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B. Husmann

The professional biography of
Prof. Dr. Johannes Heinrich Schultz
1905-1970 in a historical context



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Prävention und Gesundheitsförderung – (k)eine Aufgabe
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THE PROFESSIONAL BIOGRAPHY OF PROF. DR. JOHANNES HEINRICH SCHULTZ 1905-1970 IN A HISTORICAL CONTEXT

THE LIGHT AND DARK SIDES OF PSYCHOTHERAPEUTIC PROFESSIONALISATION AND DEVELOPMENT OF AUTOGENIC TRAINING THROUGH THE LENS OF GERMAN HISTORY

BJÖRN HUSMANN

(TRANSLATION¹ DIPL.-PSYCH. LISA McLEAN)

Most people know Prof. Dr. med. Dr. h.c. Johannes Heinrich Schultz as the founder of Autogenic Training (AT), which he developed from Clinical Hypnosis in the 1920s. His contribution to the professionalisation of 'mental health' respectively psychotherapy in German-speaking countries from the beginning of the 20th century through to the late 1960s, however, is lesser known, yet still bears relevance today. Being personally involved in the establishment of psychotherapy as a treatment form, Schutz not only shaped the history of psychotherapy but changed society's attitude towards it. He continued his psychotherapeutic work throughout the German imperial era with its authoritarian structures, the First World War and its atrocities, as well as the Weimar Republic with its riots and rebellions. He also greatly influenced and shaped the so-called new German psychotherapy (sog. neue Deutsche Seelenheilkunde) under the fascist dictum 'heal or destroy' during the Nazi era and the deafening silence over the continuations of various practices in the post-war era. Presumably, there are few psychotherapists known in German-speaking countries, at the time, whose professional biographies show the complex relationship between socio-political and professional developments in such an exemplary way. In order to give an overview, both the light and dark sides of important developments in psychotherapy and their integration in German contemporary history, including the Nazi period, will be exemplarily illustrated at selected stages of Schultz's professional life².

Keywords: Johannes Heinrich Schultz, development of autogenic training, psychotherapeutic professionalisation in German-speaking countries 1905-1970, First World War, Weimar Republic, so-called new German psychotherapy, psychotherapy under the Nazis, post-war era

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² A presentation on this paper was held on 19th May 2018 in London at the British Autogenic Society's (BAS) annual general meeting.

Why read this article?

There currently is a widespread discussion concerning the transgenerational transmission of unconscious patterns from “war children”, “war grandchildren” and subsequent generations³. Even ‘professionals’ ‘inherit’ significant patterns of historic perception, interpretation and behaviour from their professional ancestors – sometimes in an unconscious process. Therefore, a reflection on the history of psychotherapy is worthwhile, especially for practicing psychotherapists to become aware of those implicit patterns⁴. This applies even more so against the background of current national as well as international political developments, including the trend to cut health care services. Examining Schultz’s professional biography is a small contribution to this endeavour of reflection. A completed bibliography of Schultz’s work of around 700 titles⁵ allows for a strong source-based study of his life. Several of his publications as well as extensive secondary literature about him have already been reviewed. He appears to have triggered a striking polarisation: On the one hand, he is attributed an almost exuberant image as the guild master or nestor of psy-

chotherapy in Germany⁶, which often concealed Schultz’s activities in the Nazi era. On the other hand, there are very critical assessments that almost paint him as a Nazi⁷, certainly as a counter movement to the previous idealization. Even though his continuous career advanced during the Nazi period and further developed in the post-war period⁸ it seems appropriate to view his work in terms of light and dark aspects instead of idealising or devaluing it. Thus we can avoid blurring or omitting complexities and contradictions in a seemingly final verdict. For example, it has been claimed that Schultz refused to meet with Edmund Jacobson, the founder of Progressive Relaxation, in his role as a leading representative of the so-called new German psychotherapy for political reasons, and because Jacobson was Jewish⁶. However, evidence shows that Schultz personally visited him in 1936 in Chicago and that he praised his work before and after the visit – even during the Nazi era⁹.

In my opinion, it is particularly important to examine these nuances and contradictions and also answer the still open questions that require continuous reflection. After all, histori-

³ e.g. Reddemann, 2015

⁴ Husmann, 2016, p. 31

⁵ Husmann, 2015, p. 49ff

⁶ *ibid.*, p. 9

⁷ Also in public media, e.g. <http://magazin.spiegel.de/EpubDelivery/spiegel/pdf/13687066>, or <http://www.bbc.com/news/magazine-34714591> (accessed 11th January 2018)

⁸ Husmann, 2016, p. 27ff

⁹ *ibid.*, p. 92ff

cal analysis does not work like a vaccine; it does not grant immunity against history repeating itself. Moreover, not wanting to trivialise, relativise, or redact anything, it is important to remember that the past today was yesterday's future. To quote Schultz: "We are all wrong. Only each of us is wrong differently"¹⁰.

1884-1902, Göttingen: Childhood and youth

Schultz was born on 20th June 1884 at 4:00 a.m. in Göttingen. The doctor welcomed him as a "splendid specimen"¹¹. However, his susceptibility to lung, gastrointestinal and skin disorders repeatedly affected his development. At six months old he survived a severe whooping cough but continued to suffer from asthma until his 30th birthday¹². As a child he often had eczema on his thighs and was partially restrained at night to prevent him from scratching¹⁰. He often missed school due to illness and was frequently teased¹³. An earlier appendicitis was only detected and operated on when he was 26 years old¹⁴. In 1914 he barely survived what was suspected to be the flu and fell ill with

bloody flux in 1916, leaving him with secondary damage¹⁵. Regarding his mental vulnerability he spoke of a "manic-depressive component"¹⁶. In 1939 he reacted to the outbreak of World War II with a "pronounced depression"¹⁷. His manic tendencies can be seen in his extensive journal publications.

Schultz grew up as the son of Dr. Heinrich Hermann Schultz (1836-1903; abbot of the monastery in Bursfeld and professor of evangelical theology) and Julie Gelzer-Sarasin (1850-1919; daughter of a Swiss ancient historian and diplomat) in Göttingen¹⁸. The father's first wife died from tuberculosis, as did three of his five half-siblings from this marriage. Schultz's brother Hermann (1881-1915, a lecturer in classical philosophy, who was killed later in the First World War) was born as a twin; the twin brother only lived for a few days¹⁹. Schultz inherited his first name "Johannes" from this brother and would often turned his mother into indignation, if I somehow attributed any serious failings of my worthy person back to him; the brother of the same name held his scrawny deathly hand over my life and thus brought me bad luck (Schultz, 1964, p. 20).

¹⁰ Georg Christoph Lichtenberg (1742-1799)

¹¹ Schultz, 1964, p. 6

¹² Which played a role in the later development of AT (see Husmann, 2017, p. 33ff).

¹³ Schultz, 1964, p. 10f

¹⁴ *ibid.*, p. 11

¹⁵ *ibid.*, p. 75f *rsp.* p. 11f

¹⁶ *ibid.*, p. 6

¹⁷ *ibid.*, p. 135

¹⁸ Husmann, 2017, p. 28ff

¹⁹ Schultz, 1964, p. 20

This biographical background explains quite possibly why Schultz used the initials “I. H.” instead of “J. H.” in many if not all of his later publications, and in some cases personally insisted that “I. H.” was to be published²⁰.

Schultz’s sister Adelheid (*1889) fell ill with diphtheria at less than two years of age, subsequently developed “croup”, and died following complications after a tracheotomy when the night-nurse had fallen asleep²¹. The early death of this “sunny child” greatly saddened the then seven-year-old Schultz²². Despite the many deaths the family remained affectionate and supportive²³. His father’s profession in “pastoral health care” if not “mental

health care” in particular “undoubtedly” created an “environment” that awakened a “an interest in psychotherapy” in Schultz²⁴. In addition to the stable relationship with his parents, his educational background, musicality, etc., his close relationship with animals was another salutogenic resource for him²⁵. His riding lessons were an important preparation for his later psychotherapeutic activity, especially the “tireless patience” necessary for riding²⁶. Schultz summed up his childhood and youth as follows:

Considering that an extremely sensitive and vegetative fragile character clung to me from both families [“Sippen”²⁷], not to mention the tendency for cyclothymic fluctuations, it is obvious that there is a contradiction between such a physical

²⁰ Letter to Dr. Heinrich Wallnöfer (27th march 1968). So far, a quote from a personal student of Schultz is used as proof that he was “jokingly described by his students as the ‘God of autogenic training’. He is said to have gladly put up with it, only he did not want to hear ‘J’ in the Berlin version, possibly because in the Berlin dialect it sounds like ‘God’, and was thus ‘allergic’ to being titled J. H. Schultz (Taalke, 1992). However, I have a prescription pad with “I. H. Schultz” from Posen (fig. in Husmann, 2017, p. 32), where he was in the last days of World War I (Schultz, 1964, p. 87). This use of “I.” instead of “J.” is two years before the beginning of the development of AT and six years before Schultz moved to Berlin. In this respect, the previously assumed narcissistic motive could be only a limited explanation or possibly inaccurate part of creating a legend. (Husmann, 2017, p. 31).

²¹ Schultz, 1964, p. 17

²² *ibid.*, p. 20

²³ *ibid.*, p. 21f

²⁴ Schultz, 1966, p. 29

²⁵ Schultz, 1964, p. 30

²⁶ *ibid.*, p. 30f. In later publications Schultz illustrated in particular learning and training processes using equestrian metaphors (Husmann, 2017, p. 36f).

²⁷ In his autobiography Schultz reflected in detail on the physical-emotional tendencies of his “family” (so-called “Sippe” in German), from whom he says he inherited his personal “constitution”, and pathogenic and also salutogenic dispositions. This focus on the family reflects his medical-psychiatric conception of human beings, where hereditary constitutional conditions ultimately play an important role in mental health and disorders. However, Schultz emphasised that such dispositions do not necessarily lead to disorders (or health). Furthermore, specific mental (developmental) conditions need to be present in order for a disorder to manifest itself (Husmann, 2017, p. 26; 2016, p. 42, p. 65; 2015, p. 28, p. 35, p. 42).

state of being and the original ‘splendid specimen’ [...]. Life-affirming, full-blooded vitality and a healthy male fighting spirit had to repeatedly fail because of the myriad of obstacles created by physical limitations; above all, however, it has to be recognized, albeit with great pain, that it is very dangerous to classify any condition of suffering as ‘merely nervous’^[28]. [...] Adding the fact that I was able to watch the results of my father’s pastoral activity in awe, and that I was able to immerse myself in the dressage of living and breathing horses with youthful enthusiasm, it is no surprise that I have turned to the complex topic of autogenic training (Schultz, 1964, p. 12, see also Schultz, 1966).

1902-1914: Studies, medical training, dissertation and habilitation

After attending school in Göttingen, Schultz went to study medicine in Lausanne in 1902. However, his first semester was more characterised by

“sea, wine, and girls”²⁹. This changed, however, when he continued in Göttingen from 1902 to 1903. Here, amongst other things, he met William Stern and gave a presentation on psychoanalysis. This led to a publication in 1909, a photocopy of which was apparently exhibited in New York in celebration of Sigmund Freud’s 100th birthday³⁰. He also became friends with Karl Jaspers, as also evident in later correspondences³¹. Between 1904-1905 he further continued his studies in Wroclaw, where he further developed a medical outlook. Jacob v. Uexküll’s “Theoretical Biology”, for example, had a profound effect on him³², and his physiology professor Max Verworn was such an influential role model that Schultz felt “to his core as an incurable physiologist” all his life³³. In 1905 he returned to Göttingen where he completed his mandatory military service³⁴ in 1906. In 1907 he finished his doctorate based on studies he had carried out at the psychiatric hospital “Volksnervenheilstalt Rasemühle” (today

²⁸ Schultz described several experiences where either psychological symptoms were dismissed as his “imagination” or physical illnesses were quickly dismissed as “nervous“. These personal experiences formed the basis for his strict demand of thorough somatic and psychotherapeutic diagnostics (Husmann, 2017, p. 34f). Even today, AT trainers and therapists consider one-sided medical and / or psychological diagnoses mistakes (Krampen, 2013, p. 326); the same applies to all-encompassing spiritualisation.

²⁹ Schultz, 1964, p. 45

³⁰ *ibid.*, p. 58

³¹ Bormuth et al., Ed., 2015

³² Schultz, 1964, p. 51

³³ *ibid.*, p. 102

³⁴ In his autobiography he praised the then imperial army as “the largest educational institution that ever existed in Europe” 58 years later based on his experience (*ibid.*, p. 51f). He also stated that he had not joined a student association, yet in 1964 he defended the “fraternity system” against being seen as reactionary and alcohol-driven (*ibid.*, p. 47f).

Klinik Tiefenbrunn)³⁵ entitled: “On the behaviour of the alkalinity of the blood and the white and red blood cells in the nervous and mentally ill” (“Ueber das Verhalten der Alkaleszenz des Blutes und der weissen und roten Blutkörperchen bei Nerven- und Geisteskranken”) (Schultz, 1907). At that time, he also received “a booklet from the neurologist von Schrenck-Notzing” containing “a brief introduction to hypnosis treatment”³⁴.

He then continued his medical sciences studies at the Royal Institute for Experimental Therapy³⁶ (Frankfurt/Main). During this time he published papers on biochemical issues while still continuing to explore hypnosis³⁷. In 1910 he became an assistant doctor at the Department of Internal Medicine at the University Polyclinic Wrocław, where he further continued to work with hypnotherapy. The head

physician not only considered his work on hypnosis treatments detrimental for Schultz’s reputation but also for the reputation of the clinic itself. At the time, hypnosis was seen as a ‘summoning ritual’ unworthy of medical consideration³⁸. As a result Schultz moved his hypnotherapeutic work outside of his official office hours and soon acquired a reputation as a miracle doctor. During this period he sometimes saw up to 40 patients at the same time. He later used hypnosis accidents to point out the dangers of inappropriately applied hypnosis³⁹.

He then switched to the dermatology department, where his habilitation was rejected because he was said to have made anti-Semitic remarks⁴⁰. Schultz saw this as an “intrigue” because he would never engage in anti-Semitism, not least as he was married to a Jewish paediatrician at the time⁴¹.

³⁵ *ibid.*, p. 55

³⁶ Led by Paul Ehrlich

³⁷ Overview in Husmann, 2017, p. 104ff

³⁸ Schultz, 1964, p. 63; Husmann, 2016, p. 31ff

³⁹ *ibid.*; Schultz, 1922

⁴⁰ Schultz, 1964, p. 65

⁴¹ *ibid.* This marriage to a woman of Jewish faith is cited by Schultz as being also a reason why he had difficulties in 1933 with regard to his license to practice: He stated on a form that his “first divorced wife, who had been a paediatrician in Switzerland for years, was a full-blooded Jewish woman” (*ibid.*, p. 130). Who his first wife was, cannot yet be answered. Regarding his time in Dresden 1920-1924 he wrote that “my family including myself” at that time barely escaped a poisoning attack by a maid (*ibid.*, p. 104f; see also Husmann, 2017, p. 76f) and mentioned elsewhere “my 15-year-old son’s second marriage” (Schultz, 1964, p. 150) Hans Jürgen Carl August Schultz, to whom in 1940 he dedicated his book “Gender. Love. Marriage” (see Husmann, 2015, p. 38; see A/N 145). According to a note in the files of the University of Jena, it has been documented that on 18th February 1919 Schultz married Olga Clara Ellen Grimm, who was born on 12th January 1896 in Marburg as a daughter of the captain and manor owner E. G. Grimm from Marburg (personal communication from Dr. Barbara Schmidt, University of Jena; according to Wormer, 2007, her father was called “Carl August Grimm” and her mother was “Mina Mayntzhausen, paediatrician”). According to a transcript of an index card from the DIPFPT from the Federal Archives, which Dr. Regine Lockot had sent me, “Schultz-Grimm, Ellen” (“born: 12-1-96”, marital status “wife” “1 son”) worked as a “treating psychologist” since the “founding in 1936” at the DIPFPT.

He left the clinic in outrage and moved to the psychiatric clinic in Chemnitz in 1912-1913. After Otto Binswanger became aware of Schultz at a meeting of the Central German psychiatrists in 1913⁴², Schultz transferred to his psychiatric clinic in Jena. It was here that Ernst Speer⁴³ became his student, who then performed goitre surgery under hypnotic analgesia. In 1914 Schultz passed the local medical exam⁴⁴.

1914-1916: World War I on the so-called Eastern Front

In 1914 Schultz prepared for his habilitation in psychiatry⁴⁵ but his lecture planned for 4th August 1914 had to be cancelled when the general mobilization was declared on 1st August and he was conscripted on 2nd August⁴⁶. He was first stationed in the field hospital of the 20th Army Corps in Marienburg (West Prussia). However, he suffered from severe bronchitis which led to his transfer to Rudczanny for its slightly better climate after two

For citizenship “German” was given and for religious confession “evangelic” was listed. She is said to have worked psychotherapeutically since 1920 and completed her “teaching therapy by: Dr. Schultz-Hencke 1926-28 [Schultz himself completed his teaching therapy with him in 1926-1929, see A/N 103] Dr. Kranefeldt 1929”, at the DIPFPT she had “constant control [in terms of supervision, B.H.] from Prof. I. H. Schultz” and according to the given address also lived with him (but then moved to Freiburg sometime before 1945). Up to 1942, the dedication of “Autogenic Training” was to “Ellen Schultz-Grimm!” (see Schultz, 1942). Schultz, however, he had written that before 1944 he “lived alone for ten years” (1964, p. 137), which is in contradiction to the aforementioned source. In November 1944 he married “Luise-Charlotte Wossidlo, widow of the well-known urologist” (ibid., p. 138), which was confirmed though data from the Berlin State Office for Civil Affairs from the 28th July 2015: Luise Schultz (born Wossidlo, *13th March 1900 in Leyerhof/Grimmen) married Schultz on the 19th November 1944 in Baggendorf/Leyerhof No. 14 (see Husmann, 2015, p. 47). The dedication of “The Autogenic Training” was from 1950 “Luise-Charlotte Schultz zu eigen!” (cf. ibid.). The motive as to why Schultz claimed to have lived alone in 1934-1944 can only be speculated, possibly out of loyalty to his third wife. The question of whether his other statements correspond to the actual facts, can only be clarified by further research.

⁴² ibid., p. 66

⁴³ Ernst Speer, cousin of the Nazi Reich Minister Albert Speer, was the first professor of psychotherapy in Germany from 1945 and later led the influential Lindau psychotherapy conferences together with Schultz, Ernst Kretschmer, among others. Speer and Schultz had a seemingly ambivalent relationship (see Steinat, 2004, p. 56).

⁴⁴ The examiners were Karl Bonhoeffer and Karl Flügge (Schultz, 1964, p. 70f). Schultz published the answer to the examination assignment in 1916 “On the measures against carriers of bacilli in mental asylums” and in 1917 “Freud’s Sexual Psychoanalysis. Critical introduction for forensic physicians, medical physicians and laymen” (“Freuds’ Sexualpsychoanalyse. Kritische Einführung für Gerichtsärzte, Ärzte und Laien”) (Husmann, 2017, p. 104f).

⁴⁵ Schultz, 1964, p. 71; planned topic: “Detection of pituitary hormone in the cerebrospinal fluid of nervous and mentally ill patients” (“Nachweis von Hypophysenhormon in der Rückenmarksflüssigkeit von Nerven- und Geisteskranken”) (ibid.)

⁴⁶ ibid.

weeks⁴⁷. There he worked as a surgeon amongst other duties, and sometimes had to first read up on appropriate surgical techniques overnight⁴⁸. Not far away the so-called “Battle of Tannenberg” took place from 26th-29th August 1914. Even though the German General Ludendorff allegedly dealt the Russian army a ‘devastating blow’ to, Schultz and the soldiers in Rudczanny were still afraid of a Russian “breakthrough”⁴⁹. In the winter of 1914/1915 he suffered from a high fever and severe asthma and could only endure marches by injecting morphine⁵⁰. At one point he ended up lying in a ditch and was brought to Olsztyn for treatment until he “no longer collapsed onto their beds when checking the heartbeat of wounded comrades”. Afterwards he was briefly stationed close to Gdan-
skt⁴⁹.

In February 1915 he “gave a trial lecture, with a shard in my right eye and the gold bracelet on my left arm, as a proper half-baked military big shot”⁵¹ in Jena on the topic: “New ways and goals of psychotherapy” (Schultz, 1915). Shortly after, he worked as a “corps neurologist” at

the military hospital in Olsztyn, where he established a department for head injuries and a neurological outpatient clinic⁵⁰. Although, his publications from this time examined some social-psychological issues (1915, “Some remarks on hatred in war”), he especially investigated neurological issues (e.g. 1915 “Five neurologically remarkable brain shots”, or 1916 together with R. Meyer “A clinical analysis on the effect of shell shock”)⁵².

In Olsztyn he met Karl Abraham among others, who wrote a letter to Freud dated 26th April 1915 in which reported that he was working with Schultz, who had previously published a “Critique of Psychoanalysis”⁵³. He did not directly address psychoanalysis “but allowed him to approach it and I immediately started to reveal his easily recognizable resistance”⁵⁴. Schultz described the encounter from a different perspective and characterised Abraham as a colleague with “aristocratic bearing” and at the same time great inner vulnerability in his autobiography⁵⁵. Schultz’s inquiry, why the Berlin Psychoanalytic Society founded by Abraham would take so little part in psychotherapeutic dis-

⁴⁷ *ibid.*, p. 74

⁴⁸ *ibid.*, p. 75

⁴⁹ *ibid.*, p. 73

⁵⁰ *ibid.*, p. 75f

⁵¹ *ibid.*, p. 76

⁵² for exact references in literature see Husmann, 2015, p. 51ff

⁵³ Probably referring to Schultz (1911)

⁵⁴ Falzeder & Hermanns, Ed., 2009, p. 491; remarkably, this collaboration was later regarded as “short psychoanalytic teaching work 1916/17,” as indicated in his index card at the DIPFPT, of which I received a copy from Dr. Regine Locket, Berlin (Husmann, 2015, p. 11)

⁵⁵ Schultz, 1964, p. 78

cussions outside their circle, was met with the comment that other psychotherapists could approach the Psychoanalytical Society.

As sensitive as Abraham was in the matters of his sacred psychoanalysis and his highly revered great master [Freud], his sound humour assuredly saved him from pettiness. For instance, he reported smiling to himself what we already knew. But what remained unspoken out of consideration to him was that his patients [in Olsztyn] called him ‘Doctor fairy tale teller’ because he used his big city experiences from Berlin to shed light on complicated psychological connections (Schultz, 1964, p. 78).

1916-1918: World War I on the so-called Western Front

In 1916 Schultz took over the management of the “Imperial Military Recovery Centre Malonne” near Namur in Belgium, just behind the so-called Western Front, on the initiative of Otto

Binswanger⁵⁶. Sanitary conditions in this former monastery were appalling and there were no blood pressure monitors. Nevertheless, soldiers were treated for gas intoxications and head injuries as well as psychological symptoms⁵⁷. As a 32-year-old head physician, Schultz expanded the local treatment capacity from 500 to 2000 beds by 1918⁵⁸. With regard to the treatment methods used in Malonne, it has not been possible to consult independent sources⁵⁹, so the information provided by Schultz himself has not yet been verified. According to his publications he has worked with hypnosis in some cases and has, for example, “kept exhausted patients in the open ward [...] in prolonged hypnosis for weeks”⁶⁰. He very rarely used electrical pain exposure⁶¹. Treatments often included exercises from drill and sport activities in the sense of (self-)discipline for the purpose of building self-will⁷⁹ to work therapy and concentration exercises⁶². The treatment concept, however, was

⁵⁶ *ibid.*, p. 79

⁵⁷ Schultz, 1921

⁵⁸ Schultz, 1964, p. 82; in more detail in Husmann, 2017, p. 44ff

⁵⁹ There are only three medical record books from Malonne in the Federal Military Archive, which despite documenting the high number of soldiers treated do not provide any information about the therapies used. More files are said to have been burned during World War II.

⁶⁰ Schultz, 1965, p. 42

⁶¹ Schultz, 1964, p. 85. Other statements (Schultz, 1920a, p. 232f) raise the question how rarely exactly he used them but give no indication of frequency or regularity. The film in the German Hygiene Museum “reserve hospital Hornberg in the Black Forest – treatment of war neurotics” (“Reserve-Lazarett Hornberg im Schwarzwald – Behandlung der Kriegsneurotiker”) as carried out by the local head physician Ferdinand Adalbert Kerher, whom Schultz mentioned (*ibid.*, p. 177), also contained no clues in this regard. Nevertheless, further research would be useful. Roth (1987), for example, showed the violent aspects of the general treatment of mentally injured soldiers in the German military from a social-historical perspective .

⁶² Schultz, 1920a, p. 140 ff, which he called “general conscious psychotherapy” (“allgemeine Wachpsychotherapie”); for a more detailed discussion – also with regard to the development of

based primarily on what call milieu therapy today⁶³: Because patients and practitioners actively shaped their everyday life together, supplemented by a relatively lively cultural life for the local conditions⁶⁴, doctors and soldiers built a good rapport with each other. Yet, the Military hospital was known for its high discharge rates. The mood only reached a tipping point only in the last phase of the war here⁶⁵. Nevertheless, Schultz was still able to write his first large book “The mental health treatment (psychotherapy), a complete outline for specialist and general practice” (“Die seelische Krankenbehandlung (Psychotherapie). Ein Grundriss für Fach- und Allgemeinpraxis”) and send the manuscript to the publisher.

After a short private stay in Bochum, where he hid from the consequences of the revolution at a befriended doctor’s place, he was ordered to Poznan in the very last days of the war to build a head injury department⁶⁶. Here he would have been “put up against the wall several times” but escaped being shot by identifying himself as a doctor in Polish⁶⁵.

Excursion: “The mental health treatment” (1919)

Shortly after the end of the First World War in 1919 Schultz returned to Jena, where he was appointed “extraordinary professor” on account of the first publication of “The mental health treatment”⁶⁷. This publication is noteworthy because it is a detailed account of his views on psychotherapy and has been widely distributed⁶⁸.

Conceptually, Schultz postulated a model of multiple layers, each smoothly transitioning to the next: Based on “inherited germ mass”, there is an “organological, constitutional-somatic layer”, above which there is a layer responsible for organism functions, including “the nervous system and its deviations”. This is followed by a layer of “psychological phenomena”⁶⁹. In this respect, psychological processes are the “embodiment of the highest biological function” and an “infinite stream of fluid forms”⁷⁰. Already, the layer responsible for organ functions stands out from the “rigid laws of anatomy” because in this area the “changeable flowing realm of physiology” begins. Therapeutically, “we rise from the

AT – see Husmann, 2017, p. 51ff

⁶³ see below.; see Schultz, 1920a, p. 340ff; see also Husmann, 2017, p. 51ff

⁶⁴ Schultz (1964, p. 79ff) would have greatly encouraged this. Posters, for example, testify to performances by the military hospital orchestra, which he mentions (fig. in Husmann 2015, p. 12; 2017, p. 48).

⁶⁵ Schultz, 1921; 1964, p. 82ff; 1920a, p. 340ff

⁶⁶ Schultz, 1964, p. 87

⁶⁷ *ibid.*, p. 88; see A/N. 19

⁶⁸ The 8th extended and improved edition was published in 1963.

⁶⁹ Schultz, 1920a, p. 3

⁷⁰ *ibid.*, p. 24

possibility of purely physical influences to physical-chemical influences”. The overlying mental layer additionally needs a psychological orientation.

Against this background, Schultz understood psychotherapy not merely as a treatment of mental disorders but generally as a “medical treatment through purely psychological influence”. With “every ‘physical’ illness, the treatment should not be reduced to the most ostentatious technical routine,” the “human being [must] be considered as a whole” and “psychological attributes [must] be leveraged for medicinal healing purposes”⁷¹. In this respect, he regarded psychotherapy as a (specialist) medical discipline that further builds on scientific paradigms taught in medical school without contradicting them. For Schultz it was, of course, self-evident “that the psychotherapist is first and foremost a doctor”⁷².

This is the background for the first application-oriented chapter in which he discusses (rational) “popular psychotherapy”. With that he refers to all medical interventions “whose influence is entirely or predominantly of a psychological nature but did not actually represent psychotherapeutic work”⁷³. The awareness and effective

use of communicative, including suggestive influences as well as the effect of the individual style of the practitioner was an important aspect for him⁷⁴. According to him, this “psychologisation of medical treatments”⁷⁵ should not only be part of regular medical sciences studies, but also taught in further professional training.

The chapter on hypnosis reveals a sense of disillusionment in contrast to his earlier euphoria. Hypnosis is indeed a kind of psychotherapeutic ‘prototype’ that demonstrates the diverse and extensive possibilities of communicative influences⁷⁶. However, based on the findings from hypnotherapy, the psychotherapeutic orchestra had become so differentiated that hypnosis was no longer *the only*, but *one* among several instruments available. Its therapeutic potency was also been more limited than previously claimed. However, it continued to be useful and helpful in certain cases:

1. Calming and relaxing hypnotherapy,
2. Suggestive hypnotherapy,
3. Memory-expanding (psycho-cathartic and psycho-analytic) and otherwise performance-enhancing hypnotherapy,
4. General psychotherapeutic hypnotherapy, that is hypnosis supporting or facilitating specific aims of general psychotherapy or general psychotherapy itself (Schultz, 1965, p. 71)⁷⁷.

⁷¹ *ibid.*, p. 1

⁷² *ibid.* p. 2

⁷³ *ibid.*, p. 43

⁷⁴ There are parallels to Balint’s “drug doctor”.

⁷⁵ Schultz, 1965, p. 72

⁷⁶ Schultz, 1920a, p. 98

⁷⁷ Quoted here from “Hypnose Technique“ (5th ed.), where Schultz summarises important aspects of the hypnosis chapter from “The Mental Illness Treatment“; see also Schultz, 1920a, p. 71ff;

Schultz's disillusionment reflects that of many physicians when hypnosis did not lead to the expected results during the First World War⁷⁸.

He also demonstrated a critical distance in the chapter on psychoanalysis. On the one hand, he praised these important findings concerning developmental psychology, uncovering the unconsciousness, aspirations through free association, abreaction of emotions, etc. On the other hand, he criticised the far-reaching validity claims of psychoanalytical theory, or the excessive emphasis on sexuality⁷⁹.

In the method chapter on "conscious psychotherapy" ("Wachpsychotherapie"), Schultz devoted himself extensively to learning and train-

ing opportunities and studied their psychotherapeutic aspects. He analysed military drills and how these can be used to (re)learn movement sequences and at the same time train not only the physical but also the mental attitude (of soldiers)⁸⁰. For Schultz, this was a prototypical example of the repercussions of intensive behavioural exercises on the (inner) psychological attitude⁸¹ ("psychological orthopaedics"⁸²). He also discussed aversion therapy using electricity or emetics, or methods for attention and concentration training and their applications. Certain paragraphs in this chapter resemble an early form of German military-psychiatric behavioural strategies, which Schultz recommended for behavioural modifi-

1964, p. 162

⁷⁸ Husmann, 2017, p. 40f

⁷⁹ Schultz, 1920a, p. 120ff, there are no anti-Semitic undertones in the second edition of 1920 quoted here compared to the 1943 edition as quoted by Künzel (1998, p. 205ff); see also A/N. 127

⁸⁰ Also, "voluntariness, like all living things, is subject to the mnemonic and practice-laws; [...this] teaches the simple example of the external act of will as the fundamental basis of every decision-making: disciplining. How the simple occurrence of the external motor volition becomes a conscious psychotherapeutic [...] tool, if it is subordinated to the point of view of the discipline, it may be generalised that the will can be accessed through obedience. Ancient proverbial wisdom teaches that who wants to rule must be able to obey; just as body parts, sensations, feelings, in short the totality of the psychic are exercised and transformed into valuable attributes in the discipline of motor exercises, only discipline leads to supremacy in the higher spheres of will. Thus, the critical conscious psychotherapist will also be fully aware that a requisite appeal to 'have will' only makes sense for the disciplined; where this prerequisite is lacking, it is their task to promote the formation of the will, and the only way with a prospect of success is through discipline, the conception of which, of course, must be handled individually to the highest degree" (Schultz, 1920a, p. 177f).

⁸¹ The interaction between peripheral and central processes, that is, the dialectics of top-down and bottom-up processes also played a role for Schultz in terms of AT, where e.g. the regular intake of an initially relatively 'external' rest position in the medium term leads to the promotion of inner calmness. That's why he rejected hierarchies, for example the positioning revealing psychotherapy above exercise practices, and called for an indication specific and possibly multimodal approach (see Husmann, 2017, p. 26f).

⁸² Schultz, 1920a, p. 178; 1964, p. 163; this expression of Schultz goes back to Dubois

cation and performance training as well as thought and awareness training⁸³. In doing so, he tried to step out of a medical doctor's perspective and began researching (contra-) indications for individual methods on the one hand. On the other hand, his self-identification as an army doctor is often apparent and he praised the possibilities of military rituals while hardly questioning them.

In addition, he discussed the great importance of curative education on the basis of many examples from Malonne and worked on the above-mentioned milieu therapy and psychoeducation, which he collectively referred to as "mass psychotherapy", through lectures or publications. For example, he also gave lectures on test results regarding memory skills training from the Malonne military hospital⁸⁴ or discussed special psychotherapeutic tasks regarding perception, affective, mental or volitional disorders, or in the context of "psychopathological types".

1918-1920, Jena: The "birth" of AT

By 1918 the situation in Jena was "changed" compared to 1913/1914: For instance, there had been a "threatening disciplinary case" of the caretakers in the clinic, and as a result of the November Revolution and the "extremely left-wing radical government" the cleaning staff received more pay than doctors who had worked there for many years⁸⁵. Schultz was elected to be on the medical secondment and spoke – unsuccessfully – before the responsible minister in Weimar.

In 1919 he was academically involved in research on auto-hypnosis, in which the sensations of heaviness and warmth normally occurring under hypnosis were achieved. He described his publication of these studies⁸⁶ as the real "birth of autogenic training"⁸⁷, even though he had already pointed out the regularly occurring "initial hypotension" in 1916⁸⁸. Thanks to support from the Carl Zeiss Company Schultz was also able to use a special device to measure the change in skin temperature during vasodilation, which he later continued in Berlin with the AT-heat-technique⁸⁹.

Because his mentor Otto Binswanger had left the Jena clinic in 1919

⁸³ in detail also with regard to the significance for the subsequent development of AT in Husmann, 2017, p. 51ff, in particular p. 58ff

⁸⁴ which he then published in detail (Schultz, 1921).

⁸⁵ Schultz, 1964, p. 88; more detailed in Husmann, 2017, p. 63ff

⁸⁶ Schultz, 1920b

⁸⁷ Schultz, 1966

⁸⁸ Schultz, 1916, p. 137

⁸⁹ Schultz, 1926, p. 199

and the new head physician Hans Berger (discoverer of the EEG) was “focused on the exact sciences” Schultz saw himself as a “psychotherapeutic outsider” unable to continue his career in Jena⁹⁰. Although he had a “nice [last] academic year”, he accepted the offer of leading physician at Lahmann’s sanatorium “Weißer Hirsch” and subsequently moved to Dresden in 1920⁹¹.

1920-1924, Dresden: Lahmann’s Sanatorium

The physician Heinrich Lahmann (1860-1905) was a pioneer of the

‘reformed life movement’ (Lebensreform-Bewegung) and experimented with light/air baths, gymnastic exercise, or hydrotherapy and founded the later internationally known sanatorium in the residential district of Dresden “Weißer Hirsch” in 1888⁹². Its reputation comes, among other things, from a visit of a nephew of Emperor Wilhelm II for healing purposes in 1902. This led to considerable debates between academic medicine and then alternative medicine⁹³. This also contributed to a rising number of domestic and foreign spa guests. Schultz spoke of an average of 800 guests⁹⁴.



Ill. 1: air bath for men (Lahmanns Sanatorium, ed., 1922)

⁹⁰ Schultz, 1964, p. 88

⁹¹ *ibid.*, p. 88f

⁹² Lienert, 2005

⁹³ Scholz, 2004

⁹⁴ Schultz, 1964, p. 91

In contrast to the military hospital of Malonne, Lahmann's sanatorium provided an alternative environment for Schultz, where he often met patients from the so-called upper-class. His colleagues included Frieda Reichmann⁹⁵, and temporarily Hans Prinzhorn whom Schultz appreciated despite his unorthodox psychotherapeutic methods and who introduced him to Gerhart Hauptmann, Ludwig Klages, and the dancer Mary Wigman.

He continued his hypnotic studies, for which he initially received support⁹⁶. Between 1920-1924 he trained 1800 patients in "concentrative self-relaxation"⁹⁷, that is self-mediated (autosuggestive-meditative) visualisation of feelings of calmness, heaviness and warmth. The methodical introduction, e.g. the pendulum test and the didactic approach⁹⁸ became part of AT in this phase. The patients are given instructions, then practice by themselves while the instructor waits silently; afterwards the practice is discussed and feedback is given when required. All in all, Schultz radically focused on psychophysiological

self-regulation, frequently emphasising that AT is 'helping people to help themselves' and enabling them to independently strengthen their salutogenic resources⁹⁹. This approach was supported in part by patients critical of conventional medicine, but also by the special relaxation culture in Lahmann's sanatorium providing natural therapies.

However, conflicts gradually developed with the hospital administration: Schultz wanted to take the sanatorium in a medical and especially psychotherapeutic direction, but the administration was cutting back clinical activities to have more room for paying guests¹⁰⁰. In addition, psychotherapeutic work was limited by the fact that the patients only stayed for a certain period of time. Furthermore, a "by no means [...] overabundant pay" was further diminished by inflation¹⁰¹. In addition, Schultz was afraid to become an "uncritical provincial authority" despite good professional network, which is why he moved to Berlin as a neurologist and psychotherapist shortly after his 40th birthday¹⁰².

⁹⁵ married to Erich Fromm between 1926-1931, emigrated to the United States in 1933, went on to research psychoanalytic psychotherapy for schizophrenia, and made a significant contribution to integrating psychoanalytic work into psychiatry (Husmann, 2017, p. 75)

⁹⁶ Schultz, 1964, p. 101

⁹⁷ Schultz, 1932b, p. 192

⁹⁸ This "early abandonment" of heterosuggestive influence, as was customary in hypnotic or psychotherapeutic treatments at that time, is a cross-section of Freud's methodological departure from suggestive external influence (Krampen, 2013, p. 55).

⁹⁹ Krampen, 2013; on the salutogenic effects including the possibilities of centroversion (Emil Neumann), Husmann & Nass, 2015

¹⁰⁰ Schultz, 1964, p. 92 and p. 103

¹⁰¹ *ibid.*, p. 91

¹⁰² *ibid.*, p. 103 and p. 106

1924-1932, Berlin: Training analysis, monograph on AT, GMAP

Schultz's professional and occupational-political activities in Berlin were manifold, which is why only a few can be mentioned here¹⁰³. Among other things, from 1926-1929 he completed a teaching therapy by the neo-psychoanalyst Harald Schultz-Hencke¹⁰⁴ and from 1926 focussed on the development of AT¹⁰⁵. Furthermore, he gave lessons at the private Lessing University¹⁰⁶ and oversaw the medical-psychotherapeutic and advanced training. In 1932 he published his monograph on AT¹⁰⁷. In addition to 449 participants from Lahmann's sanatorium and his own practice, he was able to include the experiences of 1579 non-clinical participants¹⁰⁸. We could call it clever marketing that Schultz used his position as a leading member of the General Medical Association for Psychotherapy (GMAP; Allgemeine Ärztlichen Gesellschaft für Psychotherapie/AÄGPT, founded in

1926)¹⁰⁹ to regularly give lectures on AT development at various conferences, reaching many important leading medical figures¹¹⁰. His influence certainly goes beyond his specialist field and is evident in professional policy making as he was considered an important representative and held numerous positions (for example, 1928-1933 member of the editorial board of the GMAP¹¹¹).

Neurosis Classification and Existential Values

Amongst his various publications on psychotherapeutic topics, including surgery addiction¹¹² or yoga¹¹³, the article focussing on neurosis classification stands out because of the relatively well received conceptualisation. Instead of classifying disorders according to their symptoms, for example in depressive or compulsive categories, Schultz suggested grouping them according to how deeply a psy-

¹⁰³ more detail in Husmann, 2017, p. 78ff and Husmann, 2015

¹⁰⁴ Copy of Schultz index card from the DIPFPT from Dr. Regine Lockot (see also A/N 40)

¹⁰⁵ Schultz (1926) is the first publication in which he mentioned AT by name.

¹⁰⁶ Schultz, 1966, p. 31

¹⁰⁷ Since 1932, the national and international significance of AT in clinical and health psychology has steadily expanded, which is why the monograph was published in its 20th edition in 2003 and has been translated into numerous languages. Together with Progressive Relaxation, AT is seen as the most used basic(psycho)therapeutic treatment [Basis(psycho)therapeutika] and the most studied systematic relaxation method (Krampen, 2013, p. 62f).

¹⁰⁸ Schultz, 1932, p. 192

¹⁰⁹ At the founding congress in Baden-Baden on 19th February 1926 Schultz gave a lecture titled "The Unification Efforts in Psychotherapy" ("Die Einigungsbestrebungen in der Psychotherapie") (Schultz, 1927)

¹¹⁰ Husmann, 2017, p. 79

¹¹¹ *ibid.*

¹¹² Schultz, 1923

¹¹³ Husmann, 2017, p. 110ff

chopathological disease had become embedded in the personality¹¹⁴. He spoke of:

- ▶ Exogenous neuroses (“Fremdneurose”), if symptoms stem from conflicts in someone’s environment (e.g., child living in dysfunctional family conditions). Here there is “contra-indication to actual psychotherapy, especially psychoanalytic approaches“, instead “welfare” would be appropriate (such as putting the child into foster care)¹¹⁵.
- ▶ Marginal neuroses (“Randneurose”), if peripheral conflicts have led to the conditioning of confined abnormal responses (e.g. stress-related speech disorders, stomach disorders in conflict situations). Here there rarely is an indication for psychodynamic processes (and if so, then only for short-term experience with circumscribed focus), instead AT, hypnosis and conscious-psychotherapy (practicing) strategies are predominantly called for.
- ▶ Psychogenic structural neuroses (“Schichtneurose”), if fundamental emotional conflict patterns are constitutive (e.g. personal values / moral vs. aggressive or libidinous impulses). In milder forms, a short-term psychodynamic therapy is in-

dicated, in severe forms long-term therapy¹¹⁶. AT, hypnosis and waking psychotherapy can support the therapy process or possibly be used as support for subtasks (for example, uncovering certain areas of conflict through hypnosis, formulaic AT intentions for personality development). As a rule, however, they usually fall short as a full replacement.

- ▶ Characteristic core neuroses (“Kernneurose”), if long-lasting drastic aberrations permeate the personality as a whole (today: early disorders, personality disorders). Here a psychodynamic long-term therapy is indicated. Hypnosis, AT, and other practiced procedures were usually ineffective, but can potentially be used in addition to advanced therapy.

Schultz warned against using this system schematically and pointed out that “in the physical organism the entity would be involved” in every single disorder¹¹⁷.

In addition, he outlined a “schema of existential values” in this essay,¹¹⁸ according to which categorisation in terms of which areas of life are affected by neurotic patterns (e.g. performance capabilities, social participa-

¹¹⁴ Schultz, 1930

¹¹⁵ *ibid.*, p. 72

¹¹⁶ Psychotherapy based on depth psychology or psychoanalytic focal therapy and long-term psychoanalysis

¹¹⁷ *ibid.* p. 75; the so-called psychopathies or the so-called mental illnesses (psychoses, etc.) were not the focus of this neurosis classification.

¹¹⁸ which resembles Maslow’s hierarchy of needs, which, however, was not published until 1943

tion) is also possible. He also postulated that the ultimate goal of psychotherapy would not be “to merely restore worry-free performance and enjoyment” but “self-actualisation”¹¹⁹ that is, to fully develop one’s personal potential.

1933-1945, Berlin: GGMAP, DIPFPT

In 1933 Schultz became a founding member of the German General Medical Association for Psychotherapy (GGMAP). According to him, the association was founded to forestall the Nazis from banning psychotherapy as a “Jewish money making acquisition”¹²⁰. Other authors see the foundation as an act of “self-forcible coordination” (“Selbstgleichschaltung”)¹²¹ with not only GGMAP members profiting from the exclusion and persecution of Jewish psychotherapists. Three years later, Schultz became deputy director of the German Institute for Psychological Research

and Psychotherapy (Deutsches Institut für psychologische Forschung und Psychotherapie/DIPFPT)¹²² under the direction of Matthias Heinrich Göring, a cousin of the Reichsmarschall, founded in May 1936 at the instigation of the Reich Medical Leader. In addition, he was head of the local polyclinic¹²³ and the medical (psychotherapy) training. At the same time, he was the senior field physician of the German Airforce (Reichsluftwaffe)¹²⁴. The DIPFPT was housed partly in the premises of the former Berlin Psychoanalytic Institute. Its tenets were based on core elements of the institute’s training curriculum¹²⁵ and it was financially relatively well equipped. Funding was provided by the German Labour Front (Deutsche Arbeitsfront/DAF), from the German Airforce and from 1943 – when the DIPFPT became an institute of the Reich – also from the Reichs Research Council¹²⁶.

¹¹⁹ Schultz, 1932, p. 177; seven years later he wrote: “The purpose of psychotherapy can only be to seek help for the full development of the total personality in itself and in the community” (Schultz, 1939, p. 72); see also Cocks (2018) and Baier (2013) on this connection between ‘self-realisation’ and so-called ‘(people’s) community’ (sog. Volksgemeinschaft).

¹²⁰ Schultz, 1964, p. 131f; on the discrimination of psychoanalysis in Nazi Germany, see Brecht et al., Eds., 2010

¹²¹ Locket, 1985, p. 71ff

¹²² in detail in *ibid.*; Cocks, 1997; see also Husmann, 2015

¹²³ Here he was, *inter alia*, supervisor of John C.F. Rittmeister, a doctor and psychotherapist, who was executed on 13th May 1943 in Berlin-Plötzensee for alleged high treason (see Brecht et al., Eds., 2010, p. 170ff). Although Schultz mentions many colleagues from his professional career in his autobiography, he does not mention him (see Husmann, 2015, p. 41ff)

¹²⁴ Locket, 1985; Cocks, 1997

¹²⁵ Although AT and hypnosis became curricular components of psychotherapeutic training (Husmann, 2016, p. 40f)

¹²⁶ Locket, 1985, p. 152ff, p. 188ff and p. 207f; Cocks, 1997

The so-called new German psychotherapy

One of the central aims of the DIPFPT was the development of the so-called new German psychotherapy¹²⁷, which according to Schultz did not mean taking concepts from Freud¹²⁸, Adler and Jung, plus hypnosis, AT, and so forth to create

merely a mixture. Its purpose is much more – a living synthesis to move towards a real recording of the psychological processes and to consider these from a perspective of the ambitions and the resources of a fruitful life that the new Germany offers us. It is our duty, the strong, mentally health, and overly intelligent person to shape its existence and to release its powers for what the new German psychotherapy is predestined for (Schultz, 1944b, p. 378)¹²⁹.

Nature/nurture question, euthanasia

Against the background of the prevalent biological beliefs – which were influenced by psychiatric views and reinforced by the fascist ideology – a key question was to look at the nature versus nurture influences in the aetiology of mental disorders. In some publications, Schultz was more cautious regarding the heredity of mental disorders and said that there are still some uncertainties regarding this question¹³⁰, or that only a small percentage is genetically conditioned and a high number is treatable with psychotherapy¹³¹. In 1941, however, he wrote that it was “proven scientific knowledge” of genetic research that “even the psychological personality” in principle underlies the laws of genetics. “The peculiarity, value and weakness of every tribe, every family group [“Sippe”], and every family speaks a sufficiently clear language for the sober-minded, thoughtful

¹²⁷ Lockett, 1985, p. 188ff; Cocks, 1997

¹²⁸ With regard to Freudian psychoanalysis, Schultz wrote that it was “severely limited by its basis in a Jewish-materialist way of thinking and taking the nineteenth-century mechanistic research approach as a fundamentally crucial basis”. In this respect “it had to ignore many essential questions and completely failed to face important mental problems. Apart from these clear failures, a number of factual findings hold true: crucially, an extraordinary deepening of our knowledge of the individual’s personality development and its disturbances” (Schultz, 1944b, p. 375). He also praised the focus on unconscious motives, and the therapeutic possibilities of catharsis and dream interpretation (see also A/N 76 and also Kauders, 2013).

¹²⁹ In this context it is also essential that Schultz and other DIPFPT therapists pursued the alleged ideal of German holistic medicine, which included biologicistic implications (see also Scheerer, 1985). This aspect can only be briefly mentioned due to the scope of this paper.

¹³⁰ see, e.g. the reviews on Langen resp. Linden in Schultz, 1940a

¹³¹ e.g. Schultz, 1941a, p. 98

person”¹³². In that sense, people are also, in psychological terms,

determined by the laws of inheritance, which are to a large extent transparent to us [...]. Limited talent on the one hand, characteristic attitudes, strengths and weaknesses on the other hand, as well as in tragic cases pronounced pathological defects, are to a large extent the unavoidable result of a destiny of inheritance. It is one of the great deeds of the new Germany that the hereditary cleansing of our national body, which was repeatedly attempted by all prudent geneticists, proceeded through the will of the Führer in Germany. In a summary of innate nervousness [...] from 1928, I considered these questions to be fundamentally the most important act of depuration with respect to the severe forms of mental degeneration. But then, in agreement with leading geneticists, they were termed

‘music of the future’^[133]. It fulfilled itself faster than the boldest progressive researchers dared to have hoped for at that time (Schultz, 1943, p. 12f).

This position is especially meaningful in the context of the fascist politics of “heal or destroy”¹³⁴ in general, and in particular against the background of eugenics and euthanasia. Several hundred thousand people with supposedly hereditary or supposedly untreatable diagnoses were systematically registered, sterilized, abused for research, starved to death, and / or directly murdered under the pretext of so-called hereditary health laws¹³⁵.

Not only in temporal association with, Schultz already held a two-part lecture on the diagnosis concept¹³⁶ at the DIPFPT in early 1940, which he

¹³² Schultz, 1943, p. 12f (see also Husmann, 2015, p. 40f; 2016, p. 45f and A/N 140). In this publication, among other things, Schultz speaks of the fact that physicians have “a notable part in the new era of our people” and that they will receive “quite different, larger and more serious tasks in the National Socialist state” than consulting individual patients. “Germany is the first state that has actually taken the experience of scientific study of heredity seriously and built it into the welfare action of the state. The world view of the new Germany, in which blood and soil now support the foundations, stands without any doubt and with only support for a natural, holistic view of man. Health is no longer left to private arbitrariness, but part of the commitment to the community. Just as the whole existence of the German man of today has only meaning, only value, only future and eternity in the community of the German people, so too has the doctor returned to certain priestly functions, the sanctity of the blood and the purity of heritage, as well as to preserve the health of the people as a whole” (Schultz, 1943, p. 18).

¹³³ Schultz is meant, 1928, p. 103

¹³⁴ Schultz, 1984; for a more detailed account see also Husmann, 2016, p. 47

¹³⁵ The fascist calculus gradually revealed more and more people to annihilation if, according to the prevailing view – which was anything but independent of the respective economic situation (see Aly & Heim, 2013) – were not sufficiently productive. If they did not benefit, they were actively killed; if rudimentary productivity still existed, they were exploited to the very last, starving for hunger until they died (see Aly, 2012). For the extensive involvement of German psychiatrists in selection, such as murder, etc. see Schneider, Ed., 2011.

¹³⁶ In addition to Schultz, Mathias Heinrich Göring, Felix Boehm, Werner Achelis, Hans von Hattingberg, Edgar Herzog, Gustav Richard Heyer, Werner Kemper, W. M. Kranefeldt, Carl Müller-Braunschweig and Harald Schultz-Hencke played a decisive role in the concept development (Schultz,

developed there, not least coinciding with the so-called “Action T4”¹³⁷. Talking about the “annihilation of a life not worth living”¹³⁸ he expressed the “hope [...] that the madhouses will soon reshape and rid themselves in this sense”¹³⁹. He also talked about therapeutic nihilism in terms of

certain forms of general psychological degeneration. We call these people psychopaths in our working group [at the DIPFPT]. These are the hereditary degenerative, the hereditary degenerate psychopaths. We may call them mental hereditary deformities and we are, in the true sense, psychotherapeutically completely powerless to them (Schultz, 1940c, p. 113).

In this context he discussed “hysterical personalities” as an example of characteristic core neuroses and contrasted them with

hereditary degenerative, psychopathic, incurable disorders, which [seems] to mostly deal with very powerful heredity.

The few cases in which I have made this death sentence in the form of a diagnosis show this clearly” (ibid., p. 115).

Since Schultz was also working as an evaluation expert, his expertise may have had the effect of a factual death sentence.

In 1944, however, he spoke more cautiously of a “death sentence on the personality”¹⁴⁰ regarding the diagnosis of “psychopathy” because

psychopathy means [...] a hereditary mental deformity. If it is more pronounced, even the most patient psychological medical work can achieve nothing. We must contend with providing adequate care under protective conditions or preserving the quality of life (Schultz, 1944b, p. 357)¹⁴¹.

In contrast to the nihilism in these publications, however, Schultz and other DIPFPT therapists tried to extend the range of psychotherapeutic indications in their practice, in particular regarding severe (core) neuro-

1940c, p. 97), as well as the already mentioned J.C.F. Rittmeister (see A/N 117). The captain had noted in 1939 in response to the beginning of the war in a letter critical of the DIPFPT (Brecht et al., 2010, p. 171).

¹³⁷ The abbreviation “T4” goes back to the fact that the central office, which directed the systematic murder of over 70000 physically, mentally and mentally handicapped people, was located in Tiergartenstraße 4 in Berlin. One of the key organizers was Herbert Linden (Aly, 2012, p. 44ff), who also sat on the board of DIPFPT as a representative of the Reich Ministry of the internal affairs (Lockot, 1985, p. 193). Due to the personal relationship, it is likely that Schultz, as deputy DIPFPT Director, had knowledge of the “Action T4”.

¹³⁸ The psychiatrist and neurologist Alfred Hoche published together with Karl Binding in 1920 the book “Allowing the Destruction of Life Unworthy of Life”. This was what the “Law for the Prevention of Hereditarily Diseased Offspring” of 14th July 1933 and 26th June 1935 was referring to.

¹³⁹ Schultz, 1940c, p. 113

¹⁴⁰ Schultz, 1944b, p. 357

¹⁴¹ He also reported in 1951 that core neurosis “without strong confines [...] transform into purely or predominantly hereditary psychopathies, which in the nomenclature of medical psychology represent incurable hereditary malformations” (Schultz, 1951, p. 183).

ses¹⁴². They were difficult to distinguish from the so-called psychopaths but were in principle treatable. This led to major conflicts with other practitioners who were defensive of their interpretation sovereignty as well as afraid to lose clients¹⁴³, and who wanted traditional psychiatric views to remain the general doctrine of academic and mainstreams medicine.

Schultz's psychotherapeutic position on homosexuality

The contradiction is exemplarily reflected in Schultz's position on homosexuality, which he had already treated and published on in 1925 and assigned to the so-called perversions¹⁴⁴. In 1935 he wrote about traumatic experiences through sterilisation and castration in men and discussed this

with regard to psychotherapeutic support in preparation and as after-care¹⁴⁵. In his book "Gender. Love. Marriage. The basic facts of love and sex life in their significance for individual and national existence"¹⁴⁶ he wrote that regarding the "problem of homosexuality" as well as mental "disturbances of love life" in general

there are only a small number of such disorders, which are based on a hereditary degeneration, and here too many circumstances speak for the fact that not the disturbance of the love life is inherently hereditary, but certain defects and weaknesses of the personality and character formation, which in turn lead to a derailment in the area of love. Abnormal attitudes on the subject of love life, so-called perversions, are always in principle curable with a corresponding specialist psychological mental health treatment (psychotherapy), even more so when they are

¹⁴² Under Schultz the DIPFPT Polyclinic conducted research into "new ways of therapeutic treatment for previously inaccessible, hereditary psychopaths" (Lockot, 1985, p. 202).

¹⁴³ Roth, 1987; Schröder, 1993; Husmann, 2016, p. 49f

¹⁴⁴ Schultz, 1925

¹⁴⁵ Schultz, 1935; the exact (for example temporal) relationship between Schultz's publications regarding this matter and the policy of persecution of homosexuals at the time requires further clarification (Husmann, 2015, p. 26ff)

¹⁴⁶ Schultz, 1941a; first edition 1940, original title: *Gender. Love. Marriage. The basic facts of love and sex life in their significance for individual and national existence* ("Geschlecht. Liebe. Ehe. Die Grundtatsachen des Liebes- und Geschlechtslebens in ihrer Bedeutung für Einzel- und Volksdasein"). In the 6th edition in 1959, i.e. the first edition after the war, Schultz changed the subtitle to "The basic facts of love and sex life and its meaning for human existence" ("Die Grundtatsachen des Liebes- und Geschlechtslebens in ihrer Bedeutung für das menschliche Dasein") (Künzel, 1998, p. 222). The background to this publication was most likely the Nazi campaign to counter the decline in birth rates during the war (see Husmann, 2015, p. 41; 2016, p. 46). This book was – as well as the book "The mental health maintenance under special consideration of the war conditions" ("Die seelische Gesunderhaltung unter besonderer Berücksichtigung der Kriegsverhältnisse") (Schultz, 1943, first edition of 1941) quoted above – most likely written in connection with a DAF campaign to increase the productivity at the so-called home front. It was also on the list "of withdrawn books" in the GDR (Ministry of Education of the GDR, Ed., 1953, No. 4545 and 4546).

caused by tragically fateful events, especially during childhood, in an otherwise completely healthy and fully developed person (Schultz, 1941a, p. 98).

In 1952, he published a case study from “the time of ruthless persecution and combating of homosexuality during the last war in Germany”, involving a 21-year-old Waffen-SS corporal who had been sentenced to death for homosexual acts and who was “handed over” to the DIPFPT for “specialist treatment”¹⁴⁷. Following this introduction, Schultz elaborated in detail on the patient’s life history explored in therapy, thus attempting to illustrate the psychological genesis and psychotherapeutic treatments of homosexuality. After three months of therapy with Schultz, and in “agreement with the prison authorities” and paid for by the “court cashier”, the convicted person visited an “amenable girl”, with whom – even though an armed guard was stationed at the

door and he was aware of his extremely life-threatening situation – he was fully and enjoyably potent for the first time in his life at the age of twenty-two, so that he could be with her several times“ (Schultz, 1952, p. 232). This successful “breakthrough from an onanistic-homosexual attitude to a healthy experience” “under such strange circumstances” would have been unexpectedly pleasurable for the patient. The ability to have heterosexual coitus was evidence for the treatment efficiency and the “death sentence was repealed”. However, the patient was “conscripted into a probationary company, where he most likely died a soldier’s death”¹⁴⁸.

This can be seen as an example of a patient being saved from execution by psychotherapy¹⁴⁹. However, Schultz was also accused of being demonstrably and personally involved in the selection of the sick and, therefore, to have been a psychotherapeutic “selectivity doctor” (Selektionsarzt)¹⁵⁰.

¹⁴⁷ Schultz, 1952, p. 227; Schultz was not that explicit on Nazi policy towards homosexuals in 1933-1945.

¹⁴⁸ *ibid.*, p. 232

¹⁴⁹ As early as 1985, Locket pointed out that patients at the DIPFPT were said to have been saved several times from punishments by other authorities or the army, and thus from execution, through different diagnoses or referrals, etc. (p. 238, see also p. 218ff). Dogs (1989), who did his psychotherapeutic training at the DIPFPT at the time, reported among other things that the janitor’s homosexuality had been known to the institute, and that he had been protected from persecution through his employment (p. 31). But that was just one example of “so many things done [the DIPFPT], which were a bit difficult” (*ibid.*). In terms of psychotherapeutic education, Dogs described the DIPFPT as an “area that stood completely outside of politics. And that was great freedom for us” (p. 33). “We were able to freely talk, especially in the evenings when we sat together. I mean, [...] directly political subjects were taboo. That is clear. But that was why one could freely speak and discuss human problems “(p. 35). After the arrest of Rittmeister in 1942 (see A/N 117 and 131), however, “a real oppressive fear” was felt.

¹⁵⁰ For this reason, the General Assembly of the German Society for Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology (DGPT) – the organization that organises the Lindau Autumn Meetings – expressed its regret in 2002 over awarding Schultz honorary board member-

Other professional activities and political (self-)reflection

In addition to his contributions to the so-called new German psychotherapy in the sense of a “holistic medicine”¹⁵¹, his practical work in the Polyclinic, and engagement in psychotherapeutic education and training¹⁵², Schultz was involved in many other DIPFPT projects¹⁵³, from discussions on the Pervitin problem¹⁵⁴ and mental reactions to blackout¹⁵⁵ to the training of doctors in the Air Force¹⁵⁶.

In a letter from the “Office of Science” (“Amt Rosenberg”) to the “party law firm” in Munich¹⁵⁷ dated 23rd October 1942, it is attested that there “are no objections to use Prof. H. J. Schultz for lectures in his field (psychotherapy)”. He was renowned as a

psychotherapist within the scientific community, his AT monograph was very well-known, and he was one of the DIPFPT’s “most eager employees”. “There is nothing unfavourable known about Dr. Schultz, neither regarding his character nor regarding his ideological-political point of view. He is calm and reserved while slightly scornful”. This can be regarded as a recommendation letter from the top, which gives further evidence to Schultz’s position at that time.

The fact that he wrote about 150 articles and other publications between 1933-1945, including four updated editions of the AT monograph¹⁵⁸, provides further insight into his career during the Third Reich. However, he verifiably was not a member of the National Socialist German Worker’s Party (NSDAP)¹⁵⁹.

ship in 1950 (see <http://dgpt.de/die-gesellschaft/ehrenpraesidiumehrenmitglieder/verstorbene-mitglieder/> – Access 11th January 2018). A critical public debate on the Lindauer psychotherapy weeks, of which he was a co-founder, with regard to his position on homosexuality among other things only happened in 2010 (Mettauer, 2010).

¹⁵¹ see Schultz (1944b) and A/N 128

¹⁵² more detailed in Lockot, 1985, p. 154f and p. 188ff

¹⁵³ more detailed in Husmann, 2016, p. 44ff

¹⁵⁴ Schultz, 1944c; Schultz previously gave a lecture at a medical-scientific staff meeting on performance enhancing agents at the Air Force, on 31st August 1944 in Görlitz (Bundesarchiv-Militärarchiv RH 12-23/482). Pervitin is a methamphetamine commonly used by the military at that time, and was also used by the general public in earlier years.

¹⁵⁵ Schultz, 1940b

¹⁵⁶ e.g. Schultz, 1944a; see also Roth, 1987

¹⁵⁷ The document, which Burkhard Peter kindly copied for me in Munich, is also quoted by Cocks (1997, p. 2); Reference “MA 116/15, Institute for Contemporary History, Munich” (ibid., p. 19).

¹⁵⁸ Although no systematic comparison of all editions has been carried out so far, a review shows e.g. that aspects of Nazi ideology can be found in the foreword of the 1942 edition. However, the main part of the book, the deliberations on the actual procedure of “AT” is free of political contamination (Husmann, 2017, p. 94ff). But there is a striking case example that Schultz added in the first post-war edition in 1950. Here, a Jewish patient describes in detail how she was able to deal with her fears and agitation due to anti-Semitic persecution and bombing attacks using AT in her hiding place (Husmann, 2017, p. 99f).

¹⁵⁹ This is evident from Schultz’s index card at the Reich Medical Association; a copy of the original

In his autobiography, written merely 20 years later, Schultz certainly gives the impression that he generally distanced himself politically from the Nazi state¹⁶⁰. His earlier marriage to a Jewish woman could have lost him his license to practice, but this was prevented by “the intervention of knowledgeable, essential party members”¹⁶⁰. In order to avoid any such hostility he joined the National Socialist Motor Corps in 1934-1935¹⁶¹. Furthermore, he was subjected to three interrogations during which “each time an accusation of some gross violation of the prevailing political trend, my Jewish kinship and my political unreliability was pointed out”¹⁶². He had heard of pogroms, but long considered them to be propagandistic “atrocities” and until 1943 was not “really reliably” told about the

horrible murders of fanatical party organisations. I have never really been able to grasp this at all, as much as the contact with the human underworld was familiar to me in my profession through expert reports among other things. Again and again it seemed and seems to me to be a terrible dream that German people were capable of doing such things, almost with

pride, organised with an unfathomable precision. We old people have suffered an incurable wound in our hearts in our last decades and can only understand all too well, if many contemporaries judge ‘the Germans’ how Adolf Hitler did ‘the Jews’. Of course, there is still a lot to be said about that, indeed very much, and I very much doubt whether I am the right person for that. So I would like to remain silent in shame. I feel just like a member of an ordinary family, where a son suddenly became a robber and murderer, without recognising a ‘collective guilt’ of all Germans (Schultz, 1964, p. 136f)¹⁶³.

The last weeks of war

When the Soviet army approached Berlin in 1945, Mathias Heinrich Göring, the director of the DIPFPT, ordered Schultz to take over the psychotherapeutic care of half of Berlin. When Schultz did not comply Göring accused him of “defeatism”¹⁶⁴. Yet, this did not result in him being executed as the Nazi authorities were preoccupied organising the last array. Nevertheless, Schultz was constantly ready to flee. Schultz spent the very

in the Berlin Document Center / Federal Archive was sent to me by Dr K.H Roth from the Bremer Archive of the Foundation for Social History of the 20th Century (fig. in Husmann, 2015, p. 21).

¹⁶⁰ Husmann, 2015, p. 17ff

¹⁶¹ Schultz, 1964, p. 130

¹⁶² *ibid.*, p. 132

¹⁶³ In relation to his diverse activities in the Nazi period, this political (self-)reflection seems rather limited. In particular, it is surprising that Schultz speaks of “sudden” robbery murders, where he nevertheless because of his prior marriage to a woman of Jewish faith, he was able to follow anti-Semitism and the Holocaust very closely, because of his high position he was able to see the day-to-day effects of fascist politics and due to his life in Berlin, he was able to follow the murderous consequences of the war (see Husmann, 2015, p. 57f).

¹⁶⁴ Schultz, 1964, p. 138f

last hour of the so-called Thousand Year Reich in the basement of the Paulinen Hospital in Berlin¹⁶⁵. The DIPFPT was burnt down because Göring let SS members firing at the advancing Soviet soldiers into the building despite it being marked with Red Cross flags¹⁶⁶.

1945-1970, Berlin: Post-war period

Only a few months after the German surrender the psychotherapeutic networks were reactivated. This is evident from a letter that Schultz received on 21st September 1945 from a DIPFPT-trained doctor¹⁶⁷. Additionally, an institute for psychopathology and psychotherapy was founded in 1945¹⁶⁸. Schultz did not play a part in this because his former DIPFPT colleagues reproached him for being politically tainted and a “national socialist”. According to him, this was “the first time” he heard of this¹⁶⁹. From 1950 onwards, he supported his former student Ernst Speer together with others in founding the Lindau psychotherapy congresses¹⁷⁰.

He contributed to magazines such as “Path to the Soul” (“Weg zur Seele”)¹⁷¹ – renamed “Paths to Humans” (“Wege zum Menschen”) in 1954 – or “Quarterly for Active Clinical Psychotherapy” (Vierteljahresschrift für aktiv-klinische Psychotherapie)¹⁷², he was a member of editorial boards such as



Ill. 2: Schultz with Ernst Speer (date unknown; picture taken from the archive of Dr. med. Heinrich Wallnöfer, Vienna, Austria)

¹⁶⁵ *ibid.*, p. 151

¹⁶⁶ more detailed in Husmann, 2016, p. 52ff

¹⁶⁷ Geyer, Ed., 2011, p. 68

¹⁶⁸ It was taken over several months later by the Berlin Insurance Institute (VAB) and renamed the Central Institute for Psychogenic Diseases of the VAB (DGPT, 2012)

¹⁶⁹ Schultz, 1964, p. 153f; there is evidence that Schultz was involved in the debris removal (Husmann, 2016, p. 53), which in some cases has been ordered as a so-called atonement for the politically charged. However, documents relating to a political review of Schultz admit the Allies could not yet be found.

¹⁷⁰ Mettauer, 2010, p. 5

¹⁷¹ among others together with Klaus Thomas

¹⁷² Schultz, 1964, p. 161

“Acta Psychotherapeutica”¹⁷³, the “Journal of Psychosomatic Medicine” or the French “Revue de medecine psychosomatique et de psychologie medicale”¹⁷¹ and was otherwise active in journalism and engaged in medical-psychotherapeutic and advanced training¹⁷⁴. He has received numerous honours, including an honorary doctorate in 1964 in Tübingen¹⁷⁵, he was a board member of the Berlin Neurological Society, honorary member of the Berlin Medical Society and the French Society of Psychosomatic Medicine, and President for Germany at the International Society for Clinical and Experimental Hypnosis¹⁷⁶ among many other things¹⁴⁹.

It is noteworthy that even in the post-war period he published largely similar psychotherapeutic concepts to before, but without allusions to eugenics¹⁴⁰. It is also striking that he often criticised psychosomatic concepts. According to him, even the term “psychosomatic” perpetuated a body-soul dualism which he hoped to redress with his concept of “Bionome Psychotherapy”¹⁷⁷. With regard to his so-called “Psychagogik” (which he previously called “conscious psychotherapy”), hypnosis and especially AT, Schultz vehemently defended the

“practicing procedures” against the view that they are merely suggestive, “concealing” interventions of low impact and short duration. Rather, he sought to “ensure that the active-clinical ‘organismic’ psychotherapy [...] has its rightful place alongside ‘mental’ therapy, especially psychoanalytic therapy, today often hubristically one-sidedly described as the one essential therapy”¹⁷⁸. On his 80th birthday, Schultz wrote his “life chart book” (“Lebensbilderbuch”), from which this article quotes extensively. A short film for the Berlin regional TV, shot in his apartment in celebration of his birthday, introduced him as “one of the most famous German psychotherapists” who was “among the most widely read psychotherapeutic authors” between 1945-1965 along with Sigmund Freud and Gustav Richard Heyer¹⁷⁹. He founded the International AT and became the “director of the Institute for Psychotherapy” in 1936. No reference was made to the Nazi context.

Schultz died on 19th September 1970 and was buried at the Waldfriedhof cemetery in Berlin as “I. H. Schultz”¹⁸⁰.

¹⁷³ Husmann, 2016, p. 54f

¹⁷⁴ Husmann, 2015, p. 66ff; 2017, p. 54ff

¹⁷⁵ Wormer, 2007

¹⁷⁶ Schultz, 1964, p. 161

¹⁷⁷ Schultz, 1951; unfortunately, an in-depth study of this publication is still pending.

¹⁷⁸ Schultz, 1965, foreword from 1958

¹⁷⁹ Schultz, 1984

¹⁸⁰ see Husmann, 2015, p. 48f; 2016, p. 26



Ill. 3: picture by Björn Husmann © 2016

Posthumous recognition and reflection

Six weeks after his death, Schultz was honoured at a meeting of the AT and hypnosis section of the Medical and Psychotherapeutic Society of the GDR¹⁸¹. This is particularly noteworthy as AT was one of the most practiced basis(psycho)therapeutic treatments in the GDR¹⁸². Yet, scientists from the FRG were not often acknowledged in the GDR, considering two of Schultz's books were on the list of banned literature (*Liste der auszu-sondernden Literatur*)¹⁴⁵. Correspondence¹⁸³ between his wife, Klaus

Thomas, and Dietrich Langen after his death reveals that there were arguments as to who should be in charge of the intellectual heritage of AT¹⁸⁴. Later acknowledgments praised Schultz above all as the founder of AT and a pioneer, guild master, or nestor of psychotherapy in Germany¹⁸⁵; his work during the Nazi era was hardly discussed. A critical debate only gradually started to emerge from the 1980s, 20-30 years later, in certain contexts, such as in the wake of the Berlin Health Day "Medicine and National Socialism"¹⁸⁶.

Conclusion

In light of a traditional medical approach and a biological-psychological image of humanity based on the so-called holistic medicine, Schultz was working with hypnosis as early as 1907. The initial euphoria surrounding hypnotherapeutic procedures dissipated with the disillusionment he experienced as a military doctor during

¹⁸¹ Geyer, Ed., 2011, p. 245; Husmann, 2016, p. 58f

¹⁸² Krause in: Geyer, Ed., 2011, p. 337

¹⁸³ Of which Dr. Heinrich Wallnöfer from Vienna kindly sent copies. It also shows that the widow had significant financial worries, which is why money was raised for her.

¹⁸⁴ A closer investigation into the cooperation between Schultz, Klaus Thomas, and Dietrich Langen as well as between Schultz and Wolfgang Luthe is still pending. The autobiography only provides a few details, which still needs to be checked or verified through other sources. This research is still pending.

¹⁸⁵ Husmann, 2015, p. 9

¹⁸⁶ Husmann, 2016, p. 59; see also A/N 149

the First World War when its effectiveness turned out to be more limited than previously assumed. Historically, hypnosis demonstrated a multifaceted effectiveness of communicative influences even for physical processes. However, in view of the differentiation of psychotherapeutic concepts and strategies, it only applied to a limited indication, and if not used correctly, could also cause malignant developments and other results. During and after the First World War, new psychodynamic approaches emerged, which Schultz consistently appreciated (for example analytic developmental psychology, methods to uncover unconscious connections) on one hand, but on the other hand continuously criticised (for example excessive therapeutic claim to validity, overrated concept of sexuality). In addition, he always emphasised the effectiveness of active exercise focussed procedures. According to Schultz, the interplay between more peripheral and central psychological processes often had an underestimated effect regarding many indications, including drastic changes in mental (basic) attitudes. Generally, Schultz conceptualised psychotherapy as a treatment by means of communication, while the specific treatment of mental disorders falls within the purview of specialist medical doctors. At the same time, he called for a general psychological reflection on all medical treatment during medical studies as well as in appropriate medical-psychotherapeutic and advanced training for practitioners.

His research in Jena and Dresden, which was mainly based on his previous experience of hypnosis as well as his psychiatric-psychotherapeutic experiences (in the military), formed the backbone of AT, which he developed as a method for independent performance enhancement, concentration, and self-regulation, as well as autonomy and salutogenesis from the 1920s onwards. In doing so he moved away from external suggestive influence and focused on the step-by-step practicable autosuggestive-meditative stimulation of the individual trophotropic (relaxation) reaction. This was certainly influenced by the relaxation culture in Lahmann's sanatorium, which was characterised by alternative medicine, a critical bourgeois clientele, and the corresponding general reform ideas of the Weimar period. Encouraged by experiences with a large number of non-clinical patients during his work in Berlin from the mid-1920s onwards, he regularly gave lectures on AT development, for example at the GMAP congresses. He finally wrote his monograph on AT in 1932. A few years earlier, he also published a phenomenological neurosis classification and simultaneously postulated that it is not the restoration of mental functions that is the highest psychotherapeutic goal, but the development of a given personal potential. Also, he significantly supported the professionalisation of psychotherapy in German-speaking countries through his many professional political activities, for instance through the GMAP, in which he

held important positions, and through professional publications, which certainly also intended to advance his career.

Schultz's career progressed during the Nazi era. However, he did not become a member of the NSDAP. His concept of AT did not change and together with hypnosis, amongst other things, it became an integral part of psychotherapeutic training at the DIPFPT. As deputy director of the DIPFPT between 1936 and 1945 he helped to promote psychotherapeutic ideas and treatments among the general public and to expand the range of indications of the so-called new German psychotherapy in terms of then still untreatable psychotherapeutic disorders. This led to conflicts with other practitioner groups, who defended traditional psychiatric views, for example. The DIPFPT also participated in political campaigns of the so-called Third Reich, where Schultz introduced Nazi ideologisms in scientific publications. He propagandised psychotherapeutic (diagnostical) concepts with biologicistic implications, which consolidated a therapeutic nihilism regarding supposedly genetically conditioned mental disorders and constituted a public advocacy of eugenics and euthanasia. At the same time, there was at least one case where he psychotherapeutically treated a patient convicted of homosexuality and facing execution, which resulted in the charges being overturned based on the patient's behavioural change. However, this is also evidence that Schultz participated in



Ill. 4: Sculpture of Schultz, archive of the German Society of Medical Hypnosis and Autogenic Training (Deutsche Gesellschaft ärztliche Hypnose und Autogenes Training/ DGÄHAT), photo by Dr. W.-R. Krause, Blankenburg (Germany)

the selection process. Likewise, the so-called new German psychotherapy itself was embedded in the fascist strategy of “heal or destroy”. Through his leading role in the Polyclinic and other institutions, and the training of physicians for the German Airforce (Reichsluftwaffe) – similar to his work as a military doctor in the First World War – he was also responsible for keeping and making soldiers fit for military service as well as ensuring performance by the (working) civilian population on the so-called home front.

In the post-war period, he re-worked previously published concepts (“Bionome psychotherapy”) based on recent findings, experiences and discussions. Schultz was influential in the increasing publicity and social legitimisation of psychotherapy as one of the most widely read German-speaking psychotherapists of his time. He contributed to the continuing professionalisation and also promoted international networking, for example regarding AT, through training sessions and lectures at conferences. His work during the Nazi era was hardly talked about, and his later political (self-)reflection was remarkably brief in this regard.

However, many questions are only preliminarily answered or remain to be clarified, requiring further research. Schultz’s own statements, etc. need to be verified through other sources and his various activities need to be examined in more detail in terms of professional policy and historical context (for example in relation to the various stages of Nazi policy). His work during the post-war period also deserves further elaboration and differentiation. In addition, a systematic comparison between different editions of his books could yield interesting and valuable results. Such further research could contribute to a historical consciousness of the psychotherapeutic profession in terms of active remembrance work, in order to be aware of an even partial repetition of history, and to argue decisively against it. At the same time, it could

further be proven that e.g. rumoured conjectures about a possible contamination of AT with inhuman (NS) ideas are not applicable.

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BRITISH AUTOGENIC SOCIETY

Autogenic Therapy – self-help for mind and body

AGM 2018

Members of the British Autogenic Society and guests were very fortunate to be present on May 19th at the St Alban's Centre in central London between the City of London and the West End. Many thanks go to Bjorn Husmann for all his years of work discovering the many aspects that made up the life and work of the developer of and leading proponent of Autogenic Training.

The British Autogenic Society Trustees have been discussing the life and work of Johannes H Schultz, MD while I have been a Trustees and now as the BAS Chairperson. This became necessary because the 'silence' within our Society around Schultz's work during the Nazi era caused people great discomfort and anxiety. Some clients found information from outside their BAS course and were so deeply disturbed by the information they stopped their AT practice. Some BAS Members knew nothing about the very difficult issues in Schultz's very long and effective life.

As Chairperson I decided it was time to give BAS Members the opportunity to learn a great deal more about the real Schultz.

The 2018 BAS AGM welcomed Bjorn Husmann and Claudia China from Germany. They brought the wealth of research Bjorn has worked on so far.

Those present at the AGM now have a much deeper understanding of Schultz's importance in National and International Holistic Medicine and the promotion of effective psychiatric work and good mental health. The huge body of the written work created throughout his life was revealed.

Also very importantly was Bjorn's unflinching description of the troubling nature Schultz faced whilst working within a political system that oppresses and destroys human lives.

I thank Bjorn for the wealth of information he presented and for the wake up call to our Society to grapple directly with the difficult issues of forms of discrimination which deny individual's right to self-discovery and finding their truest self.

The road to self-discovery is lifelong. I believe Autogenic Training and Therapy enable that healthy fulfilling journey.

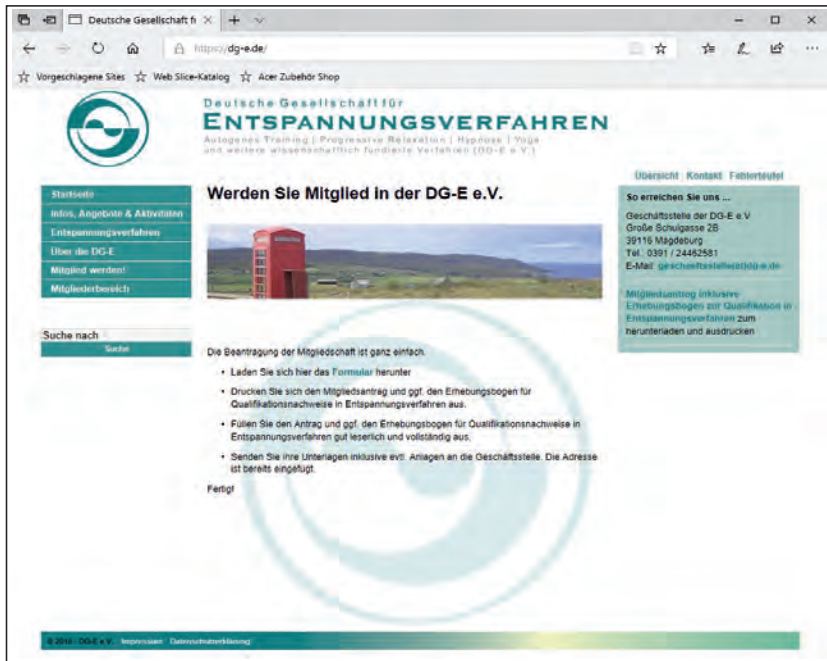
Judith Wren



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