

Therapeutic Fascism: Experiencing the Violence of the Nazi New Order. By Ana Antić. New York: Oxford University Press, 2017. x, 262 pp. Notes, Bibliography. Index. Illustrations. Photographs. Figures. Maps. \$90.00, hard bound.
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When Yugoslav-Bosnian Serb psychiatrist Radovan Karadžić became the supreme commander of a well-trained and fully armed military of 60,000, spearheading a bloody ethnic war, many psychiatrists regarded him as an anomaly within the field of psychiatry. Ana Antić's new book reveals that Yugoslav psychiatry was born out of war, however: "Yugoslav psychiatry was thoroughly reshaped as a result of the violence and dissolution of the occupying years, and such reshaping was likely the most important formative experience of postwar socialist psychiatry" (2). Born on the battlefield of the Second World War, simultaneously engaged in revolution and counter-revolution, growing up in the post-war struggle over psychiatric paradigms, while at the same time assuming a messianic role of healing the nation of its war trauma, Yugoslav psychiatry in many respects figured as an exceptional case in east and central European registers of psychiatry. Opposite ideologies on the psychogenic origin of war trauma intersected during the war, one coming from "red Vienna" and the other from Nazi psychotherapy. This paradoxical synthesis of Marxist and Nazi psychogenic etiology of war trauma formed the core of post-war Yugoslav psychiatry. Antić concentrates on Yugoslav psychiatry during the interwar and post-war periods of World War II. Based on archival research, her book provides an important glimpse into the paradox of Yugoslav psychiatry from the patients' point of view.

"War neuroses" or "shell shock," as they were called during World War I, and today as "post-traumatic stress disorder," left many psychiatrists schooled as organicists and in the etiology of heredity clueless about its cause. Frequently observed symptoms were: sudden onset of autism, nonorganic partial paralysis, nightmares, fatigue, and impaired sight and hearing, all of which military psychiatrists understood and treated as simulation by soldiers to avoid combat. Rather than punishing soldiers with electrical shock (the standard treatment at the time), psychoanalysts mostly in the Central Powers' side during WWI understood these symptoms to be caused by psychogenic trauma of war and began treating them using psychodynamic treatment. Their success in treating war neuroses not only surprised the psychiatric establishment but also challenged the organicist etiology of mental illness. After the Second World War, according to Antić, "partisan hysteria" became the locus for a similar clash of psychiatric paradigms: the pre-war organicists in conflict with new psychoanalytical thought marshaled by a group of progressive Vienna-trained psychoanalysts, such as Hugo Klajn in Belgrade, Nikola Šugar in Subotica, and Stefan Betlheim in Zagreb. This alone does not constitute Yugoslav psychiatric exceptionalism but rather exemplifies, Antić argues, the unique nature of "partisan hysteria" and its successful treatment. In contrast to the commonly thought of psychic passivity of "war neuroses," symptoms of "partisan hysteria" were rather animated and involved hyperactivity. For example, soldiers' symptoms would begin with an "involuntary seizure" that would then throw them "into a state of trance of sorts, during which

they subjectively re-experienced intense feelings related to fighting” (186). A recounting by Klajn is as follows: “. . . the neurotic lays down . . . screaming: ‘Assault! Ahead, proletarians, brothers, fighters, comrades!’ . . . He imitates the position, moves and sounds of shooting from a rifle or some other weapon, throwing bombs . . .” (187).

Post-war Yugoslav psychiatrists were faced with two problems: how was “partisan hysteria” different from “war neuroses,” and how could it be treated in consensus with the principles of socialist humanism so that “war heroes” could be integrated into military and Party ranks and could build a socialist society in peace. While it was understood that war was the cause of “war neuroses,” “partisan hysteria” was thought to be a condition particular to “lower-class peasants and the urban poor” entering the war as culturally “primitive” (16) and “infantile” (202), with an “irresistible urge to murder the murderers of their families” (198). Toward the end of the war, when former “war heroes” confronted the challenge of social mobility inside the emerging institutional hierarchies of the military and Party, the “hysterical partisans” among them responded with what was perceived as either infantile rebellion against the new authorities or as an underachiever’s cry for authority’s recognition. Freud’s infamous claim that primitive South Slavs are “non-analyzable people” became Yugoslav psychoanalysts’ nightmare.¹ With a dose of pessimism they, as well as the Party leaders, wondered if the Yugoslav primitive population was incapable of being cured and if they could meet the challenges of building socialism. In response, psychoanalysts shortened “talking cures,” added an educational dimension to therapy, and placed an emphasis on the development of socialism as a “social cure” for mental illness, consistent with their Marxist outlook that mental illness is intricately bound with overall social conditions. Antić’s research concludes that Yugoslav psychiatry, in a decade or so, successfully eradicated “partisan hysteria.”

Antić’s central thesis is that war revolutionized Yugoslav psychiatry from both the right and the left. This revolution began for the partisan sympathizers in a pro-Nazi Serbian youth camp in Smederevska Palanka, known as the “Institute.” “It was rather surprising” she reflects, “that the right-wing collaborationist forces adopted the cause of progressive psychiatry . . . [and] demonstrated very well how the wartime realities transformed—even revolutionized—the dominant conceptions of human psychology and human nature beyond the narrow confines of the psychiatric profession” (144). Such discoveries were substantial enough to force a “change of paradigm” both during and after the war, “inside and outside psychiatric hospitals” (144). While a unique historic phenomenon, the link between the Institute and psychodynamic psychiatry remains somewhat a puzzle. The leader of the “Institute,” Milovan Popović, besides sympathizing with the Serbian youth and desiring to protect them from Nazi punishment and Communist ideology, apparently had neither psychoanalytic nor psychiatric training. This could possibly explain the misunderstanding in equating “national trauma” with clinical “war neurosis,” the first being a collective metaphor for the Nazi occupation

1. Edoardo Weiss, *Sigmund Freud as a Consultant: Recollections of a Pioneer in Psychoanalysis* (New York, 1970), 37.

and the second, a psychological disorder. As far as my understanding goes, the so-called “patients” in the Institute did not exhibit any traumatic symptoms comparable to war hysterics. Without illness, could there be a cure? The linkage, perhaps, with Goli Otok, the Yugoslav Gulag, where Yugoslav psychiatrists engaged in forceful re-education of the Yugoslav pro-Stalinists would have been more appropriate comparison with the Institute.

Antić’s “exceptionalism thesis” should be credited for pointing out the fact that Yugoslav psychiatry, within a few decades, marshalled the most progressive outlook on mental illness. The question that remains to be answered, however, is to what extent was it actually revolutionary? As Antić’s analysis shows, despite their Marxist orientation, psychoanalysts approached the “primitivism” of war hysterics with an objective to civilize. What Antić finds to be additionally problematic is the psychiatrist’s sexualization of female patients, reducing their symptoms to “game[s] of seeking satisfaction” (210). An example was a case in which three young female patients closely bonded; having all been traumatized by war, they slept and showered together. A psychiatrist who observed their seizures interpreted them to be a “performance of sexual acts” (210). Antić further references clinical notes: “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 laying half-naked” (210). I wonder if Wilhelm Reich would have seen pathology in this scene, or simply a libidinal, revolutionary solidarity? Here, it seems, the psychoanalytic revolution had reached its limit.

I find Antić’s approach to writing a history of Yugoslav psychiatry from the patient’s perspective via reading clinical files the most exciting part of the book. Can psychiatric notes count as historical archives? Can Antić’s content analysis of clinical observations of patients’ psychotic fantasies and auditory hallucinations count as historical data? She resolves these questions by treating clinical notes as essential parts of psychiatric practice. By examining the structures of the notes, the types of questions addressed to patients, and the suggested treatments, she was able to reconstruct and identify psychiatric, organicist, and psychodynamic approaches, as well as each patient’s political orientation. As a result, she read accounts of psychogenic symptoms as demonstrative of a historic moment in general and a psychiatric moment in particular. Establishing a semblance between Croatian psychiatrists’ files during the pro-Nazi Ustasha military regime and those of French colonial psychiatrists marks the highest achievement of the book. Informed by Frantz Fanon’s critique of colonial psychiatry, Antić reveals psychiatric coercive force to be in service of the pro-Nazi State. Often confused by political context, fearing the regime as well as the partisans, patients would seek psychiatric help only to be diagnosed as having “paranoid-hallucinatory psychosis” (129). Occasionally, files would show a psychiatrist’s empathy towards their patients, who feared for his or her family, indicating a consideration of the psychogenic causes of distress.

In the final moments of her book, Antić briefly mentions Radovan Kardžić and Jovan Rasković, two Serb psychiatrists responsible for the Croatian and Bosnian Serbs’ mobilization towards ethnic war. However, she does not indicate whether they represent a rupture or a continuity of Yugoslav post-war

psychiatry and its mission to cure national trauma as outlined in her book, or to return it to its originating “Institute.” Perhaps this is a topic for another book. Yugoslav psychiatric exceptionalism seems to be reinforced by the fact that “madness” in Yugoslavia has always figured as a political factor for both the right and the left in psychiatry. Regardless, Antić makes a convincing case for Yugoslav psychiatric exceptionalism.

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