gene *carriers*) occurred much more slowly in the USA, but accelerated in the early 1940s under German influence. The progression from sterilization to killing is 'logical' because, once it has been established that the state should actively participate in preventing the reproduction of 'genetically undesirable' people through compulsory sterilization, it eventually seems more 'efficient' to wipe out the alleged gene carriers themselves. In a chilling and prophetic statement in 1923, Swedish Member of Parliament and sterilization opponent Carl Lindhagen asked, 'Why shall we only deprive these persons, of no use to society or even for themselves, the ability of reproduction? Is it not even kinder to take their lives? This kind of dubious reasoning will be the outcome of the methods proposed today' (quoted in Broberg & Tydén, 1996: 104).

The steps taken in Germany were: (1) the belief that mental traits and disorders are largely genetically determined and cannot be easily altered; (2) the production of alleged scientific evidence confirming this belief; (3) the establishment of the state's duty to forcibly prevent the reproduction of the 'carriers of genetic defects'; and (4) the physical destruction of people presumed to carry genetic defects. We have seen in this paper that some influential Americans were also moving in the direction of the final stage in the early 1940s. Due to the post-World War II revelations of Nazi atrocities, 'euthanasia' ceased to be debated in US academic journals. However, today we are witnessing the re-establishment, albeit on the basis of false ideas derived from misinterpreted and biased research, of the idea that psychological trait differences and psychopathology are largely determined by the genes (Joseph, 2002, 2003, 2004). Whether this leads to the third stage, as it did in Germany, the USA and several Scandinavian countries, or to the final stage,

as it did in Germany and could have in the USA, remains to be seen. The main focus of current opposition to genetic determinism and its consequences is to prevent the full acceptance of the first-stage belief that our futures are determined at birth by heredity, and the second-stage position that research shows this to be true. Thus, thoroughly exposing unsound research and the beliefs that drive it is an important task facing us today (Joseph, 2003).

Note

1. All citations in this paper attributed to Kanner, Kennedy or the editorial writer(s) are taken from these three references. It is not known if the editorial was written by one person, or more.

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